



**PPS/PIDSP Statement on the Relaxation of Age-Based
Restrictions
23 January 2021**



The Philippine Pediatric Society (PPS) and the Pediatric Infectious Disease Society of the Philippines (PIDSP) reaffirm their position not to allow children ages 10 years and older to go outside of their residence. This is following the publication of IATF Resolution No. 95 that has included new guidelines that ease age restrictions allowing children aged 10 years and older to go out of their residences in areas under Modified General Community Quarantine and has also enjoined local government units for areas under General Community Quarantine to adopt the same relaxation for age-based restrictions. Staying at home as a form of physical distancing has been recommended for the prevention of COVID-19 infection in children and this remains to be the stand of PPS/PIDSP.

Disease epidemiology and transmission in children

According to DOH data as of January 16, 2021, the pediatric population accounts for 8.9% of the total cases of COVID-19 in the country. Among all pediatric COVID-19 cases, 64% belong to the 10-19 years old age group. While children are least affected with COVID-19 with an incidence of <10% and the most affected still belong mostly to the older age group, the pediatric age group remains to be a vulnerable population. Children with COVID-19 commonly have mild symptoms but some children can get severe manifestations requiring hospitalization with some cases resulting to death. Studies have also shown that asymptomatic children, like adults, can efficiently transmit infection.

No direct data on the role of children in viral transmission is available in the Philippine setting but the experience of other countries may be used to inform the decision to relax age-related restrictions. Studies show younger children as less likely to be infected and to transmit the virus, however, a critical shift appears between the ages of 10 and 12 and the risk of teenagers both getting and transmitting the virus increases. Studies from European countries have also noted recent resurgence of cases concentrated in the age group corresponding to secondary school and higher education (especially the latter), and is now spreading to older age groups as well as to primary-school-aged children.

The exact role of children in disease transmission has remained to be a significant question still unanswered up to now. Children commonly have asymptomatic or mild infections, hence are often not tested and isolated. The dynamics of transmission in

persons with asymptomatic or mild infections are still unclear, but data has shown that asymptomatic transmission does occur.

The emergence of new variants of SARS-CoV-2 with increased transmissibility is of particular concern especially now that they have been detected in several persons locally. Studies have shown that the new UK variant may be more transmissible than previous circulating strains, and spreads efficiently in all age groups, including children.

Prevention of SARS-CoV-2 infection in children

Prevention of SARS-CoV-2 infection in children is similar to that in adults. Face protection with masks and face shields, physical distancing, and hand hygiene still constitute the primary methods of infection prevention with considerations placed in terms of children's ability to adhere to these recommendations. Staying at home as a form of physical distancing has been recommended for the prevention of COVID-19 infection in children. There are however, instances when going outside is necessary and may prove to be beneficial for children. In the event that it is deemed absolutely necessary or emergent that they do so, the parent should take full responsibility in ensuring strict compliance and adherence to infection control measures. The following recommendations aim to decrease the risk of infection and transmission of SARS-CoV-2; these recommendations are iterations of previous-published advice by PPS/PIDSP.

Face protection

Recommendations on use of face masks in children have been informed by studies done for other infections such as influenza. A study of mask-wearing during seasonal influenza outbreaks in Japan noted that the use of masks was more effective in higher school grades (9–12-year-old children in grades 4-6) than lower grades (6–9-year-old children, in grades 1-3). One study, conducted under laboratory conditions and using non-beta coronaviruses, suggested that children between five and 11 years old were significantly less protected by mask wearing compared to adults, possibly related to inferior fit of the mask. Other studies found evidence of some protective effect for influenza for both source control and protection in children, although overall compliance with consistent mask wearing, especially among children under the age of 15, was poor. Some studies, including studies conducted in the context of influenza and air pollution, found the use and acceptability of mask wearing to be highly variable among children, ranging from very low to acceptable levels and decreasing over time while wearing masks. One study was carried out among primary school children during COVID-19 and reported 51.6% compliance. Several studies found that factors such as warmth, irritation, breathing difficulties, discomfort, distraction, low social acceptability, and poor mask fit were reported by children when using masks.

The following are recommendations for the use of face protection in children when going outside of residence:

1. Children (2 years of age or older) and their accompanying adults shall wear masks when outside their homes and when around people who live outside of their household. Ensure that masks are worn correctly, consistently, and safely. Masks of a proper size should be used to fully cover the nose, mouth, and chin. Three-layer cloth masks or surgical masks may be used; masks with valves or other configurations are not recommended.
2. Children younger than 2 years old shall not wear masks due to risk of suffocation. A mask is also not recommended in the following situations: if the child has difficulty breathing when wearing it, if the child has a cognitive or respiratory impairment giving them a difficult time tolerating the mask, if the mask is a possible choking or strangulation hazard, and if wearing a mask causes the child to touch their face more frequently.
3. Face shields shall also be worn correctly and consistently. Face shields should cover the entire face, wrap around the sides of the face, and extend to below the chin. Caution should be taken while wearing one to avoid injuries that could break it and harm the eyes or face.
4. In cases where children cannot tolerate masks, face shields may be considered an alternative to masks but it should be noted that they do not provide the equivalent protection from infection and transmission of the virus as compared to masks.
5. Children should be frequently reminded not to touch the face coverings. Perform hand hygiene before and after wearing the mask and face shield.

Physical Distancing

1. Physical distancing, sometimes referred to as social distancing, means keeping a safe space between a person and other people who are not from the same household to reduce the spread of the virus. When in public, physical distancing of at least 1 meter from people who are not your household members shall be maintained. Avoid people who are sick and coughing.
2. If possible, avoid interactions with people outside of your household contacts. If unavoidable, a thirty-minute interaction or less shall be done.
3. Choose outdoor facilities or establishments with good ventilation. Outdoor spaces with open-air settings and good ventilation such as parks and plazas should be preferred.
4. Outside trips shall be planned well so that the necessary preparations are made. Visit establishments that are compliant to health standards set by the health authorities. Avoid peak hours and crowded areas where it may be difficult to stay at least 1 meter away from others who are not from your household. Know and follow the guidance from local public health authorities of the places where you intend to visit.

5. Avoid activities where close contact cannot be avoided (i.e. playground activities, sports, videoke sessions, etc)
6. When using public transportation, keep at least 1 meter away from other passengers or transit operators.

Personal Hygiene and Handwashing

1. Wash hands frequently and thoroughly with soap and water for at least 20 seconds or use a hand sanitizer with at least 60% alcohol content. Avoid alcohol-based hand sanitizers that are not approved by the Food and Drug Administration (FDA). Children should be supervised to ensure they are doing handwashing correctly.
2. Avoid touching surfaces if possible, wash hands afterwards.
3. Pack soap for handwashing, hand sanitizer with at least 60% alcohol, disinfecting wipes, tissues, extra masks and face shields, and a resealable bag to store the mask and while not in use (e.g. while eating or drinking). Consider also packing your own utensils should you decide to eat outside.
4. Encourage toilet use before leaving the home and try to minimize using public toilets. Should the need to use a public restroom arise, maintain a distance of at least 1 meter from others, keep masks on, and wash hands with soap and water immediately after.
5. Do proper cough etiquette when coughing or sneezing.
6. Once back at home, ensure proper mask disposal and handwashing with soap and water for at least 20 seconds or use a hand sanitizer with at least 60% alcohol content. For older children, encourage taking a shower upon reaching home from the mall; for younger ones, sponge bath may be done by parents.

Children and other family members who are sick should stay at home. Children who are immunocompromised, with medical conditions that make them vulnerable to COVID-19, and those who cannot properly abide with the minimum health standards should stay at home.

Should there be a critical need to step out of home, children and adolescents shall be supervised by their parents or other adult caregivers in settings outside the home to ensure that they are compliant with minimum health standards for the prevention of SARS-CoV-2 infection and transmission. Ensure that standards are consistently followed by both adults and children once outside the home, including when using public transportation. Adults shall communicate to the child or adolescent the importance of compliance to these standards.

Observe for the development of COVID-19 symptoms among household members who have gone outside the home. Common symptoms of COVID-19 in children include fever, cough, rhinorrhea and nasal congestion, myalgia and fatigue, sore throat, shortness of breath, abdominal pain, diarrhea, vomiting, headache, dizziness, and rash. Should a household member develop symptoms, isolate and call your doctor or local healthcare providers for advice.

While a vaccine against COVID-19 awaits availability in the country, there are no medications recommended to prevent infection and transmission.

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