

Clinical care of children and adolescents with COVID-19: recommendations from the National COVID-19 Clinical Evidence Taskforce

IN REPLY: We read with interest the letter by Crighton and colleagues¹ addressing our recently published recommendations² and highlighting the need for anticoagulation guidance in children and adolescents with coronavirus disease 2019 (COVID-19)-related illness. The National COVID-19 Clinical Evidence Taskforce (NC19CET) follows a living guideline model and continually reviews emerging evidence as well as addressing new topics and clinical questions from panel members, organisations and the general public. The current recommendation was first developed in November 2020. It highlights the uncertainties surrounding the benefits and harms of a modified thromboprophylaxis regimen in children and adolescents. Following this letter, this recommendation will be reviewed and considered for an update. Previously, the NC19CET has consulted a haematology expert advisory group when developing adult recommendations. As suggested, we will seek expert input once more if necessary.

As remarked, a small phase 2 trial, such as COVAC-TP ([ClinicalTrials.gov](https://clinicaltrials.gov/Identifier/NCT04354155) Identifier NCT04354155), would not generally be sufficient evidence to

update a recommendation. Therefore, the NC19CET also incorporates other types of evidence, expert advice and consensus to formulate recommendations if required. For example, high quality evidence from randomised controlled trials is lacking for the important issue of paediatric inflammatory multisystem syndrome (PIMS-TS) temporally associated with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). This has required the panel to consider observational data and expert consensus in forming recommendations. As with randomised clinical trials, not all observational evidence is equally reliable. For this reason, frequent, robust appraisal of the underlying evidence is vital to guide treatment.

An additional layer of complexity is the evolving nature of the COVID-19 pandemic, with new variants, treatments and vaccination options raising additional issues regarding the applicability of earlier findings² to guide current decisions. As highlighted in the letter, we monitor with particular interest emerging observational studies in our local context.³

We would like to thank Crighton and colleagues for suggesting developing further guidance for anticoagulation in children and adolescents with COVID-19 and PIMS-TS. The NC19CET will consider also linking to the guidelines raised in the letter. Lastly, we would like to invite the broader audience of readers to check our website (<https://covid19evidence.net.au>)

for the latest regularly updated guidance. Additional questions can be suggested to the Taskforce directly via this website.

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- 1 Crighton GL, Greenway A, Russell S. Clinical care of children and adolescents with COVID-19: recommendations from the National COVID-19 Clinical Evidence Taskforce [letter]. *Med J Aust* 2022; 216: 488-489.
- 2 Fraile Navarro D, Tendal B, Tingay D, et al. Clinical care of children and adolescents with COVID-19: recommendations from the National COVID-19 Clinical Evidence Taskforce. *Med J Aust* 2022; 216: 255-263. <https://www.mja.com.au/journal/2022/216/5/clinical-care-children-and-adolescents-covid-19-recommendations-national-covid>
- 3 Mitchell WB, Davila J, Keenan J, et al. Children and young adults hospitalized for severe COVID-19 exhibit thrombotic coagulopathy. *Pediatr Blood Cancer* 2021; 68: e28975.
- 4 Whitworth H, Sartain SE, Kumar R, et al. Rate of thrombosis in children and adolescents hospitalized with COVID-19 or MIS-C. *Blood* 2021; 138: 190-198. ■