

Senedd Cymru  
Y Pwyllgor Plant, Pobl Ifanc ac Addysg

Welsh Parliament  
Children, Young People and Education Committee

Ymchwiliad i effaith argyfwng Covid-19 ar blant a phobl ifanc yng Nghymru

Inquiry into the impact of the Covid-19 outbreak on children and young people in Wales

COV - 61  
Ymateb gan: Uned Arolygu Bediatrig Cymru

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Response from: Welsh Paediatric Surveillance Unit

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The Welsh Paediatric Surveillance Unit (WPSU) is affiliated both with the Welsh Paediatric Society and the Royal College of Paediatrics and Child Health's research arm, the British Paediatric Surveillance Unit (BPSU). During the Covid-19 pandemic, clinical concerns arose that one of the secondary effects of the Covid-19 pandemic would be the reluctance of parents and carers to bring children to medical attention, resulting in delays to their management, possibly leading to a suboptimal outcome. As a result, the WPSU started surveying 'delay' from 6 April 2020.

WPSU paediatric surveillance is modelled on the BPSU template, whereby all paediatricians are asked to indicate if they have seen a certain condition over a specific timeframe (usually a month). For this purpose, the WPSU defined 'delay' as an entity which "was longer than what you would normally accept in a child's presentation, admission, clinical review, investigation, treatment or discharge?". Each week WPSU sent all Welsh paediatricians an email asking if they had seen a child where this was the case. If any paediatrician responded positively, then they were sent a short questionnaire to define this further, through providing information about diagnosis, the effect of the delay (no impact, minor, moderate or severe, all clinically defined) and a set of demographic questions (age, sex, and health board).

The WPSU first consulted the BPSU and through this body INoPSU (the International Network of Paediatric Surveillance Units), to seek any collaborators, as well as to share the protocol that the WPSU had designed. The New Zealand Paediatric Surveillance Unit (NZPSU) used the WPSU protocol and also started surveillance, albeit later than the WPSU. Our protocol has also been adopted by a number of UK diabetes networks.

We have provisional results from the first four weeks of surveillance:

Week	Percentage response	Cases reported	Severe	Moderate
1	61	5		2
2	72	6	3	2
3	64	5		2
4	49 (still tentative)	3	1	1

On average, about half the cases notified to the WPSU have been severe or moderately severe. No deaths have been reported. The diagnoses have been varied, including diabetic ketoacidosis, severe neonatal jaundice, cardiac and intestinal problems, as well as burns and fractures. The reporting health boards have been throughout Wales, with no specific clustering, although the reported cases are not numerous enough to make a clear statement about this. We did not seek information about ethnicity.

The NZPSU have provided us with very preliminary information: they had 12 cases in their first week of data collection. They plan to perform four weeks of surveillance, whereas the WPSU plan to continue for a further three weeks, making our preliminary data collection period eight weeks. This can be altered if necessary.

The WPSU is currently funded by Public Health Wales on a year-by-year basis.