



भारतसरकार  
GOVERNMENT OF INDIA  
राष्ट्रीयबालअधिकारसंरक्षणआयोग  
NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS  
नईदिल्ली- ११०००१  
NEW DELHI-110 001



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D.O Letter No-NCPCR/2021-22/(3)/Child Health  
Dated-22.01.2022

To

**Chairperson(s)**  
State Commission for Protection of Child Rights (SCPCRs)  
Of all States/UTs

Dear Madam/Sir,

India's second wave of COVID-19 has been catastrophic, with a surging increase in cases, deaths of near ones in last year. We all are well aware that India is in the throes of the third wave of Covid-19. Children can be vulnerable to the third wave of Covid-19.

In this regard, Ministry of Health and Family Welfare, Government of India has reviewed the comprehensive guidelines for Management of COVID-19 in children and adolescents (below 18 years) by the group of experts in view of the current surge mainly attributed to the Omicron variant of concern. Further MoH&FW has mentioned that the available data from other countries suggests that disease caused by the Omicron variant is less severe; however, there is need for a careful watch, as the current wave evolves. Revised comprehensive guidelines for Management of COVID-19 in Children and Adolescents (below 18 years) by MoH&FW are attached herewith for kind information of all the SCPCRs.

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२५/०१/२२

You are requested to kindly upload these guidelines on your website.

With regards,

Annexure-as above

Yours sincerely

Sd/-

(Priyank Kanoongo)



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Web: [www.ncpcr.gov.in](http://www.ncpcr.gov.in), Lodge your complaint at : [www.ebaalnidan.nic.in](http://www.ebaalnidan.nic.in)

SEI

Dated 20<sup>th</sup> January 2022

**Government of India  
Ministry of Health and Family Welfare**

**Revised Comprehensive Guidelines for Management of COVID-19 in Children and Adolescents (below 18 years)**

The Comprehensive Guidelines for Management of COVID-19 in CHILDREN and ADOLESCENTS (below 18 years) were reviewed by the group of experts in view of the current surge mainly attributed to the Omicron variant of concern. The available data from other countries suggests that disease caused by the Omicron variant is less severe; however, there is need for a careful watch, as the current wave evolves. These guidelines are dynamic, and will be reviewed and updated, on availability of new evidence.

The experts have assessed the available evidence and overall, the management remains unchanged, barring a few changes outlined below.

1. Title of the document has been changed from Comprehensive Guidelines for Management of COVID-19 in CHILDREN (below 18 years) to Comprehensive Guidelines for Management of COVID-19 in CHILDREN and ADOLESCENTS (below 18 years).
2. Use of antivirals or monoclonal antibodies is not recommended for children less than 18 years of age, irrespective of the severity of infection.
3. For diagnosing MIS-C, caution should be exercised while interpreting an isolated increase in COVID antibodies.
4. The CRP level for diagnosis of MIS-C has been revised as >5mg/dL.
5. If steroids are used, they should be tapered over 10-14 days, subject to clinical improvement.
6. Use of anticoagulants has been revised.
7. New section on post-COVID care has been added.

Attention is drawn to the following MoHFW guidelines:

- FAQs on SARS-CoV-2 Variant-Omicron, available at <https://www.mohfw.gov.in/pdf/FAQsonOmicron.pdf>
- Revised guidelines for Home Isolation of mild /asymptomatic COVID-19 cases, available at <https://www.mohfw.gov.in/pdf/RevisedHomeIsolationGuidelines05012022.pdf>
- Guidelines for COVID-19 vaccination of children between 15-18 years, available at <https://www.mohfw.gov.in/pdf/GuidelinesforCOVID19VaccinationofChildrenbetween15to18yearsandPrecautionDosestoHCWsFLWs&60populationwithcomorbidities.pdf>

**COVID Appropriate Behavior** is recommended to prevent SARS-CoV-2 infections:

**3Ws:**

- Watch your distance (more than 2 meters)
- Wash your hands
- Wear a mask

**2Vs:**

- Ventilation – open spaces are less risky than closed or poorly ventilated areas
- Vaccination – for 15-18 years age group

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Asymptomatic	Mild	Moderate	Severe
<ul style="list-style-type: none"> <li>Positive without symptoms</li> </ul>	<ul style="list-style-type: none"> <li>Sore throat, rhinorrhoea</li> <li>Cough without breathing difficulty</li> <li>SpO<sub>2</sub> ≥94% on room air</li> <li>For other symptoms, see COVID-19 symptoms – at a glance</li> </ul>	<ul style="list-style-type: none"> <li>In addition to symptoms in mild cases, check for pneumonia which may not be apparent</li> <li>Rapid respiration (age based): &lt;2 months RR ≥60/min; 2-12 months RR ≥50/min; 1-5 years RR ≥40/min; &gt;5 years RR ≥30/min</li> <li>AND/OR SpO<sub>2</sub> 90-93% on room air</li> <li>For other symptoms, see COVID-19 symptoms – at a glance</li> </ul>	<ul style="list-style-type: none"> <li>SpO<sub>2</sub> &lt;90% on room air</li> <li>Any of the following – signs of severe pneumonia, acute respiratory distress syndrome, septic shock, multi-organ dysfunction syndrome, or pneumonia with cyanosis, grunting, severe retraction of chest, lethargy, somnolence, seizure</li> <li>For other symptoms, see COVID-19 symptoms – at a glance</li> </ul>
Home isolation (tele consultation SOS)	Home isolation* (tele consultation SOS) or COVID Care Centre	Admit in DCHC or COVID-19 Hospital	Admit in HDU/ICU of COVID-19 Hospital
<b>Mainstay of Treatment</b> <ul style="list-style-type: none"> <li>Infants and younger children to stay under immediate care of parents/guardians</li> <li>No specific medication required for COVID-19 infection</li> <li>Continue medications for other conditions, if any</li> <li>Promote COVID appropriate behaviour (mask, strict hand hygiene, physical distancing; please see guide for using mask (refer page 9))</li> <li>Fluids and feeds: ensure oral fluids to maintain hydration and give a nutritious diet</li> <li>Advise older children and family to stay connected and engage in positive talks through phone, video-calls, etc.</li> <li>Parent/caregivers to contact the doctor in case of appearance of symptoms</li> </ul>	<b>Mainstay of Treatment</b> <ul style="list-style-type: none"> <li>For fever, give paracetamol 10-15mg/kg/dose; may repeat every 4-6 hours</li> <li>For cough, give throat soothing agents and warm saline gargles in older children and adolescents</li> <li>Fluids and feeds: ensure oral fluids to maintain hydration and give a nutritious diet</li> <li>No other COVID-19 specific medication needed</li> <li>Antimicrobials are not indicated</li> <li>Maintain monitoring chart including counting of respiratory rate 2-3 times a day; look for chest indrawing, cold extremities, urine output, oxygen saturation, fluid intake, activity level, especially for young children</li> <li>Promote COVID appropriate behaviour (mask, strict hand hygiene, physical distancing; please see guide for using mask (refer page 9))</li> <li>Advise older children and family to stay connected and engage in positive talks through phone, video-calls, etc.</li> <li>Parent/caregivers to contact the doctor in case of deterioration of symptoms</li> </ul>	<b>Mainstay of Treatment</b> <ul style="list-style-type: none"> <li>Initiate oxygen (SpO<sub>2</sub> ≤ 94%) and maintain between 94-96%</li> <li>Maintain fluid and electrolyte balance               <ul style="list-style-type: none"> <li>Encourage oral fluids (breast feeds in infants)</li> <li>Initiate intravenous fluid therapy if oral intake is poor</li> </ul> </li> <li>Corticosteroids are not required in all children with moderate illness; they may be administered in rapidly progressive disease</li> <li>Fever with temperature &gt;38°C (or 100.4°F): Paracetamol 10-15mg/kg/dose; may repeat every 4-6 hours</li> <li>Antimicrobials to be administered if there is evidence/strong suspicion of superadded bacterial infection; please see antimicrobial use guide</li> <li>Supportive care for comorbid conditions, if any</li> </ul>	<b>Mainstay of Treatment</b> <ul style="list-style-type: none"> <li>Initiate immediate oxygen therapy and maintain target SpO<sub>2</sub> 94-96%</li> <li>Maintain fluid and electrolyte balance</li> <li>Corticosteroids therapy to be initiated</li> <li>Anticoagulants may also be indicated; see anticoagulants guide</li> <li>Exercise caution- use of corticosteroids and anticoagulants guide (refer page 6)</li> <li>In case Acute Respiratory Distress Syndrome (ARDS) or shock develops; initiate necessary management; see ARDS and Shock guide</li> <li>Antimicrobials to be administered if there is evidence/strong suspicion of superadded bacterial infection; see antimicrobial use guide</li> <li>May need organ support in case of organ dysfunction e.g. renal replacement therapy</li> </ul>
<b>Investigations</b> <ul style="list-style-type: none"> <li>No investigations needed</li> </ul>	<b>Investigations</b> <ul style="list-style-type: none"> <li>No investigations needed</li> </ul>	<b>Investigations</b> <ul style="list-style-type: none"> <li>Baseline CBC including ESR, blood glucose</li> <li>Chest X-Ray</li> </ul>	<b>Investigations</b> <ul style="list-style-type: none"> <li>Baseline: CBC including ESR, blood glucose, CRP, LFT, KFT, serum ferritin, D-Dimer</li> <li>Chest X-Ray</li> </ul>

CT chest is not indicated in diagnosis or management of COVID-19 infection in children  
Consider CT chest only if no improvement in respiratory status

As of now, in absence of safety and efficacy data, the use of antivirals such as Remdesivir, Favipiravir, Molnupiravir, Fluvoxamine, and monoclonal antibodies such as Sofrovimab, Casirivimab+Imdevimab, are NOT recommended for children less than 18 years of age irrespective of severity of illness  
Children with comorbidities should continue to receive appropriate management for their underlying disease

\* Decision for home isolation for children with immunocompromised state or chronic illness should be taken after proper assessment and discussion with family

**COVID-19 symptoms in children – at a glance**

Common symptoms			
Fever	Sore throat/throat irritation	Diarrhoea	
Cough	Body ache/headache	Anorexia/nausea/vomiting	
Rhinorrhoea	Malaise/weakness	Loss of sense of smell and/or taste	

Differentiating symptoms/signs	Asymptomatic	Mild	Moderate	Severe
Respiratory rate/min	Normal with age dependent variation	Normal with age dependent variation	Rapid respiration (age based) <2 months ≥60/min 2-12 months ≥50/min 1-5 years ≥40/min >5 years ≥30/min	Rapid respiration (age based) <2 months ≥60/min 2-12 months ≥50/min 1-5 years ≥40/min >5 years ≥30/min
SpO <sub>2</sub> on room air	≥94%	≥94%	90-93%	<90%
Grunting, severe retraction of chest	×	×	×	+/-
Lethargy, somnolence	×	×	×	+/-
Seizure	×	×	×	+/-

