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Coronavirus infection (COVID-19)

Summary of recommendations regarding COVID-19 in children with diabetes

ISPAD March 19, 2020

This document has the aim of offering ISPAD guidance for all Health Care Professionals that care for children, adolescents and young adults with diabetes, in face of the COVID-19 pandemic.

Despite many uncertainties, the COVID-19 pandemic recommendations in most countries include people with diabetes within the at risk population. However, there are anecdotal reports that children with diabetes have not shown a different disease pattern compared to their peers. In addition, children in general are less affected than adults.

How to contain the pandemic and prevent the infection?

- Wash your hands frequently with soap and water for 20 seconds or clean with alcohol-based hand rub
- Maintain social distancing (1 meter or 3 feet)
- Cough or sneeze into tissue or elbow
- Avoid touching your face
- Sanitize surfaces frequently

Should patients with diabetes attend school?

It depends on the situation in your region. Follow local regulations and policies.

What should I tell my patient in case of symptoms?

If your patient is feeling unwell, he/she should stay at home. If your patient has fever, cough and/or difficulty breathing, seek medical attention and call in advance. Follow the directions of your local health authority.

How to control diabetes during illness?

General sick day diabetes management principles (modified from ISPAD guidelines):

1. More frequent blood glucose and ketone (blood or urine) monitoring.
Aim for a blood glucose level between 4 and 10 mmol/L (70-180 mg/dL) and blood ketones below 0.6 mmol/L when the child is ill.
2. NEVER STOP INSULIN: If there is FEVER, insulin needs are usually higher.
3. Monitor and maintain hydration with adequate salt and water balance.
4. Treat underlying illness and symptoms (fever).

URGENT specialist advice with possible referral to emergency care must be obtained when:

- Fever or vomiting persists and/or weight loss continues, suggesting worsening dehydration and potential circulatory compromise.
- Fruity breath odor (acetone) persists or worsens / blood ketones remain elevated >1.5 mmol/L or urine ketones remain large despite extra insulin and hydration.

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- The child or adolescent is becoming exhausted, confused, hyperventilating (Kussmaul breathing), or has severe abdominal pain.

While we wait for a specific treatment or vaccine against coronavirus, we should take good care of our patients. It is reassuring to remember that reports of COVID-19 infection suggest that it is less severe in children and adolescents.

ISPAD wishes that the entire diabetes community can join together during this difficult time, and that our patients can go back to their regular lives as soon and as safe as possible.

Remember to sign in to our [FORUM: COVID-19!](#)

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