

Tonsillar examination – infection control implications Asymptomatically infected children

Context

Our priority is to keep ourselves and our colleagues safe whilst maintaining a pragmatic approach, and being mindful that PPE is potentially in limited supply.

Whilst the COVID-19 narrative has focused predominantly on adults, there is growing concern about the role played by asymptomatic children in the spread of infection¹. Transmission from the upper airway has been raised as a particular concern by ear, nose and throat (ENT) specialists², with viral replication shown to take place in the upper airway as well as the lower airway. This may explain why a number of paediatric and ENT healthcare professionals have developed disease in the absence of exposure to children with currently defined risk factors.

Clinical recommendations

- We recommend that the oropharynx of children should only be examined if essential.
- If the throat needs to be examined, personal protective equipment (fluid resistant surgical face mask, plastic apron and gloves) should be worn, irrespective of whether the child has symptoms consistent with COVID-19 or not.
- If a child is being tested for COVID-19, staff should routinely wear PPE (surgical face mask and gown) to collect the combined nose/throat sample.

Suspected tonsillitis in primary care or emergency departments

- During the COVID-19 pandemic, if a diagnosis of tonsillitis is suspected based on clinical history, the default becomes **not examining the throat unless absolutely necessary**.
- If using the feverpain [<https://www.mdcalc.com/feverpain-score-strep-pharyngitis>] scoring system to decide if antibiotics are indicated (validated in children 3 years and older)³, we suggest that a pragmatic approach is adopted, and automatically starting with a score of 2 in lieu of an examination seems reasonable.
- Children with a total feverpain score of 4 or 5 should be prescribed antibiotics (we suggest children with a score of 3 or less receive safety netting advice [<https://www.what0-18.nhs.uk/professionals/gp-primary-care-staff/safety-netting-documents-parents/sore-throat-advice-sheet>] alone).
- Although this is likely to result in a temporary increase in antibiotic prescribing in children, we feel that this is preferable to healthcare staff being unnecessarily exposed to COVID-19. Antibiotics rarely confer a benefit in children under 3 years with tonsillitis and should only be prescribed in exceptional circumstances or if a diagnosis of scarlet fever is strongly considered.

¹ Kam KQ, Yung CF, Cui L et al. A Well Infant with Coronavirus Disease 2019 (COVID-19) with High Viral Load. *Clin Infect Dis* 2020.

² Lu D, Wang H, Yu R et al. Integrated infection control strategy to minimize nosocomial infection of coronavirus disease 2019 among ENT healthcare workers. *J Hosp Infect* 2020.

³ Little P, Hobbs FDR, Moore M et al. Clinical score and rapid antigen detection test to guide antibiotic use for sore throats: randomised controlled trial of PRISM (primary care streptococcal management). 2013; **347**: f5806.