

## The True Cost of Lockdown for Children: Losing Out on Education or Losing Lives?

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### Description

As the UK moves out of its second national lockdown, evidence is emerging that there has been a significant increase in Abusive Head Trauma (AHT) linked with the start of the COVID-19 pandemic.

The impact of lost school time on child education has been the subject of much discourse, with the Institute of Fiscal Studies reporting that school-aged children may stand to lose a total of £350 billion in lifetime earnings [1]. The direct impact on child mortality from COVID-19 infection has also been widely published in the literature. However, less is known about the indirect consequences of staying at home.

In a joint statement from the International Child Health Group and the Royal College of Paediatrics and Child Health, the potential for the pandemic to indirectly result in excess child mortality worldwide is highlighted [2]. However, a recent publication by Great Ormond Street Hospital showed a 1493% increase in AHT in the 1-month period from 23rd of March compared with the mean number of cases for the same period in the preceding 3 years [3].

Furthermore, there has been a shift away from Road Traffic Accidents (RTAs) as the most common mechanism of trauma in children. Data obtained from the UK Trauma and Audit Research Network (TARN) shows that between 1990-2005 RTAs accounted for 40.9% of presentations, whereas for 2012-2017 RTAs were the second commonest mechanism of injury at 29.7%. During this time period, the majority of injuries (38.8%) instead occurred in the home [4].

Time spent away from school has been calculated as approximately half an academic year up to mid-February [5] and with 8.7 million school-aged children in the UK spending more time at home, a rise in paediatric trauma could be set to be the latest indirect consequence of the COVID-19 pandemic.

Prior to the COVID-19 pandemic, head injury already accounted for a significant proportion of children presenting with trauma, and resulted in significant mortality, particularly in children under 2. Among injured infants, 36% of cases were attributed to Non-Accidental Injury (NAI) and suspected child abuse [6].

A review of NICE clinical guidance on the assessment and management of head injury highlights that up to 30% of head injuries in children presenting to the emergency department will be the result of NAI [7]. What is more, known socioeconomic risk factors for AHT, such as unemployment, financial stress, depression and domestic violence have all increased as a result

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of the pandemic [8-10].

### Conclusion

Considering all these data together, it is likely that as a result of the COVID-19 pandemic and the national lockdown measures, more children in the UK are at risk of trauma and AHT. Mortality burden is known to be highest in infants presenting with head injury, particularly in isolation, and is at its very highest for infants in their second month of life, when the incidence of AHT is high due to the crying cycle an increase in crying observed in babies from the second week of life and peaking during the second month. Combining a potential increased risk of overall trauma and specifically of AHT (which is associated with significant mortality) as a result of more time spent in the home, and the rise in socio-economic stressors, it is possible that we are set to see a rise in trauma-associated mortality as yet another effect of the pandemic on the health and wellbeing of UK children.

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