

infectiousness compared to symptomatic individuals is uncertain.

PCR-positive asymptomatic staff should not provide care or have contact with susceptible vulnerable individuals.]

5 Paediatric hyper-inflammatory syndrome

- 5.1 The Chair noted that there was significant activity on this with regards to case definitions and surveillance. CS noted that BPSU was well engaged. There may be an increase in numbers of children presenting with a multi-inflammatory state which appears similar to but distinct from Kawasaki syndrome; however only a small number of cases have been reported (~30). It is not clear if it is related to COVID disease, is a post-COVID or para-COVID syndrome, or is unrelated. Some members proposed that a case control study would be useful. Detailed serological information is needed on the cases, as they present with the multi-inflammatory state 2-3 weeks following a trivial respiratory tract infection. Members discussed the timing of presentation. It was suggested that historical data from fluwatch could be used to estimate the expected respiratory illness in children for this month. It was noted that the cases could be enrolled in one of the two existing studies (Diamond and CCP-UK study).
- 5.2 The Chair requested that this item was retained on the agenda for the next meeting as an item of concern and that NERVTAG would recommend that appropriate studies need to be undertaken.

[Action: Secretariat to add to the agenda for the next meeting]

[Recommendation: NERVTAG recommends that appropriate studies, such as a case control study, are conducted to provide a better understanding of the natural history and aetiology of the paediatric hyper-inflammatory syndrome]

7 Thematic updates

a. Antibody response / immunity (WB/PO)

- 7.1 WB informed members that there have been no significant new developments with regards to immunity and antibody response.

b. Virology (CE)

- 7.2 No update was available.

c. Clinical (WSL/PO)

- 7.3 WSL noted that a systematic review of co-infection in COVID-19 had been completed, particularly considering bacterial co-infection. Overall there was ~7% co-infection, most of which was found in ITU patients. Guidelines are being produced for NICE on the use of antibiotics for COVID cases.
- 7.4 A recent paper on anosmia noted that isolated anosmia was found in 3% of cases, and it preceded other symptoms in 12% of cases. WSL would forward the paper to AH.