

Paediatric inflammatory multisystem syndrome (PIMS) information for schools

This information should help schools to understand how PIMS can affect a child's health, so that they can be aware that there might be limits on their activity levels until they are well again.

PIMS is a condition which occurs in a very small number of children, several weeks after infection with COVID-19. It causes inflammation (swelling) throughout the body.

While the COVID infection itself was probably mild or had no symptoms, PIMS is a serious inflammatory illness that always leads to hospitalisation for at least a few days. Medicines are given to reduce the inflammation. Almost all children recover completely over a few weeks. PIMS is rare, affecting about 1 in every 3,000 children who have been infected with the COVID-19 virus.

Returning to school after PIMS illness

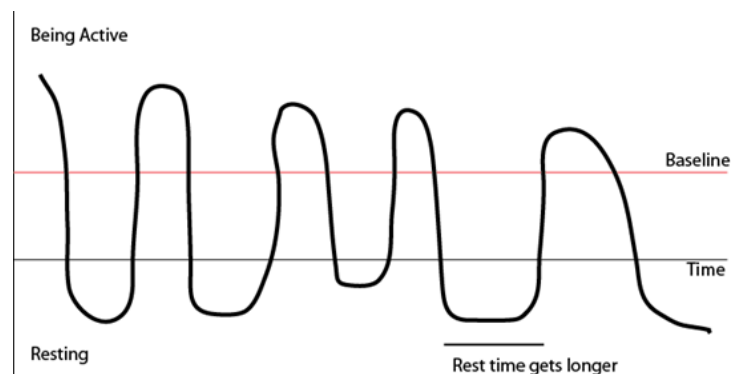
Many children have symptoms continuing into the first phase of their recovery. They can have tiredness, muscle weakness and difficulties concentrating. At first, the demands of going to school and extracurricular activities might mean that they get very tired. We expect that most children should return to their baseline activity levels over several weeks.

There are usually 3 main energy patterns in the first recovery phase:

Boom and bust

We see this pattern in people who have tiredness after being unwell.

It involves periods of overactivity, followed by a period of underactivity as the child recovers from the overexertion. Over time, rest periods can get longer and overall activity levels can decrease. See diagram:



Stuck in the mud

In this pattern, the child reduces their activity levels to match their current low energy levels. However, they need to do some activity to produce energy, so this is an unhealthy pattern.

Baseline and pacing

This is the energy pattern that promotes the best recovery. Pacing involves identifying the child's baseline (the amount of activity they can do without making tiredness worse) and taking adequate rest breaks before overexertion. It can be helpful to phase the child's return to school as tolerated by them. They can increase their activity levels as their energy levels increase.

It is helpful to have a designated area where the child can take their rest breaks.

Aspirin

Children might be taking aspirin as part of their outpatient treatment. While on aspirin they should not do any contact sports (like rugby, martial arts, horse riding, aerial gymnastics) or other activities that have an increased risk of head injury. Football is not considered a contact sport, but heading the ball should not be allowed.

Schools should be aware that children on aspirin are more likely to have unexplained bruises (because aspirin thins the blood).

Catching up

Pupils might need to catch up on work they've missed. It is helpful to have a flexible teaching programme and appropriate adaptations made for them. Their concentration levels might also be affected.

Vaccines

For the 3 months after PIMS

- they should receive the inactivated flu vaccine (injection in the arm, arranged by the GP) instead of the live vaccine nasal spray at school
- if they are eligible for a COVID-19 vaccine, this should be delayed for 3 months after PIMS admission.

Other routine teenage immunisations (such as HPV, 3-in-1 booster, MenACWY vaccines) can be given at the normal time.

Contact us

If you have any questions or concerns about PIMS please contact our infectious diseases nurse; **email** evelinakdpims@gstt.nhs.uk, **mobile** 07598 552683 or 07468 700165, **phone** 020 7188 4679 (secretary), Monday to Friday, 9am to 5pm.

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web** www.evelinalondon.nhs.uk/leaflets

Evelina London Medicines Helpline

If you have any questions or concerns about your child's medicines, please speak to the staff caring for them or contact our helpline, **phone** 020 7188 3003, Monday to Friday, 10am to 5pm **email** letstalkmedicines@gstt.nhs.uk

Leaflet number: 5293/VER1

Date published: March 2021 Review date: March 2025

© 2022 Guy's and St Thomas' NHS Foundation Trust

A list of sources is available on request