

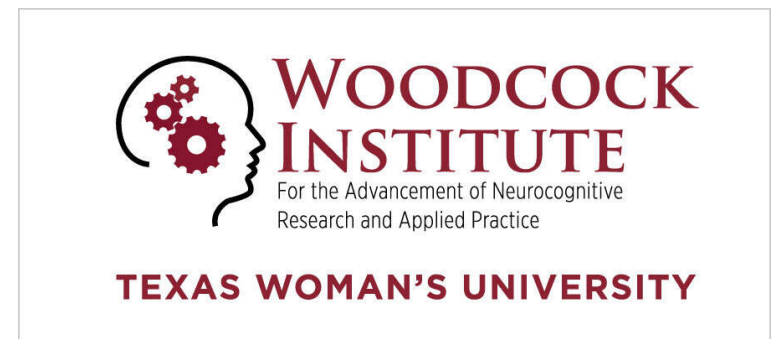
TEXAS WOMAN'S UNIVERSITY
National COVID Conference

What We Know and Don't Know About Pediatric Long-COVID

Virtual Conference – April 21-22, 2023

Sponsors

- Woodcock Institute for the Advancement of Neurocognitive Research and Applied Practice (housed at Texas Woman's University, Denton, Texas)
- Office of Research and Sponsored Programs • Texas Woman's University



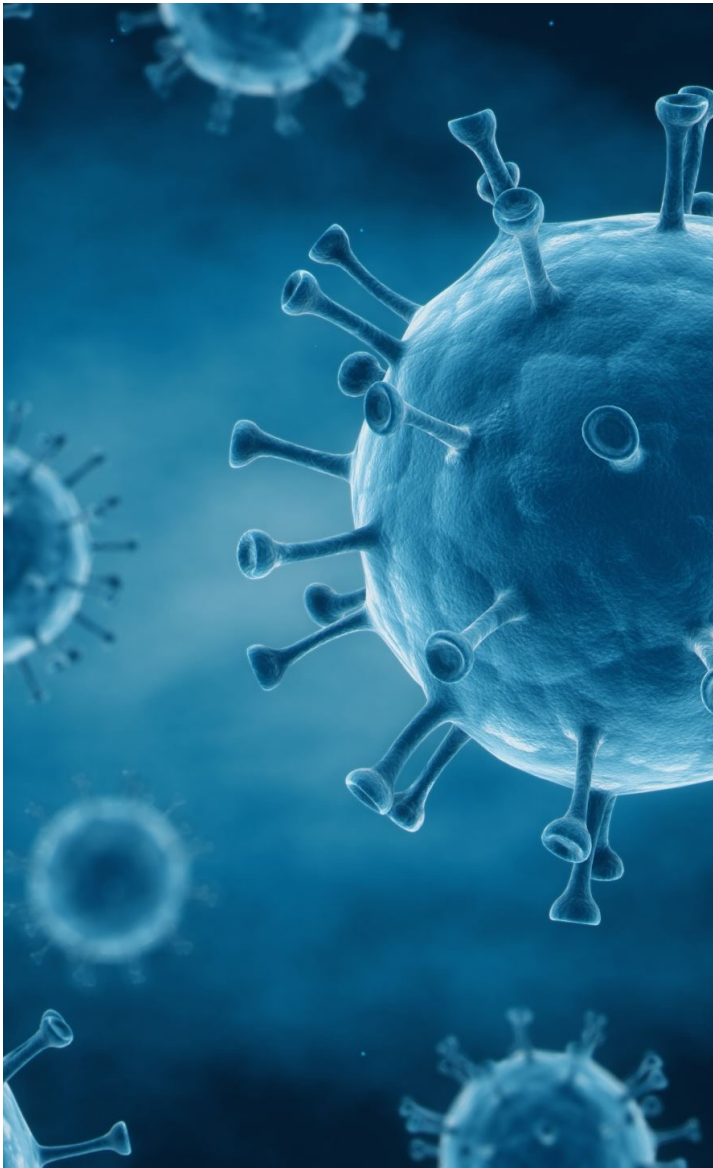
What We Know and Don't Know About Pediatric Long-COVID

Known

- Long Covid symptoms look identical to Myalgia Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) symptoms.
- Orthostatic intolerance, (which is almost always seen in adolescents with ME/CFS) is the most treatable symptom of Long COVID and ME/CFS.
- Multiple organ systems may be impacted by Long Covid
- Individuals with ME/CFS and Long COVID has common comorbid conditions:
 - Joint hypermobility
 - Postural dysfunctions
 - Mast cell activation
- These symptoms are not school refusal, factitious illness, or due to depression.
- Many symptoms are amenable to established therapies.
- We know that stress and trauma associated with the pandemic has been detrimental to many individuals and will need to be addressed. We have programs and interventions that can be extrapolated and used to assist with trauma informed care.

Unknown

- There is oh so much we do not yet know about the impact of the pandemic and pediatric Long-Covid.
- Is there a clinical profile that is typical of Long Covid in children and adolescent. Are there common neurocognitive patterns.
- What are the long-term sequelae of pediatric long-covid? What will these kids look like 5 years, 10 years, 20 years from now?
- Might pediatric Long Covid be permanently debilitating?
- Will we find treatments or interventions that minimize the course or chronicity of pediatric Long Covid?
- Will the tsunami of mental health issues being predicted be addressed or will it overwhelm our educational and medical services.



Where do we go from here?

- The pandemic is over, but SARS CoV2 and its variants are still with us. It is evolving and mutating, meaning we will continue to see rapid changes in our knowledge and understanding of the disease process related to Covid infections and to the profile of challenges faced by individuals recovering from Covid infection, and experiencing long-Covid.
- Schools are the largest provider of services, of any kind, to children. Schools will need to step up if we are to minimize the impact of the pandemic on the futures of our children.
- We are, and will be, dealing with the impacts of the pandemic for years to come.
- This doable. We can solve the problems we are seeing that have resulted from the pandemic and that have impacted our children. But it will take work, time and commitment to making the needed changes within our profession, within our greater society and with other social change agents and organizations.



What do we need?

- There needs to be ongoing education regarding SARS CoV2 for many groups, including educational professionals (school administrators, school professionals, teachers, etc.), health professionals (pediatricians, nurses, medical professionals), individuals responsible for funding medical care and researchers (such as politicians, insurance companies), and lay individuals (parents, children, advocates).
- School psychologists need to learn more about neurodevelopmental disorders that are not typically part of our diagnostic repertoire, such as chronic fatigue, fibromyalgia, and pediatric long Covid. We need to learn how to engage better and consult more effectively with outside professionals such as medical physicians, psychologists, clinics etc.
- We need to work on and help others to rethink what constitutes disability eligibility within the schools. School psychologists often act as gate keepers to special education or even 504 services. We need to find ways to open the gates, advocating for children and adolescents who are impacted by Pediatric Long Covid in ways that we don't normally address within the school setting.

What do we need?

Much of the research regarding pediatric long covid is extrapolated from adults. We need research specific to pediatric populations. We need to work on accessing funding for this research and lobbying those who provide such funding to support this research.

We need to start working on guidelines for practice, specific to Pediatric Long Covid that will address how we should be changing our assessment, intervention and consultation services. We need to actually change some of our practices to be more effective helpers.

We need to become allies and advocates for these children and their families. We need to acknowledge and validate what they are experiencing, work to remove barriers that prevent access to services and supports needed to function effectively in their daily lives and be part of the solution not part of the problem.



Kudos and Thanks

- Thanks to the *Woodcock Institute for the Advancement of Neurocognitive Research and Applied Practice*; without the Institute's sponsorship we would not have been able to offer this amazing content to you, our participants, at no cost.
- Thanks to Texas Woman's University for sponsoring the costs of the Go To Webinar platform that was used for the virtual conference.
- Thanks to the planning committee who put together a truly awesome and informative learning opportunity. This is the culmination of almost a year's worth of work.
- Thanks to our speakers and presenters. What an incredible group of professionals presenting on this cutting-edge topic in this the first national conference of its kind.
- Thanks to the participants of this conference, 1200 individuals from across the world registered and attended over the course of the past two days. We are hopeful that the recorded webinars will also be accessed and utilized while they are available.

Thank you for
Attending

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