To the Editor—Unlike adults, children appear to be fortunately spared from the direct effects of coronavirus disease 2019 (COVID-19). However, the closure of schools and restrictions on public gatherings, coupled with prolonged social distancing and isolation measures may result in adverse physical and psychosocial consequences for children and adolescents. These consequences include excess mortality due to disruptions to routine healthcare services; developmental delays and anxiety associated with school closures; increased susceptibility to cyber bullying due to more frequent social media use, resulting in low self-esteem, depression and anxiety; increased risk of obesity associated with sedentary lifestyle; and poor sleep patterns due to disrupted daily routines. The authors have witnessed children who are at home because of school closures experiencing dramatic weight gain due to reduced physical activity but increased consumption of junk food (the so-called COVID pandemic obesity syndrome or CObesity syndrome). Children with special physical or psychosocial needs, pre-existing mental health problems, or migrant backgrounds are particularly vulnerable to this adversity.

The United Nations provides guidance to nations and non-government organisations on safeguarding and mitigating the impacts of COVID-19 on children globally, including the most vulnerable children living in low-income countries, with progress advised on three fronts: information, solidarity, and action. In order to mitigate this public health threat, regular and emergency gatherings, coupled with prolonged social distancing and home schooling, identify the feasibility and optimal model of telepsychiatry. We hope that these issues can be considered in planning exit strategies as countries around the world transform from the “BC” (Before COVID) era to a ‘new normal’ of the “AC” (After COVID) era.

Author contributions
All authors contributed to the drafting of the letter and critical revision for important intellectual content. All authors approved the final version for publication and take responsibility for its accuracy and integrity.

Conflicts of interest
As an editor of the journal, KL Hon was excluded from the review process for this letter. The other authors have no conflicts of interest to disclose.

Karen KY Leung, MB, BS, MRCPCH
Samantha PW Chu, MB, BS, MD
TF Leung, MB, CHB, MD

1 Department of Paediatrics and Adolescent Medicine, Hong Kong Children’s Hospital, Hong Kong
2 Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong
3 Department of Paediatrics, The Chinese University of Hong Kong, Hong Kong
* Corresponding author: ehon@hotmail.com

References