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COVID-19 AND CHILD DISABILITIES: WHOM TO PROTECT AND HOW

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Dear Editor

Indisputably, the outbreak of novel coronavirus disease 2019 (COVID-19) is an international emergency putting to test public health systems around the world as well as social, economic and cultural systems, as proven by its astonishing soaring figures.¹ The escalation from epidemic status to pandemic status by the WHO General Director on March 11th well describes its extent.²

As one of the most severely struck countries, Italy is now in lockdown: all non-essential business was closed in order to slow down and halt the virus as early as possible.³ This situation carries a traumatic potential: COVID-19 came suddenly and unexpectedly, is a public health threat and seems uncontrollable. These features together put to test individual coping skills and reveal one's helplessness. Any traumatic or potentially stressful event may have a greater or lesser impact, depending on the affected system and features such as resilience, flexibility and functioning. With respect to this, there are undoubtedly individuals and groups in the community who are more vulnerable than others. In an emergency such as COVID-19, post-acute pulmonary rehabilitation in a hospital setting is of great significance and is given priority. But – what about people who were receiving rehabilitation treatments and a comprehensive care and support owing to a disability even before the lockdown?

Following the lockdown, pediatric rehabilitation services had to close in order to lessen movement of people. And schools have been closed from the start of the emergency, abruptly halting the relationship of children and adolescents with disability to their educators and support teachers. Nowadays we are considering the continuum that goes from disability to rehabilitation treatments and a comprehensive care and support facilitating the participation by everybody. What criteria determine which rehabilitation activities are essential and which can instead be postponed? This is not an easy-to-take decision, particularly in the case of children with neurodevelopment disorders (Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder), neuromuscular disorders (Duchenne Muscular Dystrophy, Spinal Muscular Atrophy), children with rare diseases and vulnerable children. In this instance, mandatory lockdown might become an aggravating factor for greater withdrawal and isolation and abrupt cessation of therapeutic pathways which, in turn, causes greater stress and puts to strain parental resources.

These considerations will certainly need to contribute to a new planning. One thing is certain: we must protect everybody. Perhaps we can work on the 'how' though: there are members of our community who need to be protected in several ways. We are specifically thinking of children and adolescents with disability and their families.

We have a duty to not let them alone. We need to differentiate the pediatric rehabilitation matrix and increase our rehabilitation offer to provide for continuity of care. Approaches such as Home-based rehabilitation (HBR),

telerehabilitation (TR) and telehealth (TH)^{4,5} could help in coaching or training in order to support parents, as parents know their children best and can promptly recognize any critical issue. In this direction goes the official document of the Italian PRM Society (SIMFER).⁶ In order to do this, healthcare systems should streamline financing in order to cover for HBR, TR or TH costs. These services are not largely diffuse yet, despite their potential benefits for people with disability who cannot go to a rehabilitation service during the COVID-19 pandemic.

The COVID-19 pandemic is a sudden, unexpected and anxiogenic event. As such, it emotionally disrupts problem-solving and decision-making, which should take place in an emotionally-neutral context. Yet, we can turn this negative aspect into a positive one. We can exploit it to increase our coping skills. In an emergency situation, some members of our community are most traumatically affected than others, including people with disability. We should start thinking today of how we can transform our healthcare and social policy planning in the future.

On the “*whom to protect*” issue, we have no doubts: everybody needs to be safe. On the “*how to protect*” issue, safeguarding the most vulnerable among us is a provocation launched by this pandemic to us in order to re-think our work in the future.

Declaration of interests: I declare no competing interests.

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