

Testing children with COVID-19 symptoms: what are parents' intentions?

TO THE EDITOR: Public health strategies to control coronavirus disease 2019 (COVID-19) in Australia aim to test, identify and isolate all cases including those among children.¹ We investigated the intended actions of parents if their child developed COVID-19 symptoms, such as a runny nose, sore throat, cough, fever, chills, loss of smell, diarrhoea, and/or nausea and vomiting.¹ We collected data during 15–23 June 2020 via an online survey of 1834 Australian parents of children aged 3–17 years who attended childcare, kindergarten and/or school.² The sample was limited to these respondents as one of our objectives was to test if children would be kept home from childcare and/or school (isolate). The questionnaire was administered by a private vendor as part of the Royal Children's Hospital National Child Health Poll, a recurring periodic online survey. Participants were randomly selected from a representative consumer panel of over 350 000 Australian adults — who were recruited onto the panel via online and offline methods such as door knocking, phone calls, letters etc — using quotas to achieve a nationally representative sample reflective of age, sex and state populations. The sample size was justified based on the commonly used margin of error of 3% for estimating a proportion. Only one parent per household could complete the questionnaire and households were not permitted to participate in more than one poll. Participants had no direct contact with the research team. Responses were voluntary and anonymous. Respondents were incentivised for participation in the form of points towards shopping gift cards. The study protocol was approved by the Royal Children's Hospital Human Research Ethics Committee (RCH HREC 35254).

Intended actions of parents if their child developed possible COVID-19 symptoms are presented in the [Box](#). We classified

Supporting Information

Additional Supporting Information is included with the online version of this article.

Intentions of parents if child developed symptoms compatible with coronavirus disease 2019 (COVID-19), Australia, 2020

	Number (%) ^{*†}
Keep child home from school or child care until all their symptoms have gone	991 (53.22%)
Take child to a doctor (GP or hospital) for a COVID-19 test	810 (44.66%)
Keep child home from school or child care for a couple of days	672 (36.34%)
Call the GP for advice	618 (33.62%)
Take child to a COVID-19 testing centre	452 (23.33%)
Call the COVID-19 hotline for advice	415 (22.69%)
Send child to school or childcare if they seem well enough	47 (2.66%)
Not sure what to do	34 (1.73%)
Take child for test [‡]	1458 (78.95%)

GP = general practitioner. * The cumulative percentage is greater than 100% as respondents could select more than one option. † The sample was nationally representative in terms of the distribution of national resident population by state; however, the distribution of parent sex by state and socio-economic status was slightly over-representative of female and more advantaged residents ([Supporting Information](#)). Hence, the data were weighted by state, sex and the Index of Relative Socio-economic Advantage and Disadvantage (IRSAD). ‡ "Take child for test" was defined as at least one of the following options: take child to doctor or testing centre for a test, call GP for advice or call the COVID-19 testing centre. ♦

parents as "seeking COVID-19 test or medical advice" or not. The sample characteristics are presented in the [Supporting Information](#). We found that 1458 of 1834 parents (78.95%, weighted) of children with symptoms compatible with COVID-19 intended to seek a COVID-19 test for their child.

There is little published research exploring why some parents may not present children for COVID-19 testing. A recent Australian study has identified barriers to testing among adults, including a belief that testing is painful, a lack of knowledge about how to get tested, and worry about getting infected at the testing centre.³ These barriers may also apply to parents in relation to testing for children. Additional barriers may include financial implications of time off work to take a child for testing and fear of the social stigma associated with a diagnosis of COVID-19.⁴ As upper respiratory tract infections are common among children and often present with similar symptoms to COVID-19,¹ parents may misattribute possible COVID-19 symptoms to

the common cold. Messages from governments may be unclear and parents may not believe that general directives apply to children.⁵ Timely testing is a critical aspect of containing the pandemic in Australia. With one in five parents indicating they would not present their symptomatic child for COVID-19 testing, further research is urgently needed to identify and understand barriers to testing in order to inform targeted strategies and messaging to enhance testing uptake in children.

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References are available online.

- 1 Zimmermann P, Curtis N. Coronavirus infections in children including COVID-19: an overview of the epidemiology, clinical features, diagnosis, treatment and prevention options in children. *Pediatr Infect Dis J* 2020; 39: 355–368.
- 2 The Royal Children's Hospital National Child Health Poll. COVID-19 pandemic: effect on the lives of Australian children and families. Melbourne: Royal Children's Hospital; 2020. <https://www.rchpoll.org.au/wp-content/uploads/2020/07/nchp-poll18-report-covid.pdf> (viewed Oct 2020).
- 3 Bonner C, Batcup C, Ayre J, et al. Behavioural barriers to COVID-19 testing in Australia [preprint]. *medRxiv* 2020.09.24.20201236. 25 Sept 2020. <https://doi.org/10.1101/2020.09.24.20201236> (viewed Oct 2020).
- 4 Bagcchi S. Stigma during the COVID-19 pandemic. *Lancet Infect Dis* 2020; 20: 782.
- 5 Bavel JJV, Baicker K, Boggio PS, et al. Using social and behavioural science to support COVID-19 pandemic response. *Nat Hum Behav* 2020; 4: 460–471. ■