



COVID-19 UPDATE: IMPLICATIONS FOR THE MANAGEMENT OF PEDIATRIC AND ADOLESCENT PATIENTS

Webinar recording: **April 16, 2020**

URL: <https://ubccpd.ca/covid-19-update-implications-management-pediatric-and-adolescent-patients>

Disclaimer: Information on COVID-19 is changing rapidly and much of the research is preliminary. The protocols are suggestions only; they do not take the place of clinical judgement. Please check with your own health authorities and local medical health officers as direction, policies, and prevalence vary between regions.

This content was topical and up-to-date as of the session, but recommendations are changing frequently. This summary was prepared by Dr. Ran Goldman.

Webinar Summary

COVID-19 Illness in Children

- Children have also faced a burden of illness from COVID-19, but they are only about 5% of patients testing positive for SARS-CoV-2 – likely because not many are tested
- The symptoms of COVID-19 in children are generally mild, and many are asymptomatic – which increases the spread of disease
- For those with symptoms – they include fever, dry cough, rhinorrhea, sore throat, and fatigue, similar to adults. It is difficult to differentiate from other viral illnesses. More recent reports suggest that diarrhea or vomiting are present in about 10% of children and might be the sole symptoms of COVID-19.
- Sending to the hospital, blood work or x-rays are unnecessary in children, and should be done based on clinical exam, rather than the fact that there is COVID-19 exposure.

Family Office (and rural) Considerations

- Normal newborn care in the first 6 weeks – can utilize virtual care and optimizing appropriate in-person visits. It is important to continue surveillance, weight checks
- Addressing parental anxiety is critical – families can find resilience/support in the new normal of social distancing and self-isolation
- Family physicians should consider proactive outreach to vulnerable families
- For adolescents - attending to mis-information in the media, and anticipatory guidance for presentations later due to mental health issues
- Rural setting considerations – need to consider transport challenges and appropriate access and timing. Cohorting, consolidating care, provider cross-over (FP may be playing several roles – as emergency providers, maternity care, pediatrics anesthesia, inpatient care and community care), despite limited human resources
- Anticipating and preparing for the post-Covid primary care surge. Considerations for prioritizing and operationalizing follow-up, delayed interventions/investigations, chronic conditions, preventative health and neglected new presentations

Medical and Inpatient Care

- Asthma and COVID – important to continue and treat asthma including giving steroids if needed, outweighs theoretical/unproven risk of steroids in COVID-19. Use of MDI instead of nebulizers
- NSAIDs and COVID-19 - there is no recommendation against NSAID use in COVID (despite initial discussions). Providers can recommend acetaminophen or ibuprofen for fever and pain in children
- Treatment includes supportive care. Experimental treatments are not proven yet. Some studies are being conducted
- Testing for COVID-19 – (a) hospitalized children (b) likely to be hospitalized (e.g. immunocompromised or children with medical complexity), (c) children who are residents of long-term care facilities (rehabilitation), (d) those that are part of an outbreak investigation
- Aerosol-generating medical procedures - nebulizers, CPAP, BiPAP, intubation and high-flow oxygen therapy (the latter is controversial). PPE protection needed for those
- Visitation – policy for office and hospital for limiting visits, in many facilities only one parent, cohorting. Minimizing caregiver movement around acute care areas is important. Keep infectious patients away from immunocompromised individuals
- Inpatient management of COVID-19 patients (or suspected) isn't really different from managing other pediatric infectious/respiratory disease, except for the need for infection control practices and careful management of exposure

Maternity and Newborn Considerations

- Neonatal care as such has not changed due to COVID-19, except for social distancing, as well as limitations to visitation in the newborn areas
- Lack of available data on the outcome of pregnancies affected by COVID-19. Horizontal transmission of COVID-19 has been documented, and vertical transmission is unlikely, but may be possible
- The young infant who presents with respiratory distress at or within minutes of birth is most likely to have a non-COVID-19 illness
- Although the risk is low, communicability of SARS-CoV-2 is high and indications for the use of PPEs in the delivery room depend on maternal status and aerosol-generating procedures
- Aside from the usual team attendance at deliveries, for babies of COVID-positive mothers pediatrics support may be needed if there is anticipation for advanced resuscitation
- For COVID-positive mothers - if baby and mother are well, breastfeeding is recommended with mask and proper hand hygiene, use of soap and water
- Symptomatic mothers of infants in the NICU should not visit until their symptoms have resolved and they are no longer considered infectious, but mothers should be encouraged to pump and provide breast milk to their infants
- Donor milk - if there is a history of COVID-19, milk is not accepted for donation for 1 month. In addition, with the use of thermal pasteurization, which will kill the virus, Donor Milk is thought to be safe. However, Donor Milk supplies are only available for high risk babies in tertiary care NICUs around the province

Community Pediatrics

- Considerations for virtual health to continue connecting with families. Some challenges but also benefits
- Immunizations - important to continue in young infants. Consider seeing first thing in the morning or for a couple hours, separate than other patients
- Socially vulnerable families - indispensable role of family physicians of providing supports. Will be good to make a list of local available resource for families
- For youth - balancing between finding routine without school versus accepting challenges of the time. Maybe an opportunity to discuss substance use

Resources

- **COVID-19 review paper (blog) – Prof. Goldman:** <https://www.cfp.ca/news/2020/04/09/04-09>
- **Provincial support:** <https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support>
- **BC CDC:** <http://www.bccdc.ca/health-info/diseases-conditions/covid-19>
- **BCCSU Risk Mitigation:** <https://www.bccsu.ca/wp-content/uploads/2020/04/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.5.pdf>
- **CMHA BC Anxiety Management:** <https://cmha.bc.ca/news/managing-anxiety-covid-19/>
- **Mindfulness for Teens:** <http://mindfulnessforteens.com/>
- **Kelty Mental Health:** <https://keltymentalhealth.ca/blog/2020/03/talking-children-about-covid-19>
- **Economic Support:** <https://www.canada.ca/en/department-finance/economic-response-plan.html#individuals>
- **The Atlantic paper on Children and COVID-19:** <https://www.theatlantic.com/health/archive/2020/03/what-coronavirus-will-do-kids/608608/>
- **CPS Resources (including mental health):** <https://www.cps.ca/en/tools-outils/covid-19-information-and-resources-for-paediatricians>

Thanks to the speakers on the video:

- **Dr. Ran Goldman**, MD, FRCPC, Pediatric Emergency Medicine
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- **Dr. Susan Albersheim**, FRCPC, MD, PhD, Neonatology
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