

Questions Not Answered from PEDS Covid-19 Session – 6.02.20

- What is your recommendation for children to go back to daycare or camp after having fever? We have been recommending 10+3 days as we often are seeing them virtually and may or may not have a COVID test.

I agree with the 10+3 approach as recommended by the CDC, IDPH and CDPH.

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From the case

- What are all the current treatment plan given to coronavirus positive patients in and out of the hospital?

People have tried many different things. I will not mention any of those that are not in clinical trial at the moment:

- Hydroxychloroquine/chloroquine \pm azithromycin is under study in adults but so far all the results of the studies either show no improvement, risk of harm with increased morbidity due to toxicity, or in one study showed improvement. That one study was poorly conceived and is hard to know how to interpret.
- Remdesivir use in hospitalized patients has shown improved outcomes by reducing length of stay by about 30%, but only showed a trend towards reduction in mortality. The improvement was only seen in patients on no oxygen or oxygen by nasal cannula and not seen in patients on noninvasive mechanical ventilation (e.g., high flow, CPAP, BiPAP) or on ventilator support.
- Convalescent plasma infusion using plasma from patients who recovered from COVID-19. This approach has shown mild improved outcomes for patients on the inpatient side but not those with severe disease. No study as of yet has looked at outpatients but that study is in process.
- Kaletra, an antiviral was briefly studied but the initial data suggested no efficacy.
- There is study in progress looking at the use of Vitamin D. Unknown if it helps or not at this moment..
- Where can I find a list of all the free open sites for coronavirus testing in Chicago and the surrounding suburbs?
 - Look at the website for IDPH. <https://dph.illinois.gov/testing>
- Are you giving Zithromax to all patients on an out-patient basis, who test positive for coronavirus?
 - No. I do not recommend its use for COVID-19.

Screening

- When is the ideal time to test someone exposed to COVID-19?
 - I usually only test someone if they are symptomatic. There is little reason to test a child otherwise, but if you wish to do so, the earliest I would test is 3 days after

the exposure. Please remember a negative test does not rule out the presence of SARS-CoV-2.

- How can we better treat kids and prevent mortality?
 - Fortunately in child there is only a very small risk of mortality and therefore little need to treat patients. Should someone have severe disease the only treatments shown to improve outcomes to date is the use of remdesivir and only in adults. The same is true for convalescent plasma. Children who develop MIS-C are recommended to be treated with IVIG and an immune modulator including steroids and anakinra.

Diagnosis

- What are the recommendations for repeat x ray timing?
 - The same as with any pneumonia process.

Treatment

- Recommendation for return to clinic for a well-child visit after positive COVID-19 is 4-weeks - is this 4 weeks from onset of symptoms or 4-weeks since they are symptom-free?
 - This recommendation is made based on an abundance of caution to limit risk of exposure to others in case the child involved is a long term shedder. The data to date suggests that after 10 days, the shedding is not associated with contagiousness suggesting the 4 weeks from onset of symptoms is more than adequate.

Comorbidities

- Are adolescents with Down Syndrome at high risk and should they follow guidelines like for older adults?
 - Down's children are at higher risk for more severe disease. Likely this is due to their universal obesity, often in association with heart disease and other comorbidities. So I would treat the child with Down Syndrome as high risk.

Pregnancy and Infants

- What are possible health issues to infants with mothers who were COVID(+) during their pregnancy?
 - So far data on children whose mothers have or had COVID-19 during pregnancy is very reassuring that they rarely if ever have complications.

- What are your thoughts on testing asymptomatic mothers in labor who then are positive? Any recommendations for the family and contact with the baby?
 - At this time testing of mothers who are asymptomatic makes sense as a way to limit exposure risk to hospital workers and the newborn. For the mother who is infected, she should limit her time with her newborn until she is no longer infectious and if possible have someone else take care of the child. When this is not possible then she should practice excellent handwashing, wear a mask around the baby, place a layer of fresh clothing between her and the baby when holding the child, and still minimize physical contact as much as possible. She should also keep the baby >6 feet away when she does not need to be near the child.
- We are testing moms who present in labor, but we don't get the test back sometimes until mom and baby have already been together, usually breastfeeding, for several hours. Are we not separating mom and baby like the initial recommendation?
 - While the test is pending, the mother should be approached as a PUI and follow the approach as if the mother has COVID-19.

Precautions & Isolation

- What do you do with patients that are coming in after having COVID?
 - It is recommended that those with COVID-19 not come in to the office for routine care for 4 weeks. That said, many of these patients still have illness and need to be seen. For those needing to come in, they should be expected to wear a mask, be moved rapidly into a room, and the provider seeing them should wear PPE.
- Any thoughts on using ultraviolet C light to sterilize rooms?
 - This has been shown to be effective but most offices can't afford the purchase of such a device. Cleaning surfaces with antibacterial products is effective as well.