President's Message

What a difference a month makes. I was asked at UCLA to oversee COVID exposures in all health care workers throughout our system, so I have been living and breathing COVID every day for the past three and a half weeks. I am well aware of the fear and anxiety that COVID can cause among health care providers, having fielded by now hundreds of calls from our own staff and providers at UCLA. These are some tips that I can share that pertain to pediatrics with a caveat that this is the best knowledge that I have at the time of writing—many things are evolving quickly and so this information could be outdated within days to weeks.

I have not had time to do an exhaustive literature search on the topic of COVID presentation in children, and what is out there are mainly case reports or limited single-institution observational studies. It appears that COVID is a relatively mild presentation in children compared to adults. From what I have seen, the rule out COVID cases in most children are often also being considered for RSV, flu or croup, and the vast majority of the time the COVID test is negative.

Extra precaution should be taken to prevent COVID exposure for children with chronic conditions or who are medically fragile. These children should be isolated from any other household members with suspected or confirmed COVID. If that is not possible in a separate room, then trying to maintain at least six feet at all times between a child with a chronic condition and the sick family member, not sharing utensils and wiping down surfaces frequently should be attempted.

If a child does develop symptoms concerning for COVID or has confirmed infection, then monitoring closely for respiratory distress or complications should occur. These children do not necessarily need to be seen in the office unless parents report respiratory distress, dehydration, altered mental status or any other concerning symptom. For evaluation of respiratory distress, pulse oximetry is important because a frequent indication for hospitalization is oxygen requirement. Many adults with COVID are hospitalized upon presenting to an office or emergency department with O2 saturations in the 87-92% level (based on my own observations).

Shortness of breath is another sign of respiratory distress. COVID is thought to cause an overwhelming inflammation in the lungs which then leads to acute respiratory distress syndrome (ARDS), and there is currently debate about whether steroids can exacerbate this inflammatory picture. In general, our infectious diseases specialists are recommending not using steroids for shortness of breath in suspected COVID cases as that can worsen the patient's clinical status. Understandably, this then makes it difficult to manage patients who could be presenting with an asthma exacerbation. In these cases, getting a thorough exposure history could be helpful. If the patient has been safer-at-home and has had few to none exposures to anyone else, then the likelihood of an asthma exacerbation over a COVID infection is greater.

More importantly at this time, as pediatricians we should be mindful of the stress that this pandemic can be causing for both children and parents. I have heard in particular that many parents who depended on special education services for their children with special needs are having an especially difficult time managing their children at home by themselves. All children are probably suffering from some level of emotional distress from not being able to go out and play or see friends. Resources from national AAP to support children and families during this time can be found here.

The management of COVID in pregnant women has come up several times and can be pertinent as we often see pregnant mothers in our pediatric offices. At this time, the effect of COVID in pregnancy is not known, and some institutions are recommending that their pregnant patients refrain from activities or jobs that could potentially expose them to others, particularly beyond 37 weeks, when they could potentially be COVID positive when they deliver. Institutional labor and delivery room policies vary, however, at this time, some institutions do separate newborns from COVID positive mothers until the baby can be tested, which can take several hours. The impact of babies born to COVID positive mothers is still unknown.

I think the most important message that I would like to get out there is that for health care workers (and this includes office settings) that transmission is much more likely to occur between health care workers than from a patient to a health care worker or from patient to patient. Of the cases that I am managing, over 90% of them are from health care workers who are giving COVID to each other, and they are bringing it into the health care setting from community exposures. The basic practices of frequent cleaning of surfaces, social distancing, hand hygiene, and universal masking are important to prevent transmission and can all be done without personal protective equipment (PPE). Also no one who is sick should come to work, even with mild symptoms. While fever and cough are common presenting symptoms, the literature has recognized additional presenting symptoms including sore throat, shortness of breath, myalgias, diarrhea, fatigue, headache, loss of smell or taste and nasal congestion.

I just wanted to draw your attention to the latest Public Health Emergency Quarantine Order released by LA County Department of Public Health on April 1. These are updated about weekly, so be sure to check the website regularly for the latest guidance. Currently, all household contacts, intimate partners, caregivers, and close contacts who have been in close contact with a person diagnosed with or likely to have COVID-19 must quarantine themselves. Specific guidance is available on the website here.

Also, Governor Gavin Newsom signed an executive order on April 3 to expand protections to medical providers as they amplify the use of video chats and similar applications to provide routine and non-emergency medical appointments in an effort to minimize patient exposure to COVID-19. What this basically does is protect health care providers from any liability associated with potential privacy violations by using telehealth or in the case of being hacked. The link to the Executive Order itself is available here.

Finally, our chapter's Committee on Practice and Ambulatory Medicine (COPAM) has come out with guidelines for addressing COVID-19 in pediatric offices. I want to thank them for working together to craft a document that we hope will be useful to our chapter members as they modify their practices in the face of this pandemic. And if any of you are interested in joining this newly formed committee, please reach out to Tomas.

Stay safe and healthy, and please take care of yourselves and each other.

Thanks for all that you do on behalf of children in our communities!

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