

Care of Pediatric Patients during Pandemic Q&A

Wuhan United "Living Through A Pandemic" Series 4

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Partial Q&A

Answers to some of questions posted through online form or chat room.

Here is the full [presentation](#) of the seminar.

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Question 1:

Slide 20 references treatment and we have heard from health experts that acetaminophen is better than ibuprofen because the latter worsens the symptoms of this illness. Would you ask them if they can address that issue in their recommendations and whether they had any experience with this.

Answer 1:

Ibuprofen was omitted from the slide. Pediatricians from Wuhan stated they so far had not had negative experience from NSAIDs.

Question 2:

Slide 23 discusses antibiotic treatment but does not reference hydroxychloroquine nor Azithromycin, both of which have been touted worldwide as anecdotally beneficial. Would you ask them if they have any experience with either of these or both in their population?

Answer 2:

No experience with hydroxychloroquine.

They did use the combination of oseltamivir, Arbidol (anti-influenza, not available in US) and azithromycin widely, even in patients with mild symptoms.

Question 3:

Slide 23 also references using immunoglobulin. Many centers are using convalescent plasma from those who have had the coronavirus infection and have recovered. Do they have any experience with this?

Answer 3:

No in pediatric patients.

Question 4:

Were they able to use any rapid diagnostic tests from nasal pharyngeal swabs similar to what is being deployed in the United States in the next week or two?

What percentage of the general population in Wuhan utilized facemasks in their day-to-day lives when they were out and away from their home? Do you feel this helped reduce the transmission rate so much quicker than other countries have observed with similar outbreaks?

Answer 4:

100%. Wearing a mask is mandatory in public. From government to public to healthcare professionals, they all consider wearing a mask is the most effective measure to reduce transmission.

Question 5:

Was mass transit modified in some way to reduce group contact?

No mass transit. In Wuhan all the public transportation halted since the Lockdown on 1/23. The city imposed even more strict policy in early Feb. All stores were closed, including grocery or pharmacy. People were not allowed to leave home. Special pass was required to go out. Food has been delivered to the apartment complex, medications via mail.

Question 6:

Within the hospital setting were groups of individuals discouraged from being too close to one another during rounds and handover patient transition from one employee to the next?

Answer 6:

The healthcare providers in Wuhan by this time are all well protected., used level I-III PPE based on clinical duty. (detail see ppt)

Question 7:

Are masks other than N95 respiratory mask useful in preventing transmission if one does not have access to the N95 mask?

Answer 7:

Yes. They used surgical masks at the onset of the outbreak when PPE was scarce.

Question 8:

Are the protocols for using other types of masks similar to that shown in the last part of this presentation?

Answer 8:

Yes, if you referred to the donning and doffing sequence. Dr. Li emphasized the importance to follow the rule especially when take off PPE. That is when you are tired, exhausted, and may slack. They have a designated person to monitor the process. Or you can come out of the isolation ward in two, and watch for each other.

Question 8:

Are any precautions being taken in the general population now that the outbreak has seemingly disappeared in Wuhan?

Answer 8:

Lockdown is probably to be lifted this week, 4/8, in Wuhan. They proceed this really cautiously. Other parts of China gradually have returned to normal, at a slow pace. All the workers have to go through clearance before returning to the factory, still wear masks, have temp checked daily, ect. If you go shopping, take subway or dine in restaurant. You will have your temp checked each and every time.

Question 9

One question that is important for both medical and nonmedical environments is when will it be likely that things can return to normal in terms of close contact and going to work? Any comments along this line would be very much appreciated.

Answer 9:

Don't know. We are all in it, a global issue. China in fact has seen more imported cases lately.

Question 10:

CT scan comes up repeatedly. I believe in (at least most of) the USA in a community practice setting Chest X-ray is the far more accessible diagnostic tool. Did the presenters find significant advantage of the CT over CXR.

Answer 10:

Yes, doctors from Wuhan felt strongly about using CT chest. CXR may miss the mild patches at the early stage of COVID-19.

Question 11:

As stated in a few slides, and in the differential diagnosis slide there are overlapping symptoms with flu and RSV. We , on the west coast are still in influenza (and RSV nation wide) season. Any clinical pearls or quick tips distinguishing the two in an office setting WITHOUT diagnostic testing.

Answer 11:

It is hard to tell, tips:

Covid 19 - fever, could be low or no fever, dry cough and fatigue

Flu - high fever

RSV - uri symptoms, runny nose, sneezing.

Question 12:

Did the presenters of experience with hydroxychloroquine +/- zithromax in treating children. and what ANEECDOTAL evidence to they have/personal experience with the antivirals they listed

Answer 12:

No experience with hydroxychloroquine.

They have used the combination of oseltamivir, Arbidol (anti-influenza, not available in US) and azithromycin, even in patients with mild symptoms. They found the medications helpful in preventing the progression.

Question 13:

Did the presenters have experience with immune response/ immune protection in children who were discharged from hospital. HAs there been cases of relapse or reinfection

Answer 13:

Yes, they have started serology test (Ig G and Ig M) for Covid-19 diagnosis, follow-up and epidemiological study.

There were patients who returned with symptoms after discharge. This happened earlier during the pandemic. Doctors from Wuhan attributed it to premature discharge, at the time the hospitals were flooded with patients, they could not keep patients in hospital long enough for full recovery. Since they tightened the discharge criteria, they have not seen any case like this.

Doctors also shared an interesting finding. Patient came for follow-up after Covid-19, was doing well, nasopharyngeal nucleic acid test (NAT) was negative, but stool NAT was positive. It is not known if the virus in the feces is infectious.

Question 14:

Great tips on reusing n95 masks. Any tips on reusing disposable gowns or improvising home made gowns? We are running out of both in our clinic, despite reusing the best we can

Answer 14:

NO. Dr. He did not reuse gowns.

I read online, doctors use UVC to disinfect PPE.