



## Orange County Chapter

### AAP-OC Chapter Chat Questions

*(Updated April 26, 2020)*

#### INFECTIOUS DISEASE / PUBLIC HEALTH

##### PPE

Where can we get eye goggles and face protective shields?

Lowe's carries very good goggles. Cedars Sinai ER docs use them, as well as full face shields from Lowe's and Home Depot

For those interested in donating or know someone who can donate PPE:

<https://www.surveymonkey.com/r/DonatePPE-AAPOC>

For those requesting PPE from the AAP-OC <https://www.surveymonkey.com/r/C528B2J> or from the OC HealthCare Agency:

[http://www.healthdisasteroc.org/ems/health\\_emergency\\_management/hca\\_agency\\_operations\\_center](http://www.healthdisasteroc.org/ems/health_emergency_management/hca_agency_operations_center)

##### **DISEASE TESTING**

What is being done and why about case investigation and contact notification?

Due to the high false negative rate of COVID-19 testing, and the massive person hours it would take to perform contact tracing on patients who test positive for COVID-19, at this time there is no plan for contact tracing in Orange County. The recommendations for testing as outlined by the CDC is to focus on high risk patients, symptomatic patients needing a higher level of care, and for test results to change management. At this time, travel history is no longer a contributing factor as we consider COVID-19 to be ubiquitous in the community.



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### In-Office Visits

#### Which well checks are considered essential?

Guidance from our national AAP is that pediatricians may choose to only conduct well visits for newborns, and for infants and younger children who require immunizations and to reschedule well visits for those in middle childhood and adolescence for a later date.

Many practices are scheduling and encouraging all well checks less than 2 years where vaccinations and developmental screening will be performed. Consider only allowing one healthy parent to attend well visits.

Remember to screen patients and family members for symptoms of illness prior to their well visit. If family members or the patient are ill, it is best to delay the appointment or conduct the well examination as if it were a sick appointment with proper PPE.

#### How do we incorporate sick and well visits in our practice?

While some practices have the luxury of establishing separate sick and well offices, single-site practices are encouraged to have separate times and exam rooms and times for sick visits. The AAP recommends reserving the morning for well examinations and later appointment times for sick appointments.

Furthermore, the AAP recommends managing patients that don't need to be seen physically to stay home and receive care via telehealth.

### Telehealth

#### What sites are providing HIPPA Compliant Platforms for Telehealth?

As you may be aware, the Health and Human Services (HHS) has announced that it will not be imposing penalties for HIPPA noncompliance during the COVID-19 Crisis, as long as communication is performed under good faith.

However, we as practitioners should strive to comply with HIPPA to the best of our ability and for future telehealth communication.

The following list includes vendors that provide HIPAA-compliant video communication products:

# American Academy of Pediatrics

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- Skype for Business
- Updox
- VSee
- Zoom for Healthcare
- SnapMD
- Doxy.me
- Google G Suite Hangouts Meet

### Can we expect Prop 56 supports during COVID-19 for telehealth?

Yes on the Prop 56 supplements, as long as they bill one of the qualifying CPT codes.

### Prescribing Medications via Telehealth

The following guidance is extrapolated from the DEA, specifically referencing controlled substances.

However, these regulations can be attributed to any prescription offered via telehealth.

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice;
- The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system; and
- The practitioner is acting in accordance with applicable Federal and State laws.

Provided the practitioner satisfies the above requirements, the practitioner may issue the prescription using any of the methods of prescribing currently available and in the manner set forth in the DEA regulations.

<https://www.deadiversion.usdoj.gov/coronavirus.html>

## Finance

### May our practice apply for financial assistance if we reduce the hours of our employees?

Yes.

With the reduction in patient volume, most pediatric practices are finding it challenging to maintain full-time staffing of physicians and office staff. You are eligible to apply for financial assistance as long as you maintain all the staff on payroll.



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### COVID-19, Pregnancy, and Neonates

#### Does COVID-19 cause complications in pregnancy?

There is still a lot of information we do not know regarding COVID-19 and pregnancy given how novel the SARS-COV-2 virus is.

In general, pregnant women tend to become more sick than nonpregnant women when they contract a viral infection due to altered immunologic and physiologic changes in pregnancy.

Other coronavirus infections such as SARS and MERS did confer a higher risk for complications during pregnancy such as low birth weight, preterm labor, and pregnancy loss.

We don't have data regarding COVID-19 infection during early pregnancies, however high fevers during the first trimester of pregnancy are associated with birth defects.

#### Is there evidence to suggest vertical transmission of COVID-19 infections from a mother to their newborn?

The evidence thus far indicates that the risk of vertical transmission is low.

We do not have enough information yet to say that vertical transmission does not occur. And there have been a handful of case reports at this time of vertical transmission based on IgM and PCR studies. These cases should be taken with a grain of salt given the inherent issues with the current IgM and serum PCR testing.

#### Should COVID-19 positive mothers be separated from their newborn?

Ideally, yes.

The separation of newborns from mothers who test positive for COVID-19 is recommended to prevent horizontal transmission of the virus from maternal secretions. Many centers are caring for neonates in a nursery with staff or an uninfected parent feeding the newborn.

As challenging as this situation is for new mothers and their babies, the longer they can remain apart, the lower the chances are of transmitting the virus to their newborn.

#### Can newborns of COVID-19 positive mothers breastfeed?

Evaluation of breast milk from COVID-19 positive mothers does not show SARS-CoV-2 virus present, so newborns can and should have breast milk from COVID-19 mothers, if possible. The optimal situation is for COVID-19 mothers to pump and have an uninfected caregiver provide the milk.



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For mothers who prefer to breastfeed rather than bottle feed breast milk, precautions should be taken to prevent transmission including good hygiene, gloves, and masks for the mother when feeding.

### How should COVID-19 positive neonates be monitored?

Neonates that test positive for Covid-19 should have frequent follow up with the pediatrician via telehealth or outpatient visits. Proper PPE and precautions should be taken when examining COVID-19 positive newborns.

## COVID-19 Q&A

**Disclaimer:** The following section is based on local expert opinion derived from what we currently know about the SARS-COV-2 Virus.

We will do our best to keep this section accurate and up to date, but please understand that this information is constantly evolving as we learn more about SARS COV 2 and its illness, COVID-19.

### How long should an exam room be considered contaminated after use by a patient with symptoms of COVID-19?

The amount of time that the air inside an examination room remains potentially infectious from SARS COV 2 is not known and depends on a number of factors. These factors include the size of the room, the number of air changes per hour, how long the patient was in the room, if the patient was coughing or sneezing, and if an aerosol-generating procedure was performed.

If the patient was not coughing or sneezing, did not undergo an aerosol-generating procedure, and only occupied the room for a short period of time, any transmission risk likely dissipates over a matter of minutes.

For patients that underwent a procedure that causes aerosolization of particles, such as nasopharyngeal testing, it is recommended that the room be out of commission for 2 hours.

In addition to ensuring sufficient time for enough air changes to remove potentially infectious particles, healthcare personnel should clean and disinfect environmental surfaces and shared equipment before the room is used for another patient.

### Do ACE Inhibitors and ARBs impact a patient's likelihood of contracting COVID-19?



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We do know from reviews thus far that high blood pressure does seem to be associated with an increased risk of complications in those infected with SARS-CoV-2. We also know that the virus binds to the ACE-2 receptor to gain entry into cells. It is not yet clear what the relationship is between ACE inhibitors and ARBs and COVID-19.

The American Heart Association released guidelines stating that patients on these medications should not stop taking them at this time. Clinical trials are currently underway to further elucidate this issue.

### Does Statin use impact COVID-19 Infections?

Given that statins upregulate the activity of ACE-2, there may be some protective benefit against lung injury and ARDS. This is currently under investigation.

### Does a person's influenza vaccine status impact COVID-19 infection progression?

The influenza vaccine will not protect against SARS-CoV-2 or change the clinical course of COVID-19 infection, but it will protect against the flu.

By protecting people against the flu we can lessen the burden on the healthcare system by preventing people from presenting to their provider or to the hospital due to flu.

### Does the BCG vaccine prevent COVID-19 infections?

There are a few studies, yet to be published, that suggest that countries with universal BCG vaccination tend to have lower incidence of COVID-19 infections and less severe infections.

Prior studies have shown that BCG vaccine can cause a nonspecific boosting of the immune response. New studies are currently underway in health care providers to see if the BCG vaccine can help protect them against COVID-19.