

Below are questions answered during a COVID Parent Town Hall Zoom session on April 13th, 2020. Participants included:

- Dr. Christopher Hartnick, MD MS – Pediatric Otolaryngology
- Shannon Fracchia, MD – Pediatric Pulmonology
- Kevin Callans, RN – Airway Nurse
- 54 parents and families!

1. What is the COVID-19 situation at MGH? Specifically, regarding pediatrics?

As of April 13, 2020:

- a. There are 170 cases in the whole hospital
 - b. 49 cases in the ICU
 - c. No pediatric ICU cases
 - d. 1 hospitalization in Peds, which is not in the ICU, and is of an immunocompromised patient on immunotherapy
 - i. Doing well overall, on antibiotics
 - e. 7000 cases in Massachusetts
 - i. Only 122 are kids, none in the ICU
 - f. Take home: children are not getting critically ill
 - i. Theoretically, the ACE2 receptor is not as expressed in kids, preventing the virus from entering their cells
 - g. This data is similar to data from Seattle, Italy and China
 - i. Confirmed via personal communication with physicians from each of those regions
 - h. Children under 1 are at higher risk
 - i. 11% are requiring hospitalization, oxygen and critical care
2. Is the PICU just packed with COVID-19 children?
- a. No! The PICU is relatively empty. Not full of kids with COVID!
 - b. If the adult ICUs get full, the PICU as we know it will close
 - i. the PICU will be moved to Ellison 17 so there still will be ventilators if your child needs a ventilator
3. What are your thoughts CPAP/nebulizers?
- a. Nebulizers could spread particles throughout the room faster than typical as this virus is spread via droplets
 - b. A nebulizer will spread it faster than an inhaler
 - c. When starting patients on one of these treatments, we will start on inhalers now rather than nebs
 - d. The nebulizer doesn't make COVID worse, it just spreads it to others faster
 - e. Children on these at baseline (CPAP/nebs) should continue on their current treatment to optimize lung health
 - f. Children with severe sleep apnea are being delayed in terms of their surgery
 - i. CPAP/BiPAP are kept on these if they needed it

For more information on COVID-19 please visit the [CDC WEBSITE](#) or call your Primary Care Physician with questions. If you suspect you have COVID-19 call ahead to your doctor or hospital to receive proper instructions for coming in to be tested.



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4. Should we consider changing from a nebulizer to an inhaler?
 - a. If child is safe and on a preventative medicine only, then yes, switch
 - i. But they need to be old enough to tolerate this.
 - b. If they have been on Flovent, budesonide, in the past two years, then we would resume this.

5. What types of patients are you seeing in the office?
 - a. We are still seeing patients in the office as needed. The patients we see include:
 - i. Patients with frank airway distress.
 - ii. Those that need swallow studies to assess aspiration
 - b. Zoom calls are very helpful for this, email or call so we can help take care of your child.
 - i. We can even evaluate (to some degree) stridor
 - ii. Can get basic swallow information as well
 - c. Sleep apnea can go untreated safely for a period of time. As long as the kids are ventilating well, they are ok for that period of time

6. What about my child who is having recurrent infections?
 - a. In an ideal world, we would test everybody but for now, as testing ramps up, we are testing patients who meet specific COVID criteria
 - b. We are managing some kids with resp infections from home via Zoom or with help of PCP.
 - c. There are also various urgent care clinics
 - i. RIC clinic (any family member who is sick), 7 days a week
 1. If child is sick and parent is sick, then more likely COVID
 2. If child alone is sick, then likely rhinovirus
 - ii. Trying to keep kids and families away from ERs

7. If a child is sick with confirmed COVID-19, should we get transferred to Boston
 - a. to limit exposure, we are not recommending transfer unless necessary
 - b. If the local provider feels uncomfortable, then we would recommend transfer
 - i. We are also helping manage many of these children by communicating with the local provider via Zoom or other means

8. What if we need pediatric anesthesiologists?
 - a. We can help pediatric anesthesiologists remotely should they have questions so we can discuss how to secure the airway

9. Are there shortages of ventilators in the PICU? Shortages of steroids?
 - a. No shortage of steroids
 - b. As of now, no shortage of ventilators

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10. What about JRRP?
 - a. Children that need JRRP treated to breathe... we are testing these kids for COVID-19 prior to the OR to ensure safety
 - i. So kids who have papilloma, have stridor, can get expedited testing to ensure they have results before OR
 - ii. If not, we will just treat them as if they are positive
11. Is my child more likely to catch COVID than another viral infection?
 - a. Other viruses (other than flu), its more common for other viruses to trump COVID
 - b. Flu is less likely now that we are in April
12. Are symptoms of COVID worse than other viruses?
 - a. Likely not
 - b. Children are vectors but not affected as much
13. When will get a sense as to when the next COVID peak will be?
 - a. Unsure
 - b. Just don't have the data yet
14. Do kids need to postpone vaccines?
 - a. NO!
 - b. Don't postpone, its actually more important than ever to get these kids vaccines!
15. What about home nursing? To limit social distancing? What if my home nurses are taking care of multiple kids?
 - a. Most agencies have PPE requirements for nurses going into the home.
 - b. Its personal, are you comfortable with the nurse, etc.
 - c. We are trying to keep nursing in the home, as parents need it
 - d. There are guidelines in place
 - i. Most agencies have a symptom check everyday before they go to work
 - ii. Its up to the agencies re: what PPE the nurses are using
 - iii. Just a surgical mask typically, not n95s
16. What about the NICU?
 - a. The NICU is seeing lots of kids with COVID
 - b. 11% of kids under 1 required hospitalization, oxygen and some of these required critical care
 - c. This is similar to other viruses, because neonates and infants are more fragile
17. When this is over, does a child who is medically complex need to stay away from people for a longer period of time?
 - a. Its important to be safe now.
 - b. Careful for neonates, pulmonary issues and lung disease
 - c. Touch base with pulmonologist to make sure your meds are optimized.
 - d. Don't stop inhaled steroids

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18. Is It safe for kids to go outside
 - a. Safe and important otherwise everyone is going to go nuts
 - b. Its important for both mental and physical health!
 - c. Lots of playgrounds are shutdown now.
 - i. Maintain physical, not social distance
19. What happens next summer?
 - a. We will have a better handle next summer hopefully
20. Does a child with laryngeal cleft put a child at higher risk to contract COVID?
 - a. Not necessarily. For management of the cleft, we thin their diet in the spring, thicken over the winter
 - b. Until the crisis is over, we wont do aggressive thinning
21. Should I be concerned from contracting the virus from food delivery or takeout
 - a. Many are still getting groceries, take out, etc.
 - b. Scary time to be alone. Help the elderly!
22. Patients that require flying across the USA for appointments, how long to avoid?
 - a. Anything that is elective, hold off until the end of June or July
23. Are you still scoping in the office?
 - a. Yes, we are doing so
 - b. We have appropriate precautions, can do in the ER
 - c. LTR season will go on this summer
 - i. LTR season will go into July/August/September
24. Is a single ventricle heart more complex for COVID?
 - a. If they don't have cast bronchitis, they shouldn't be at higher risk
 - i. We would defer to your cardiologist for this though
 - b. HTN, diabetes are the main risk factors for adults
25. If trach secretions are increasing, should I get my child tested for COVID?
 - a. We don't recommend bringing in for testing solely for increased secretions
 - b. Doesn't need testing, otherwise treat for mild viral illness
26. Do you anticipate a backlog of cases/clinic appointments, etc.?
 - a. Yes, but we will catch up and see patients once this dies down
27. If a child has a COVID pneumonia does airway clearance vest help
 - a. If your child has recurrent pneumonias then yes
 - b. If first time PNA, then no need for vest

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28. Can COVID cause stridor?
a. COVID is a lung process so if its stridor, then we think of something else
29. What do you think about inhaled steroids?
a. Stay on your inhalers if you already on them

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Stay safe, stay healthy!



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