

# Questions and Answers



## Pediatric Providers Webinar

Last update: 4/2/20

Questions Asked April 2, 2020  
"COVID-19 Epidemiology Update" by Dr. Emily Thorell

### Questions Regarding Personal Protective Equipment (PPE):

- 1. Just heard that we are supposed to use PPE for every single patient, is this confirmed?**
- 2. Is a standard surgical mask really adequate for seeing a COVID-19 patient as opposed to N95?**  
Please read "PPE Recommendations" and "What PPE to wear to stay safe" documents for the answer to these questions.
- 3. Do we need to use N95 or extra protection for suctioning as well as nebs and NP swabs?**  
Airborne precautions are clearly needed in suctioning open airways such as an ET tube or tracheostomy. Nasal suctioning is not considered an aerosol-generating procedure. Please use contact/droplet/eye protection PPE for nasal suctioning or follow the guidelines for your organization. Please read the "PPE Recommendations" and "What PPE to wear to stay safe" documents for additional information.
- 4. Do you think strep swabs are okay to restart if we use surgical masks and goggles?**  
Oropharyngeal swabs are not considered an AGP. Please use contact/droplet/eye protection PPE for obtaining an OP swab or follow the guidelines of your organization. Please read the "PPE Recommendations" and "What PPE to wear to stay safe" documents for additional information.

On a general note, please be cautious about cloth masks. They may, in fact, increase your risk of infection in one study. More information is needed, but they are clearly not recommended in the healthcare setting.

- 5. More information on PPE / PPE preservation strategies in lower resource healthcare settings with shortages would be helpful. We have almost none in our SNF.**  
Please refer to the documents noted above, which include ways to appropriately protect and reuse certain PPE supplies.
- 6. For clinics - we stopped doing both strep and flu in the office, but do you think strep swabs are okay to restart if we use surgical masks and goggles?**  
It is important to follow the guidelines of your organization. Many organizations are appropriately taking conservative measures at this time in order to conserve PPE. Studies are underway to clarify this further.

## Questions Regarding Testing:

- 7. It seems that the total number of VRP tests are decreased. How certain can we be that there really is a decrease in influenza, RSV, etc.?**

This is a good point. We do think this is likely real as the rates of all the respiratory viruses were already on the way down before we had a big decrease in testing. The germwatch graphs have a nice peak and steady decline, along with the percent of positive tests coming down, so while we cannot be 100% certain this is not just a testing phenomenon, it seems likely real.

- 8. What if anything, do we know about sensitivity of the COVID19 test?**

Testing for SARS-CoV-2 did not go through the typical pattern of approval by the FDA for clear sensitivity and specificity (as we are used to), but has been approved based on emergency protocols based on identifying viral RNA copies effectively. We do know that the tests are very sensitive at identifying SARS-CoV-2 viral RNA. We have reason to believe that testing is very sensitive in symptomatic individuals with information being less clear for possibly asymptomatic individuals.

- 9. How aggressively should we test kids with mild symptoms?**

It seems reasonable for one person in a family to be tested. We want to be careful about supplies, so we would not send whole families. It may help with taking the social distancing guidance seriously.

- 10. Are children getting infected at higher rates in the U.S. than other countries? Rates higher here?**

We do not have enough information to answer this question yet and can monitor for useful data on this as it becomes available. We know that China's strict social distancing/lock down policies were likely helpful in the general spread of disease.

- 11. Early this week there was a reported death in Chicago of an infant. Is that confirmed? Were there comorbidities?**

There was a 9-month-old infant that tested positive for COVID19 and died last week. The medical examiner's office there is still completing testing to assess if COVID was part of the cause of death.

- 12. Is the decision for droplet precautions over airborne precautions because of availability of PPE or based on good data?**

Current data are consistent with recommendations that contact/droplet precautions are the accurate level of protection for SARS-CoV-2 unless a patient is undergoing an aerosol generating procedure (AGP).

- 13. Does COVID-19 cause clinical bronchiolitis?**

We do not know yet and are monitoring this question. It seems likely as most viruses can.

- 14. What is the potential for seasonality of the virus and role of herd immunity? How many people need to be infected to create adequate herd immunity to prevent another cycle of social distancing?**

Regarding seasonality, we are seeing a winter/spring wave, then virus could come back in the fall as other viruses have, but we are not certain. Regarding herd immunity, there are several studies underway, but information is not yet known. Utah will be part of a family serology study sponsored by the CDC. You may have families taking part.