

Questions and Answers



Pediatric Providers Webinar

Last update: 5-11-20

Questions Asked April 30, 2020

“Pediatric ID Update on COVID-19” presentation by Andy Pavia, MD, University of Utah Division Chief of Pediatric Infectious Diseases and Director of Epidemiology at Primary Children’s Hospital

- 1. Q: Since children are less affected how do we decide when to reopen schools? Start with K-6?**
Answer: We do not fully understand the kids' role in driving the spread of COVID19. If we knew that, opening schools would be easier to determine. In Utah, school discussion was pushed because the drive to open business was stronger. The younger age group may be a good place to start with opening schools – easier to regulate activity through the day and less close contact between youth e.g. sharing of drinks, kissing, sharing smokes, etc.
- 2. Q: Does it make sense to see patients outside when available in the outpatient environment?**
Answer: With four months of experience now, I would say provide most care in the clinic with the tools / supplies that you need close at hand – given that you are using appropriate PPE. NP swabs (testing) is the one place that it makes a lot of sense to do outside as CDC recommends this as an aerosolizing procedure.
- 3. Q: Any comments on airborne transmission would be greatly appreciated.**
Answer: AGPs are blowing our minds right now. There are some procedures where we have good data that we know they generate aerosols, e.g. intubation, manual ventilation, non-invasive ventilation, etc. there are other procedures where there is not clear data but where good logic applies, e.g. NP swab, suction, nebulizer, high flow O2, etc. Intermountain Healthcare has a list of what they have agreed will be considered AGPs. The University has their own list.
- 4. Any comment on COVID mimicking or causing a Kawasaki-like picture? CHOP and the UK have been reporting this.**
Answer: There are emerging reports (report of 12 children in the UK) with children that are COVID positive and present with features of toxic shock syndrome and atypical Kawasaki disease with blood parameters. Too early to know whether this is SARS CoV2 caused Kawasaki-like disease, another pathogen causing this disease as a result of COVID, or whether there is Kawasaki disease with coincidental COVID.