



American Academy of Pediatrics

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Hezekiah Beardsley Connecticut Chapter

PEDIATRICS and COVID 19

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AAP Guidelines for Well Child Care for Pediatricians

1. Schedule well visits and sick visits at different times of the day. Many practices are doing well care in the morning and sick visits in the afternoon.
2. Initially, the recommendation was to do as many in person WCC visits for children under 2 years. There has been a wide variety of implementation of these recommendations in CT. Some practices were seeing only newborns in person initially, but many are now expanding this to older children.

AAP Guidelines for Well Child Care for Pediatricians (cont.)

3. The most recent recommendation is “In-person visits should occur whenever possible and are necessary for vital services like comprehensive physical exams; laboratory testing; hearing, vision and oral health screenings; fluoride varnish and immunizations.” Consistent with previous guidance, all well-child care should occur in person whenever possible and within the child’s medical home where continuity of care may be established and maintained. For practices who have successfully implemented telehealth to provide appropriate elements of the well exam virtually, these telehealth visits should continue to be supported, followed by a timely in-person visit.

AAP Guidelines for Well Child Care for Pediatricians (cont.)

4. Children who are behind in immunizations are a priority. There is growing concern about the decrease in the immunization rate. The CDC has reported that in Michigan just under half of 5-month-old infants were up to date for all recommended vaccines this month, compared to approximately two thirds of infants in May of the previous four years. Also, data show from mid-March to mid-April, doctors in the VFC program ordered about 2.5 million fewer doses of all routine non-influenza vaccines and 250,000 fewer doses of measles-containing vaccines compared to the same period in 2019. I don't have the data for CT but there is no reason to expect our rates to be very different. The most recent recommendation states, "Pediatricians should identify children who have missed well-child visits and/or recommended vaccinations and contact them to schedule in person appointments inclusive of newborns, infants, children, and adolescents. Pediatricians should work with families to bring children up to date as quickly as possible."

Guidelines for Newborns

1. Extensive and detailed recommendations for infants born to COVID 19 positive mothers.
2. Continue all routine newborn screening, i.e. blood spot, hearing and congenital heart disease.
3. Continue regular newborn care in person. In order for this to happen there must be efficient communication between the nursery and the pediatrician. The discharge summary and any screening results must get to the pediatrician as soon as possible and before the first visit. An appointment is made by nursery personnel before discharge. Anecdotally, this has been very going very well.

COVID 19 Cases in Connecticut

1. As of May 14 there have been 1,078 child cases in CT.
2. No recommendations at this time for asymptomatic screening of children for COVID 19.
3. Walk in screening sites are restricted to those over 18 years of age.

Multisystem Inflammatory Syndrome in Children

1. On May 14 the CDC issued an alert advising clinicians about a rare but serious inflammatory condition seen in children and linked to COVID-19. The CDC is calling the condition multisystem inflammatory syndrome in children (MIS-C) and is urging clinicians to report suspected cases so more can be learned about this condition.

Multisystem Inflammatory Syndrome in Children (cont.)

2. Criteria

An individual under 21 years presenting with fever, laboratory evidence of inflammation and evidence of clinically severe illness requiring hospitalization with multisystem (≥ 2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological); **and**

No alternative plausible diagnoses; **and**

Positive for current or recent SARS-CoV-2 infection by reverse-transcriptase polymerase chain reaction, serology or antigen test; or COVID-19 exposure within the four weeks prior to the onset of symptoms.

The CDC noted the fever should be at least 38 degrees Celsius for at least 24 hours or a subjective fever lasting 24 hours. Evidence of inflammation could include but is not limited to an elevated C-reactive protein, erythrocyte sedimentation rate, fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase, or interleukin 6, elevated neutrophils, reduced lymphocytes and low albumin.

Multisystem Inflammatory Syndrome in Children (cont.)

3. Treatment

Supportive care in an ICU environment including IV immunoglobulin, similar to that of Kawasaki.

4. Advice for parents has not changed-watch for persistent high fever and contact their pediatrician if the child seems very ill. Do not be afraid to have child seen in person

Information for Parents

1. There is information for parents on both the national (aap.org) and CT AAP (ct-aap.org) websites.
2. Healthychildren.org is the official parenting website of the AAP. It has a dedicated area at <https://www.healthychildren.org/English/health-issues/conditions/chest-lungs/Pages/2019-Novel-Coronavirus.aspx>
An example is “ Tips for Coping with a New Baby During COVID 19”
<https://www.healthychildren.org/English/ages-stages/baby/crying-colic/Pages/Tips-for-Coping-with-a-New-Baby.aspx>
3. All parents are encouraged to be in contact with their medical home with any questions or concerns.