

## Minutes from IAP webinar on COVID 19 March 16, 2020:- 3:30 pm to 6 pm

### Panel of experts - Dr Vijay Yewale, Dr Tanu Singal and Dr Dhanya Dharmapalan

#### Moderator; Dr Bakul Jayant Parekh, National IAP President 2020

- Main symptoms: Fever 60-70%, dry cough, breathing difficulty, sore throat, fatigue
  - Less common < 10%: Nasal congestion or runny nose, diarrhea, conjunctivitis
- Spread by droplets (within 3 feet/1 meter) and Contact with secretions of the affected patient
- Infectivity high but mortality low: next 2-4 weeks critical for India
- Most reported pediatric cases had mild symptoms, none required critical care but are a source of spread to at-risk population (hence the closure of schools for social distancing)
- The focus should be on identifying and routing the suspects
  - **Suspect Case:**
    - A patient with acute respiratory illness {fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath)}, AND a history of travel to or residence in a country/area or territory reporting local transmission (See NCDC website for an updated list) of COVID-19 disease during the 14 days prior to symptom onset;
    - OR A patient/Health care worker with any acute respiratory illness AND having been in contact with a confirmed COVID-19 case in the last 14 days prior to the onset of symptoms;
    - OR A patient with severe acute respiratory infection {fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath)} AND requiring hospitalization AND with no other etiology that fully explains the clinical presentation;
    - OR A case for whom testing for COVID-19 is inconclusive. Laboratory Confirmed case: A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

**NOT a Suspected Case:** Symptomatic child (fever with cough) with a history of contact with a family member who has traveled to an active COVID 19 community transmission country but is asymptomatic.

Testing and Management at Government allocated locations only

- Supportive care, CT Chest as imaging of choice

- AIIMS guidelines for treatment, the panel suggested avoiding the use of lopinavir/ritonavir in peds, treatment to be used in severe cases only, not to combine Chloroquine and Lopinavir/Ritonavir

### **Focus care at OPD and ER**

- Have protocols for patient identification/triage, patient flow and routing
- Focus on environmental cleaning in OPD and ER (free flow of patients)
  - Every 4 hrs: railings, doorknobs, surfaces (reception desk, doctors table)
  - Floor every 24hrs
  - Stethoscope and thermometer (prefer axillary) between every patient
  - Use 1% hypochlorite solution freshly prepared: refer NCDC guidelines
- Recommend closing play area
- Postponing routine visits by 2 weeks and giving regular visits at separate timing slots
- Avoid nebulization, prefer spacer with mask
- All doctors in OPD and front desk/ triage nurses to wear a mask
- Message to limit visitors in OPD and IPD
- Protecting ourselves: Once a healthcare worker goes home- wash hands, take bath, change clothes, clean fomites (phone, stethoscope)

### **Message for all**

- Mask only for symptomatic people
- Wash or sanitize hands regularly
- Avoid unnecessary travel (any kind)
- Keep home windows open for fresh air
- AC doesn't spread the COVID 19 virus
- Have the adults protected, keep their immunizations up to date (PCV-13, influenza)
- Avoid gatherings at home
- Home quarantine for 14 days (traveled to countries with active local spread, contact of suspected or proven case, a mild case as suggested by the dedicated hospital): clear guidelines: a separate room with the attached bathroom, mask if symptomatic: <https://www.mohfw.gov.in/Guidelinesforhomequarantine.pdf>
- Maids to wash hands, stay home if sick
- Book for kids: [https://www.mohfw.gov.in/Corona\\_comic\\_PGI.pdf](https://www.mohfw.gov.in/Corona_comic_PGI.pdf)