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COVID-19 / CORONA VIRUS

UPDATED - 03/27/2020 4:22 pm 76 cases in WV

WV DHHR site <https://dhhr.wv.gov/COVID-19/Pages/default.aspx>

PILOTS - see this link www.babymd.net/A.pdf or search for FAA Docket FAA-2020-0312

PLEASE READ THIS ENTIRE PAGE, THERE IS NO WAY TO EXPLAIN WHAT YOU NEED TO KNOW ANY QUICKER.

SKIP TO BOTTOM ABOUT TELEHEALTH AND OFFICE POLICY

INFORMATION ABOUT VIRUS

The COVID-19 virus is in the family of Corona Viruses that we have had in our community for many decades. You and your child most likely have had a Corona Virus at least once and probably many times in your life and never knew it. Most people that get a Corona Virus will get a mild cold. Some may not get sick at all and some may get seriously ill. There is no treatment or vaccine available for any Corona Virus. This is the same for RSV, Human Metapneumovirus, Picorno Virus and thousands of other viruses. There are treatments for the complications, like pneumonia, ear infections, dehydration, etc.

In general, the COVID-19 virus seems to be mild in children and more severe in those over 60 and those with chronic medical conditions, such as heart disease, asthma, COPD, etc. There is much we don't know.

- New 03/37/2020 - There has been a death in a teenager in France from Corona virus. It does not appear that the patient had a pre-existing condition. There have now been 45 deaths in doctors in Italy alone. There is still NO protective gear available anywhere
- New 03/24/2020 - There has been a death in a child under 18yo reported in California, but no more information reported yet. Thankfully, children are still suffering far less than adults. CAMC is terribly short on protective equipment. If you can sew and wish to help, please go to <http://www.camc.org/masks> for details on how to make masks to supplement our their dwindling supply.
- NEW 03/23/2020 - There have been a number of case reports in WV, some locally (Ripley, Charleston, Hurricane). As of today, 17 doctors in Italy have died seeing COVID-19 patients.
- About half of the hospitalized cases are in people 20-50 of age. No one is immune, More importantly, young people can get it and spread it to their relatives without having any or very mild symptoms.
- NEW 03/20/2020 - There has been talk of a number of treatments that might become available for Coronavirus. (Chloroquine, AIDS drug, EBOLA drug, etc). While this is promising, you should treat this like every other humor on the internet for now. The way medicine works, is that when someone suspects something might work, we do carefully designed and

controlled studies to make sure the treatment is SAFE, EFFECTIVE and then reveal all the details we need to know. You should assume that none of these suspected remedies will work for now because they may not work. If we let our guard down thinking they may work and they don't, then we just infected that many more people under false hope. Example: Thalidomide was used in the 1960s for nausea in pregnancy and ended up causing severe birth defects and cervical issues in the grandchildren of those mothers. The drug we THINK might help, might just kill more people or cause permanent damage in those that were going to survive it anyway. Wait for the professionals to do their job. Never bet your life or a loved one's life on some crap someone with no training or ill intentions wrote on the internet.

- NEW 03/19/2020 - There have now been 2 deaths reported in children out of China. One was 10 month old infant whom had a bowel obstruction (which is deadly itself and sounds like predisposed the child to a severe case) and a 14 year old where no more information has been given.
- We do not know the incubation period exactly (time from contact to showing signs of sickness). We believe its 4-5 days. There are several reports of patients showing new symptoms as late at 12 days from exposure.
- We believe that if you have not shown signs of the illness in 14 days from contact, then you should not get it. But there have been someone outliers showing signs of spread up to 30 days.
- We do not know the period where someone is contagious. In general, most viruses are contagious only during the first few days you are sick. Influenza is contagious a full 24 hours before the first symptoms appear. We believe COVID-19 is contagious a day or two before and possibly several days after someone appears ill. Several studies have reported that up to 80% of those spreading the virus around are infected, but showing either no symptoms or symptoms so mild that the person does not think they are sick.
- Most Corona Viruses are spread by droplets in the air that someone sneezes or coughs out. Those droplets will contact your eyes, nose and mouth, and then infect you.
- The average human touches their nose dozens of times an hour, probably more so when they are sick.
- Those secretions contain the virus and can be deposited on surfaces. The virus can survive for hours or days on surfaces. The latest report also stated that the virus can remain airborne and infectious in an air space for up to 3 hours.
- If you then touch that surface, and touch those secretions to your nose, eyes or mouth, you can be infected, or if you inhale the droplets from the air.
- Thankfully, the virus is easily killed with regular cleaners like Lysol and Bleach solutions, and washing your hands with soap and water for at least 20 seconds. You must keep the surface wet with the solution for a few minutes for it to be fully effective.
- THERE IS A LOT OF GOOD INFORMATION ON WWW.CORONAVIRUS.GOV

WHAT TO DO IF YOU THINK YOUR CHILD HAS IT

Children appear to only have a mild cold with this virus. Since there is no effective treatment for this virus, we can only help our kids out with the same time honored things you have been doing for colds for years:

- Elevate the head of bed for infants.
- Use a cool mist vaporizer. Shut the door to their room to let the humidity build up.
- Use saline drops or spray to loosen the nasal mucus.
- Suction the mucus in infants if its visible and its bothering them. Suctioning otherwise usually just irritates the infant.
- In short, make them comfortable and wait for it to go away.

MOST IMPORTANT: Do NOT expose others whom may get seriously ill from this virus. Thankfully, children are getting over this virus like any other cold. Those with chronic medical conditions affecting the lungs or heart, or have diabetes or are older than 60 are doing very poorly with this virus. A large percentage of our patients are either cared for by grandparents or regularly see grandparents with chronic medical conditions.

WATCH FOR WORSENING:

You have had dozens of colds in your life, therefore you already know what a cold is and what it isn't. There is nothing we can do to prevent a cold from developing into an ear infection or pneumonia other than good clean living and getting your check ups and vaccines. There is nothing you can do to "boost your immune system" despite thousands of false claims. Stay healthy, get your check ups to ensure no underlying condition exists, get your vaccines on time, eat healthy food, exercise, take an age appropriate vitamin and avoid miracle cure / prevention claims of people trying to sell you something, they are virtually all fraud, this includes vitamin c, echinacea, silver compounds, supplements, vinegar, anything homeopathic, zinc supplements, and of course don't drink bleach.

If your child has significant ear pain: Give ibuprofen and Tylenol. Use a heating pad on the ear. If this is not helping, then call the office. Most mild ear pain is not an ear infection. Ear infections get worse and worse, while teething and other causes come and go and fade away.

If your child has significant issues breathing: Such as breathing faster than 60 breaths a minute, coughing fits where they can't stop, breathing so hard they can't eat or drink, then call, but we will almost certainly send you to the emergency room. **IMPORTANT POINT:** if you have to think about IF your child's symptoms are severe or not, then they are NOT that severe. Severe is obvious. Remember there is nothing we can do to treat this virus except time honored home remedies that we have always used for colds. We have no treatment available to prevent this virus from getting worse. We can only treat the side effects when it's BAD. To date, there have been VERY FEW reports of children getting bad in the entire world.

If your child has a fever: Fevers actually help your body fight infection. At least one study showed that cold symptoms last a few days LONGER if you lower the fever with medicines. BUT, when a child has a fever, they look sicker than they really are. Many doctors use fever reducers to tell how sick a child is. If the fever comes down and the child looks less sick, then they probably do not have anything bad. If the fever does not come down or they look very sick when its down, then be more concerned.

If your child has a sore throat: Look in the throat and see if anything unusual appears. Dark red spots on the roof of the mouth sometimes indicate strep or hand foot and mouth. A white coating on the tongue with red dots in it, often indicates strep throat. There is an arch of tissue over the tonsils that flows towards the middle into that thing that hangs down (uvula), if this area is very red, that is a sign of strep throat. When a child has strep throat, they almost always have swollen "glands" / lymph nodes in the neck under the jaw line on both sides of the neck. Strep throat usually does not have a runny nose or cough, usually has a headache and fever. If you think your child might have strep, then call the office. To sooth a sore throat give cool liquids, ice cream, ice and HALLS BREEZERS are the best things to use.

If your child has body aches: I have not read that body aches are a symptom of COVID19. This would indicate a different virus like influenza, but many viruses give body aches. Ibuprofen (Advil / Motrin) are much better at receiving body aches than acetaminophen (Tylenol). There have been a few reports of Ibuprofen worsening the body aches in these patients. I have no

reason to believe these are true because there have been fake internet reports about ibuprofen as long as I have been a doctor. BUT, if you believe your child's body aches are worse and you are giving ibuprofen, then stop it and see if they improve. If they don't, then time to call the doctor.

OFFICE POLICY TEMPORARY

As of this morning, we will not be seeing patients in the office temporarily. There are many reasons and results of this to know:

HOW WE ARE AVAILABLE TO HELP YOU:

- We are available by phone 24 hours a day as we have been for the last 35 years.
- We are using Telehealth services to better triage, diagnose and treat your child from a distance, where this is possible.
- When you call the regular office number (304-343-1863), you will either get a message saying someone is in the office to take a message, or you will get the answering service.
- If you get the ANSWERING SERVICE, this is just like calling after hours, that doctor cannot write refills and probably can't do telehealth because of the technology. **PLEASE DO NOT LEAVE A MESSAGE WITH THE ANSWERING SERVICE FOR A REFILL!!!!!!**
- If the regular office answers, then they will take a message and send it to your regular pediatrician. Your pediatrician may be able to help you through a regular phone call or might need to initiate a telehealth visit. In order to do a telehealth visit, we will call you back through FaceTime. This will allow us to document the visit better, be able to see the overall condition of your child, diagnose rashes, some masses, see the respiratory status, etc. **Please be ready for the telehealth / virtual visit >>>>>>**

TIPS FOR TELEHEALTH / VIRTUAL VISITS:

- **Please do not screen your calls**
- Be ready to accept a FaceTime or Skype call by having everything you need ready,
 - weight of child
 - temperature
 - medicine doses and when given
 - blood pressure if appropriate (ADHD follow up visit not 100% necessary, or it is necessary if your child is being treated for hypertension).
 - Something to take notes on
 - If we need to look at something on the child, have that area uncovered or ready to be seen, have the child with you and please reduce any distractions in the area.
 - Briefly write down for yourself, how many days this has been going on, most important symptoms, less important symptoms, how things have changed over the last few hours or days, what ultimately concerned you enough to call.
- Be in an area with the best WIFI or cell signal and make sure it is well lit with daylight, LED or Fluorescent lighting.
- When showing an area, make sure to experiment with the distance from the camera, many people put objects closer to the camera than it can focus on. Usually a foot or so is a good distance. In some cases, you can tap on the area on the screen and the camera will focus on that area.
- When taking pictures of the throat or showing the throat, the teeth will give so much white reflection that the computer in the camera will darken the back of the throat making it invisible. You might have to zoom past the teeth and then the automatic system in the camera

will brighten the back of the throat. Moving the camera closer often will do this, but then the camera can't focus and we can't see what's back there anyway.

- If showing a private area, such as a diaper area rash or problem, you might have a towel or something handy to be discrete, but these images are going to a medical professional, it is real time and they are not recorded or saved in any way.
- If trying to show a lump or bump, it's often best to show the area from 2 or 3 angles, top and sides, and experiment with another source of light from the side of the camera to better show the object. Perhaps have a ruler handy or an object we can gauge size with like a coin.
- **FINALLY, please DO NOT try to text, FaceTime or call that virtual device number back. It is to be used for outgoing virtual visits only and will be set up to not receive messages, calls, FaceTime or texts. DO NOT send something to it and assume we received it.**

WHAT CAUSED US TO STOP SEEING PATIENTS IN THE OFFICE TEMPORARILY?

Many factors lead to this decision:

- Most importantly we can't get protective gear. We ordered it in January and nothing has come despite repeated attempts to get anything from any source. If we can't protect ourselves from an infected patient, we can't protect you.
- 80% of the spread of this virus has been FROM people either not ill or so mildly ill, that they did not know they had it. Meaning anyone can have it and spread it to you regardless of if they look sick or not.
- We recognized that we are seeing cases that might legitimately have the virus, but none of the tests we have ordered were completed by any lab mostly due to the test shortage or policies about risk factors that are outdated.
- A significant number of our staff have chronic medical conditions placing them at high risk.
- A significant number of our staff live with someone who is high risk.
- The rest of our staff have children with no one to care for them if daycare is not available.
- Despite denying any risk factors on the initial phone call and at the front door, many parents revealed their child had many risk factors for Corona virus once the doctor came in the room, this has always been a fact of life of pediatric medicine, but simply can't happen with this type of pandemic. WV has the highest per capita with chronic health conditions in the country and the highest average age of caregivers (foster parents, grandparents and great-grandparents whom are primary caregivers).
- The virus can float around in the air in a room where a patient was seen for up to 3 hours.
- The virus can survive on surfaces for days. While we have been thoroughly cleaning, many parents simply cannot or will not control where their children touch.
- In the first week of it really hitting home to everyone that the virus is here, we realized that the majority of patients we were seeing in the office could be handled by virtual visits.

One of our doctors will be seeing newborn babies and infants in the first few weeks of life to ensure their health. Those parents will know of this from the hospital and we will be in direct contact with you. If your child is delivered at CAMC, we will automatically be notified and handle things. If your child is born anywhere else, please call the office around the time you know your child will be going home. The first set of vaccines has to be given by a certain age or they will not be effective. A brief delay in vaccines in children older than 3 months will make little difference, especially in light of knowing we are all pretty much self-quarantining. We will be tracking everyone needing vaccines and check-ups and prioritize them once this ordeal quiets down.

We apologize for this change, but there are many many factors to consider in this hopefully once in a lifetime pandemic. The well being and safety of the most people possible is our primary concern.