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Health Advisory

November 22, 2022

Pediatric Patient Surge Planning at Clinics and Hospitals

This Health Advisory is for all health care providers in the entire Central Valley of California.

A. What is the current situation in Central California?

1. Case rates and case positivity reflect intense upward trends in respiratory illnesses.
2. Emergency department visits and hospitalizations due to respiratory illnesses are showing early upward trajectories.
3. Available COVID-19 and influenza treatments are not being readily utilized, especially in high-risk populations.

B. How can all medical providers help at this time of severe pediatric surge conditions?

Given the rise in the number of pediatric patients with respiratory syncytial virus (RSV) and other respiratory virus infections that are impacting our region's hospitals, all healthcare facilities are strongly encouraged to consider implementing the following recommendations in your pediatric surge plans:

1. Primary Care and Ambulatory Care Practices:
    a. Offer and encourage flu and COVID-19 vaccines and anti-viral treatments for all eligible patients.
    b. Expand pediatric patient care services via in-person or telehealth options. If not already implemented, promote phone advice lines for after-hour consultation.
    c. Identify high-risk infants/young children and contact to administer prophylactic palivizumab per guidance from the American Academy of Pediatrics (AAP).
    d. Avoid sending patients to the emergency room unless they are critically ill.

2. Urgent Cares and Related Clinics:
    a. Consider expanding your urgent care center hours, especially for pediatric outpatient visits.
    b. In addition to offering flu and COVID-19 vaccines, continue to offer early administration of flu and COVID-19 antiviral medications for eligible patients.

3. Primary Care, Inpatient Care, and Adult Care Facilities:
    a. Offer COVID-19 and flu vaccinations to staff and residents. Early administration of flu and COVID-19 antiviral treatments is recommended for eligible residents.
    b. Get medical director consultations before you send patients to emergency departments. The medical director may be able to work up and start therapy for many common patient complaints.

4. School Clinics and Child Care Facilities:
    a. Promote mitigation practices for RSV and other respiratory infections by emphasizing the need to stay at home when sick, wash hands often, practice proper cough etiquette, and wear masks in crowded indoor settings.
    b. In order to reduce unnecessary healthcare visits, childcare settings and schools are advised to eliminate any requirements for children to have a negative RSV test result prior to returning to childcare or school after a symptomatic illness, as long as the child's symptoms have improved.

5. Emergency Departments and Hospitals:
    a. Review triage criteria to streamline patient volumes.
    b. Prioritize admission for critically ill pediatric patients at facilities with limited pediatric resources.
    c. Discuss transfer agreements with local hospital networks, with a focus on preserving dedicated pediatric facilities for those requiring the most serious and/or most specialized care.
    d. Consider training and credentialing pediatric outpatient providers to provide inpatient care for older pediatric patients.

* Healthcare providers and hospitals are encouraged to review the additional guidance from the California Department of Public Health (CDPH) regarding "Response to Surge in Respiratory Viruses among Pediatric Patients."

C. Pediatric Bronchiolitis– what EVERY Clinician needs to know

1. What is bronchiolitis?

Bronchiolitis is a common lung infection in young children and infants. It causes inflammation and congestion in the small airways (bronchioles) of the lung. Bronchiolitis is almost always caused by a virus. Typically, the peak time for bronchiolitis is during the winter months. A common cause of this illness is respiratory syncytial virus (RSV), but other pathogens can also cause the same syndrome. Bronchiolitis starts out with symptoms similar to those of a common cold, but can progress to coughing, wheezing and difficulty breathing. Symptoms of bronchiolitis can last for several days to weeks. **Most children get better with care at home, but a small percentage of children require emergency care or hospitalization.** https://www.cdc.gov/rsv/clinical/index.html

2. Who is most vulnerable to RSV?

Those most susceptible to RSV are premature infants, newborns, and babies – especially those younger than 6 months. Severe infection can affect children younger than 2 years old with chronic lung disease or congenital heart disease, and children with weakened immune systems. Similarly, older children and adults with chronic heart, lung or immunity problems can also be severely impacted by RSV.
https://publications.aap.org/pediatrics/article/118/4/1774/69020/Diagnosis-and-Management-of-Bronchiolitis?autologincheck=redirected?nfToken=00000000-0000-0000-0000-000000000000

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3. **What are the outpatient treatment options for RSV?**
   Besides antipyretics, the mainstay of treatment for RSV is nasal suctioning using saline wash and a bulb suction device, which can be found in many retail stores. Parents should be instructed to do this at home, as it can help the child breathe better whenever a child has nasal congestion. Of note, steroids antibiotics, and bronchodilators are not recommended as routine treatments for viral bronchiolitis.

   Adequate hydration and nutrition are also important to maintain, especially after several days of a respiratory infection. If dehydration or oral intake is limited, children may need to be seen in the clinic to assess volume status and plan further.

4. **What are high risk features of RSV infection?**
   Children with comorbid conditions or underlying heart or lung disease or increased risk should be assessed in a clinical setting.

   Very young children, less than two months old are at higher risk of apnea should also be assessed in a clinical setting.

   If the infant is in distress – not eating, not drinking, having trouble breathing or has a high fever – take the child to your local emergency department (ED). Instruct parents and caregivers that EDs will triage incoming patients and treat those with the most acute symptoms immediately.

   Lastly, symptoms from RSV can look like many other viral respiratory infections, including those caused by influenza and COVID-19. While testing is not always necessary, the differential should be kept broad as co-infections may be common during this winter. It is important to vaccinate all eligible patients for influenza and COVID-19 to minimize morbidity and disruptions related to these vaccine preventable infections.
   https://www.acep.org/by-medical-focus/pediatrics/section-articles/rsv-bronchiolitis/

5. **What prophylaxis is available for high-risk infants?**
   Palivizumab is a monoclonal antibody recommended by the AAP to be administered to high-risk infants and young children likely to benefit from immunoprophylaxis based on gestational age and certain underlying medical conditions. It is given in monthly intramuscular injections during the RSV season, which generally starts in the fall and peaks in the winter in most locations in the United States.

   For the latest palivizumab guidance, please consult the AAP policy statement:
   https://publications.aap.org/pediatrics/article/134/2/415/33013/Updated-Guidance-for-Palivizumab-Prophylaxis-Among?autologincheck=redirected?nfToken=00000000-0000-0000-0000-000000000000

   An accompanying AAP technical report provides additional context and rationale for the guidance: https://publications.aap.org/pediatrics/article/134/2/e620/32961/Updated-Guidance-for-Palivizumab-Prophylaxis-Among

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6. **Where can I get more information?**

   For more information, please contact your local health jurisdiction:

   - Fresno County: https://www.co.fresno.ca.us/
   - Madera County: https://www.maderacounty.com/
   - Kings County: https://www.countyofkings.com/
   - Tulare County: https://tchhsa.org/eng/
   - Mariposa County: https://www.mariposacounty.org/
   - Merced County: https://www.countyofmerced.com/