



**Information on COVID-19 for Clinicians:
Additional Guidelines for Outpatient Pediatric Care in the Philippine Setting
from the Philippine Pediatric Society and the
Pediatric Infectious Disease Society of the Philippines
10 March 2020**



The Philippine Department of Health (DOH) has recently announced new confirmed cases of COVID-19. Unlike the previous cases, several of these new patients have no history of travel, marking them as cases of local transmission. This particular detail is important to highlight: the public health response has now expanded its strategies, no longer focusing on just containment, but also mitigation (identification of those at highest risk and prioritizing this group for prevention and management).

With containment, the goal was to exclude those with infection, likely to be acquired from other countries where most of the cases were being reported. At that time, travel-based restrictions were thought to be helpful and in fact proved effective: no new cases were reported locally for almost a month, as travelers were being screened when they presented with symptoms.

The rapid spread of infection globally, however, meant that it would only be a matter of time before new cases would be detected. Because of this, a sampling of patients presenting to local hospitals with severe acute respiratory infections was being tested through the SARI surveillance system. Through this, two of the more recent cases without a history of travel were detected.

With local transmission being documented, COVID-19 is now a consideration whenever a patient presents with the following symptoms, alone or in combination: 1) fever; 2) acute respiratory illness (whether this takes the form of mild cough and cold illness, or difficulty breathing that requires more intensive support); and 3) diarrhea.

Based on limited available data, SARS-CoV-2 infections in children appear to be milder in general.ⁱ The most common presenting symptoms include fever, cough, congestion, and rhinorrhea. Vomiting and diarrhea were also reported in a case, and one infant was reported to develop ARDS and septic shock.^{ii,iii,iv,v} There is also no evidence to date that children are any more or less susceptible to SARS-CoV-2 infections compared to adults. Data show that intrafamilial transmission is the most common way they are infected.^{vi,vii}

In the Philippines, the most common causes of Influenza-Like Illnesses (ILI) among children are influenza virus, respiratory syncytial virus (RSV), and human rhinovirus (HRV), while the most common causes of acute diarrhea in children remain to be rotavirus, enterotoxigenic *E. coli* (ETEC) and salmonella.^{viii,ix,x}

The Department of Health – Philippine Society of Microbiology and Infectious Diseases Coronavirus Disease 2019 (COVID-19) Task Force has released an Algorithm for Triage of Patients with Possible COVID-19 Infection on March 9, 2020 (see Annex). The Philippine Pediatric Society (PPS) and the Pediatric Infectious Disease Society of the Philippines (PIDSP) fully support this initiative and commend the DOH-PSMID COVID-19 Task Force for its prompt action.

To supplement the above approach, the following are additional reminders for those who care for children:

1. Children and households should practice stringent infection control measures to prevent the spread of respiratory pathogens, including frequent handwashing, cough etiquette, use of hand sanitizers, and social distancing (including avoidance of crowded places and non-essential gatherings/celebrations).
2. Infection control measures and frequent disinfection should also be done in outpatient clinics. Consider triaging through pre-clinic calls, scheduling of well-baby consults separately from sick consults, restructuring of waiting areas to limit exposure to other patients, and so on.
3. Children with underlying medical conditions may be at increased risk for more severe COVID-19 disease, similar to their increased risk for other respiratory infections. Thus, rigorous practice of infection prevention measures, including immunization for high risk groups, must be reinforced.



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4. Provide routine childcare and immunizations to your patients, as these are important for their wellness and help prevent future health problems or outbreaks. Children should be updated with their immunizations, especially against respiratory and diarrheal pathogens like influenza virus, measles virus, polio virus, rotavirus, *Streptococcus pneumoniae*, and *Haemophilus influenzae*.
5. Use diagnostic exams whenever possible to determine etiologic diagnosis of ARI or diarrhea to identify other possible causes of disease (e.g. culture, rapid diagnostic tests/panels, PCR, etc.).
6. Children exhibiting mild symptoms and who have no co-morbid conditions may be managed at home with supportive measures such as adequate hydration and fever control, after appropriate testing is done (see Taskforce Algorithm). Home quarantine measures must be enforced for mild cases that are positive for SARS-CoV-2 (refer also to DOH Clinical Management Guidelines). Should there be a need to request testing, please be reminded to fill up the Case Report Form with complete information, as this is critical for contact tracing.
7. Listen to reputable and scientific resources, specially to the Department of Health, for updates and guidance, and adhere to the Algorithm provided by the COVID-19 Taskforce. Additional sources of information are the WHO and US CDC websites. Do not spread unverified information.

ⁱ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>
accessed 3/10/2020

ⁱⁱ Kam KQ, Yung CF, Cui L, Lin Tzer Pin R, Mak TM, Maiwald M, Li J, Chong CY, Nadua K, Tan NWH, Thoon KC. A Well Infant with Coronavirus Disease 2019 (COVID-19) with High Viral Load. *Clin Infect Dis*. 2020 Feb 28. pii: ciaa201. doi: 10.1093/cid/ciaa201. [Epub ahead of print]

ⁱⁱⁱ Cai J, Xu J, Lin D, Yang Z, Xu L, Qu Z, Zhang Y, Zhang H, Jia R, Liu P, Wang X, Ge Y, Xia A, Tian H, Chang H, Wang C, Li J, Wang J, Zeng M. A Case Series of children with 2019 novel coronavirus infection: clinical and epidemiological features. *Clin Infect Dis*. 2020 Feb 28. pii: ciaa198. doi: 10.1093/cid/ciaa198. [Epub ahead of print]

^{iv} Wei M, Yuan J, Liu Y, Fu T, Yu X, Zhang ZJ. Novel Coronavirus Infection in Hospitalized Infants Under 1 Year of Age in China. *JAMA*. 2020 Feb 14. doi: 10.1001/jama.2020.2131. [Epub ahead of print]

^v Chen F, Liu ZS, Zhang FR, Xiong RH, Chen Y, Cheng XF, Wang WY, Ren J. [First case of severe childhood novel coronavirus pneumonia in China]. *Zhonghua Er Ke Za Zhi*. 2020 Feb 11;58(0):E005. doi: 10.3760/cma.j.issn.0578-1310.2020.0005. [Epub ahead of print] Chinese.

^{vi} <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/children-faq.html> accessed 3/10/2020

^{vii} Liao X, Qian S, Yuan J, Wang F, Liu Y, et al. Community transmission of severe acute respiratory syndrome coronavirus 2, Shenzhen, China, 2020. *Emerg Infect Dis*. 2020 Jun [date cited].

<https://doi.org/10.3201/eid2606.200239>

^{viii} Carlos C. and Sanial M. Etiology and Epidemiology of Diarrhea. *Phil J Microbiol Infect Dis* 1990; 19(2):51-53.

^{ix} Carlos C. et al. The Burden of Hospitalizations and Clinic Visits for Rotavirus Disease in Children Aged 15 Years in the Philippines. *The Journal of Infectious Diseases* 2009; 200:S174–81.

^x Otomaru H, Kamigaki T, Tamaki R, Opinion J, Santo A, Daya E, et al. (2015) Influenza and Other Respiratory Viruses Detected by Influenza-Like Illness Surveillance in Leyte Island, the Philippines, 2010–2013. *PLoS ONE* 10(4): e0123755. doi:10.1371/journal.pone.0123755

ANNEX. Algorithm for Triage of Patients with Possible COVID-19 Infection
March 9, 2020

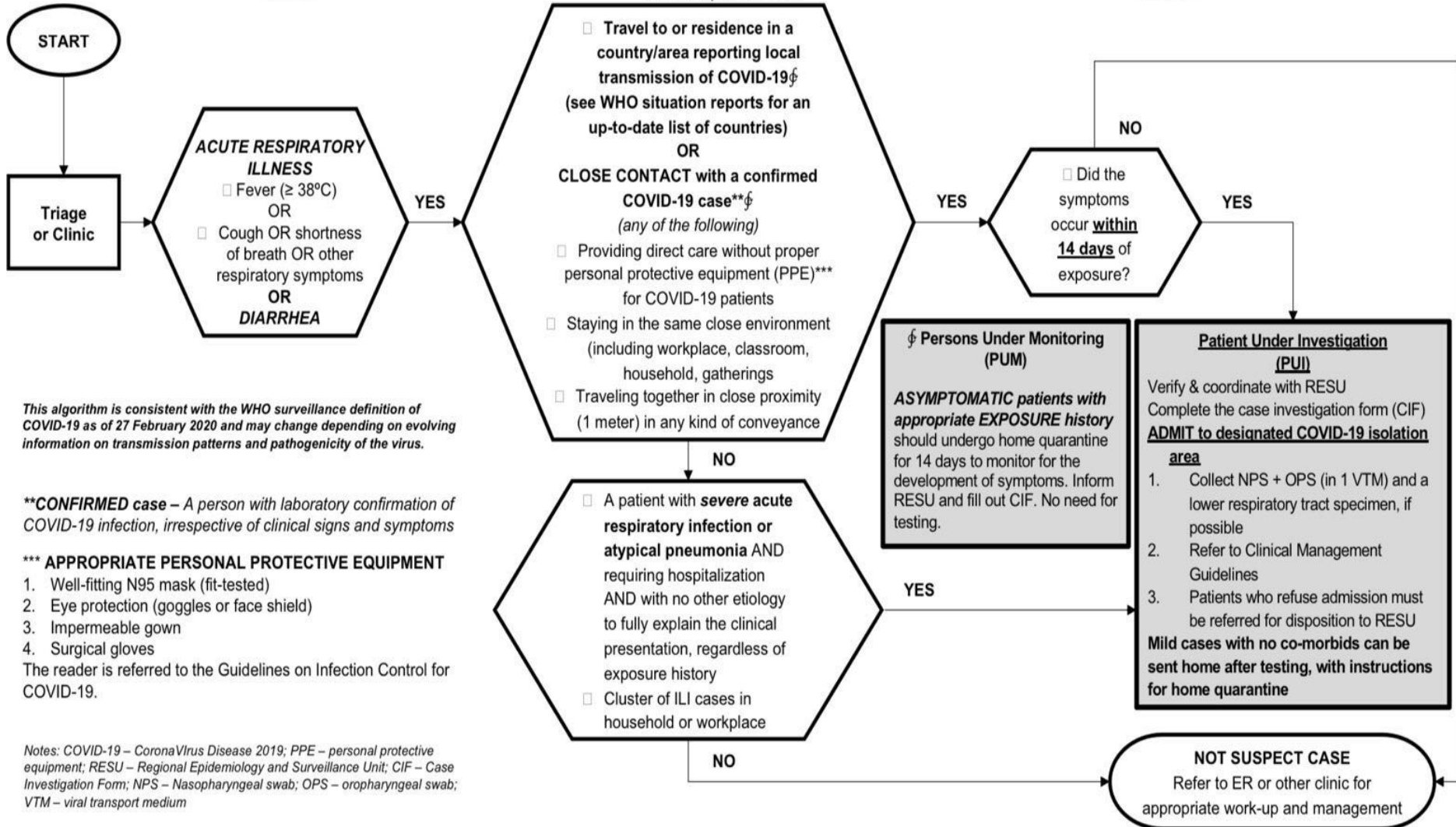


Department of Health - Philippine Society for Microbiology and Infectious Diseases
 Coronavirus Disease 2019 (COVID-19) Task Force



ALGORITHM FOR TRIAGE OF PATIENTS WITH POSSIBLE COVID-19 INFECTION (PUIs)

Version 7.2, 09 March 2020



This algorithm is consistent with the WHO surveillance definition of COVID-19 as of 27 February 2020 and may change depending on evolving information on transmission patterns and pathogenicity of the virus.

****CONFIRMED case** – A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms

***** APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT**

1. Well-fitting N95 mask (fit-tested)
2. Eye protection (goggles or face shield)
3. Impermeable gown
4. Surgical gloves

The reader is referred to the Guidelines on Infection Control for COVID-19.

Notes: COVID-19 – CoronaVirus Disease 2019; PPE – personal protective equipment; RESU – Regional Epidemiology and Surveillance Unit; CIF – Case Investigation Form; NPS – Nasopharyngeal swab; OPS – oropharyngeal swab; VTM – viral transport medium