

COVID-19 AMONG CHILDREN



By Dr. Ali Kumble

(Children are defined as those aged 1 month to 18 years for the purpose of this document)

Incidence

There are reports of children being afflicted with Covid-19 fever globally. However, a true picture on the incidence of SARS-Covid-19 infection among children is yet to emerge owing to the lack of widespread testing & the priority in testing being given to adults & those with symptoms. The rate of hospitalization among children is also comparatively fewer in number.

Infection & transmission among children:

There is, as yet, no clear picture on the susceptibility & transmission of Covid-19 among children. Recent evidence suggests that children are likely to have higher viral load in Nasopharynx & hence transmit the disease. Community social distancing, closure of schools, restraint on outdoor games & restricted indoor living may explain the low incidence of Covid-19 among children.

Symptoms and severity of Covid-19

Incubation period is 2-14 days with an average of 6 days.

SIGNS & SYMPTOMS

Fever, fatigue, headache, myalgia, cough, nasal congestion, rhinorrhea (runny nose), new loss of smell/taste, sore throat, shortness of breath or difficulty in breathing, abdomen pain, diarrhea, nausea/vomiting, poor appetite/poor feeding.

The most important symptoms in children are cough and/or fever, but a majority will be asymptomatic or may have non-specific symptoms. These are similar to other infectious or non-infectious processes.

Severity of illness: Children with Covid-19

infection are less likely to develop severe illness compared to adults. Those with associated medical conditions & those below 1 year are at an increased risk. Similar to adults, children with severe Covid-19 infection may develop respiratory failure, coagulopathy, myocarditis, shock acute renal failure and multi system failure. And on rare occasions, it can present itself as intussusception, diabetic keto acidosis.

Children infected with Covid-19 are also at the risk of developing paediatric multi system inflammatory syndrome (MIS-C) later. In such cases, clinical features overlapping with toxic shock syndrome & atypical Kawasaki disease may also be seen. These patients tend to show a very high inflammatory markers, and will test positive in antibody test for SARS-Covid-19 infection.

Testing & isolation

RTPCR, Antigen test based on clinical criteria is recommended as in adults. Those who have had close contact (within 6 feet total 15 minutes or more) with a confirmed/probable Covid-19 infected person should be tested. Those who are asymptomatic, but have had close contact should also be tested.

Laboratory & radiographic findings

- ❑ Abnormalities of WBC count either increased or decreased lymphocyte count.
- ❑ Mildly elevated inflammatory markers.
- ❑ Mildly elevated liver enzymes.
- ❑ Unilateral/bilateral infiltrates, consolidation on Chest X-ray/CT chest.
- ❑ Ground glass opacities in CT chest.

Management

One should consider a child's clinical presentation, requirement of supportive care, underlying medical conditions & the

HOW TO DIFFERENTIATE BETWEEN FLU & CORONAVIRUS

As influenza season is on, parents are worried that if they or their children should become ill, it may not be easy to know which disease they have - the flu or Covid-19.



Most symptoms of the two diseases are so similar that short of a test or two or three tests - it won't be possible to know for sure. But there are some clues. And it is possible to have both infections at the same time; some patients in.

Assessing the difference between a cold & the flu. There are at least 100 viruses that can cause the common cold, but only four that cause seasonal flu. Many people who catch colds assume they have the flu, but experts consistently say the same thing about how to tell the difference: "Flu makes you feel as if you were hit by a truck." The fever, aches and headaches of a bad case of influenza are generally worse than a case of respiratory syncytial virus, rhinovirus.

Everyone knows the symptoms of the flu: fever, headaches, body aches, sore throat, runny nose, stuffed sinuses, coughing, sneezing & for infants, ear infections. Some victims, especially children, get diarrhea or vomiting too.

In severe cases, the most common complication is pneumonia. The typical signs of a flu pneumonia are shortness of breath, especially when you exert yourself & unusually rapid breathing - doctors typically look for that in children & sometimes pain in the chest or back.

Identifying Covid-19 by its flulike and 'wacky' symptoms.

Knowing whether you have Covid-19 is much more complicated because there are so many different & sometimes pretty wacky - symptoms, many of which echo those of

COVID-19 AND CHILDREN

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ability of caregivers for home care. Currently there is no specific drug approved by the authority for treatment of Covid-19. Treatment mainly includes supportive care as well as prevention and management of complications.

Dexamethosone: This drug is beneficial for children with Covid-19 respiratory disease & those who require respiratory support such as mechanical ventilation.

Remdesivir: The safety and efficacy of this drug in children has not yet been evaluated. It is administered to children who are hospitalized and who require supplemental oxygen & other respiratory support. It can be administered for 5 days.

Treatment of MIS-C: There is limited information available on the risk factor involved; pathogenesis, clinical course and treatment. Supportive care is the mainstay. Many centres consider the use of IVIG,

steroid, other immunomodulators (including anti IL-1, anti IL-6), antiplatelet & anticoagulant therapy. It is important to remember that children infected with Covid-19 can have other serious conditions & hence broad differentials must be considered & evaluated.



Community social distancing, closure of schools, restraint on outdoor games & restricted indoor living may explain the low incidence of Covid-19 among children.

Immunization and child welfare:

Measures adopted by the community have resulted in the decline in OP pediatric visits, including regular vaccination. Health care providers should work with families to make sure that children are immunized up to date with all recommended vaccinations & also identify children who have missed it, especially those below 24 months of age.

Developmental surveillance, early childhood screening & screening of newborns to evaluate feeding patterns, weight gain, hydration and jaundice should be carried out by health care provider even during the pandemic. Pediatric health care providers should incorporate into their curriculum education on prevention of everyday infection measures such as hand hygiene, social distancing, wearing mask as well as information on stress and coping. Primary care practitioner should continue to use infection-prevention strategies.

(Dr. Ali Kumble is the head of Paediatrics, chairman - IHHI Ltd., Mangaluru)

COVID-19 VS INFLUENZA

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the flu.

The most common symptoms are high fever, sometimes with chills, a dry cough & fatigue. The one sign that really distinguishes the two infections is that many Covid-19 victims suddenly lose their sense of smell - not because they have a stuffy nose but because they don't register even strong odors like onions or coffee. Not all virus victims get anosmia, the formal name for loss of smell, but one study found that 87% did.

Less common symptoms include a sore throat, congestion, runny nose, vomiting, diarrhea, stomach pain & feeling somewhat out of breath when exerting yourself. Some victims have red or itchy eyes & some get redness or blisters on their fingers or toes so called Covid toes, which resemble chilblains.

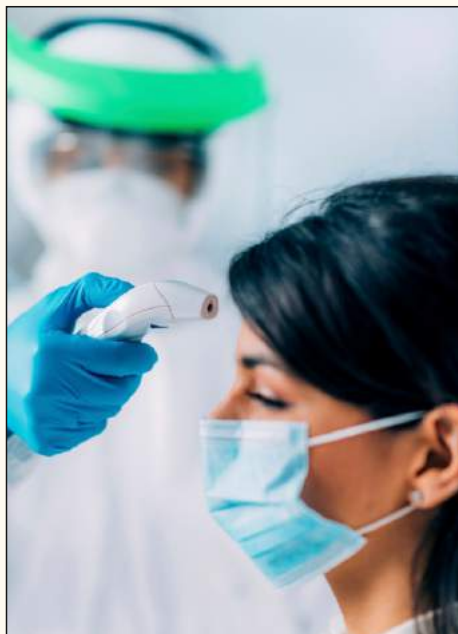
More dangerous symptoms which mean you should get immediate medical attention, include serious breathing difficulty; pain or pressure in the chest; blue lips or blue face; confusion or incoherent answers to simple questions; and collapsing or losing consciousness.

Adding to the disease's fearsome nature is that it can cause blood clots that lead to heart damage, brain damage & lung damage. And even some cases that appear mild or asymptomatic create signs of what doctors believe may be long-lasting heart damage. Another unusual aspect of Covid is that people sometimes develop pneumonia without realizing how sick they are. Doctors are unsure why; one theory is that the air sacs in the lungs are damaged in a way that does not cause the buildup of carbon

dioxide, which creates that "desperate for air" feeling.

Many doctors recommend buying a pulse oximeter, a fingertip device that measures oxygen levels in the blood. Multiple readings below 92% should trigger a call to a doctor. The earlier pneumonia is caught, the better the outcome.

Understand that Covid-19 symptoms in children are similar to those in adults. Children generally get through Covid-19 with few problems; for the youngest ages, it is thought to be less dangerous than the flu. Dangerous symptoms include difficulty breathing, bluish lips, confusion or inability to wake up & intense abdominal pains or inability to keep down any liquids. If there



are any signs of these, it is important to get a child to a doctor or hospital quickly.

In very rare cases, children can get multisystem inflammatory syndrome, which is thought to be caused by an overactive immune response & can cause shock and organ failure.

But doctors emphasize that it is rare and that parents should realize it is highly unlikely their sick child has it.

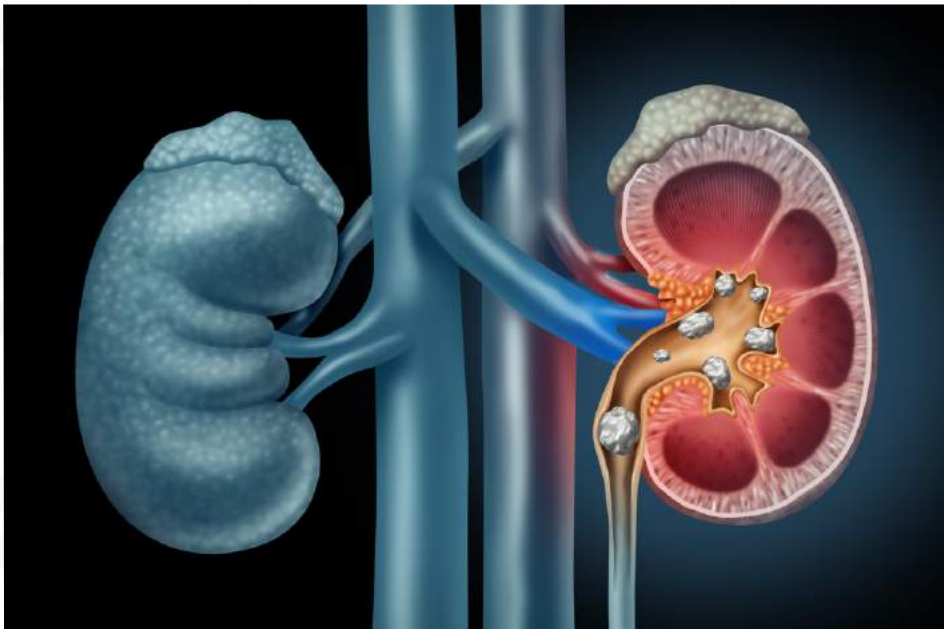
Expect potential difficulties with testing.

For Covid-19, symptoms can begin two to 14 days after exposure, but most begin five to seven days after it. However, as with diseases like measles, you can start spreading the virus two days before you begin to feel sick. So if you think you might have been exposed, it is very important to warn others & isolate yourself from them as soon as you can, especially if they are older or medically fragile.

It is an axiom of general medicine that when one disease is sweeping through an area & a patient has its symptoms, it is usually safe to assume that's what the patient has and begin treating it, rather than waiting for test results. So unless both the flu and the corona virus begin circulating heavily at the same time in your city, do not be surprised if your doctor does not recommend a test.

And getting tested for the coronavirus can be tricky, especially with so many test delays. The PCR type is more accurate than 15-minute "rapid antigen tests," but it can take hours or even days to return results, depending on whether it has to be sent away to a central lab.

(International New York Times)



GENITOURINARY STONES



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Consultant Urologist &

Renal Transplant Surgeon - IHHI Ltd.

By Dr. Abijit Shetty

The history of urinary stone diseases goes back to ancient Egypt and Mesopotamia. The symptoms of bladder stones have been described even by Hippocrates. The lifetime risk involving kidney stones in industrialised nations is about 16% among men and 6% among women. It can occur at any age. However, the most likely age at which it can strike is after 30. The main causes for stone formation are inadequate hydration, food with too much salt or sugar, and infections; family history might be the cause in some people. Co-morbid illnesses (diabetes and hypertension), gastrointestinal surgeries and disease, prolonged immobilisation and medication may also lead to stone

formation. Anatomical abnormalities in genitor urinary system and obesity could also increase the risk of kidney stones.

The 4 major types of kidney stones are:

- ❑ **Calcium oxalate: 75%:** This is the most common type of kidney stone which is created when calcium combines with oxalate in the urine.
- ❑ **Uric acid: 5%:** Here high purine intake due to consumption of organ meat and sea food leads to a higher production of monosodium urate, which subsequently results in stone formation in the kidneys.
- ❑ **Struvite: 15-20%:** This is caused by infections in the upper urinary tract.
- ❑ **Cystine: <1%:** Here stones are rare and tend to run in families.

Common symptoms include severe pain in the lower back, blood in the urine; nausea, vomiting, fever & chills, or cloudy urine. The stone, once formed, may migrate down the urinary tract. Tiny stones, usually less than 5 mm, may move out of the body through urine without causing too much pain. However, some stones don't move, causing back pressure changes in the kidney or the ureter, leading sometimes to retention of urine in the bladder causing pain.

Kidney stone management:

Diagnosis starts with the perusal of medical history, physical examination and imaging tests. The exact size & location of the stones can be determined by X-ray, ultrasound or CT scan. CT scan is usually preferred for accurate diagnosis. The function of the kidney will be evaluated by blood tests and urine examination. The overall function of the kidney & the size and location of the stone will determine the course of treatment. Small uncomplicated stones are usually treated by medically expulsive treatment or ESWL. Complicated stones require surgical intervention in the form of endoscopic and key-hole procedures. In case of recurrent stone formers, the stone will be analyzed. Urine is collected over 24 hours to test for calcium and uric acid.

Painful small stones can be treated with painkillers and alpha-blockers. The patient may be advised to continue drinking a specified amounts of fluids to prevent the formation of new stones. Obstructive stones which are not expelled through medical therapy are usually removed through intervention.

The main types of intervention for removing kidney stones are:

- Extra Corporeal Shockwave Lithotripsy (ESWL).
- Cystolithotripsy.
- Rigid and Flexible Ureteroscopy. (RIRS & URS).
- Percutaneous Nephrolithotomy (PCNL).

Reducing the risk of kidney stones

Drink around 2.5 to 3 litres of fluids to maintain the circadian rhythm, and neutral pH beverages, so that your urine is very light yellow in colour, and you remain well hydrated. Your fluid intake should mostly be water. Most people should drink more than 12 glasses of water a day.

For a balanced mixed diet, your food should be rich in vegetables and fibre; there should be normal calcium content and limited salt and animal protein intake. Your lifestyle should be modified to include adequate physical activities and stress-limiting measures; maintain BMI between 18 to 25.

Long-term consequences of kidney stones

Kidney stones increase the risk of developing chronic kidney disease. There is a 50% risk of developing stones within 5 to 7 years.

CISF officials undergo training in basic life support

MANGALURU - With road accidents, heart attack and stroke claiming more and more lives daily, a realisation has set in that many lives can be saved if proper First Aid is provided to the victims in the 'golden hour'. Indiana Hospital has always been at the forefront in regularly providing basic life support (BLS).

After a hiatus because of the pandemic, the Emergency Medicine Department at Indiana Hospital has resumed its series of BLS training. In the month of October, the hospital provided BLS training to the members of the Central Industrial Security Forces (CISF) manning the Mangaluru International Airport.



INDIANA HOSPITAL HOARDINGS DOT CITY SCAPE

Indiana Hospital is known to its captive customers for its digital campaigns & social media messages. Now, several new hoardings of the hospital have come up at various key junctions in the city and its surrounding places.



INDIANA HOSPITAL WELCOMES NEW COO



AT THE HELM: MR. E. VIJAY CHANDRA

We warmly welcome Mr. E. Vijay Chandra to Indiana family. He has recently taken over as Chief Operating Officer at Indiana Hospital, Mangaluru. As a part of his new role, Vijay will lead the company's over-all Planning, Administration, Guest Relationship Management, Corporate Affairs, Marketing and Public Relations and Quality Management. Mr. Vijay brings with him a rich & unique experience of over a decade & half in the healthcare sector. He is expected to bring in strong and insightful leadership to Indiana's journey.

Armed with Masters in Hospital Management (MHM) from Deccan School of Hospital Management, Hyderabad, he worked as healthcare administrator in various capacities in different places. His major stints include Administrator at the Rotary Narayana Nethralaya - Kolkata, unit of Narayana Hrudyalaya, Bangalore; General Manager – Growth and Development, Currae Eye Care Hospitals - Kolkata, unit of Patni Healthcare, Mumbai; Facility Head Administrative Officer at Yashodhara Hospital, Solapur, Maharashtra; besides being visiting consultant – Growth & Business Development for a few hospitals in Bijapur and Gulbarga. He is expected to be a great asset in taking Indiana to newer heights.

- **Dr. Yusuf Kumble, Managing Director, Indiana Hospital**

NEW MANAGER - OPERATIONS



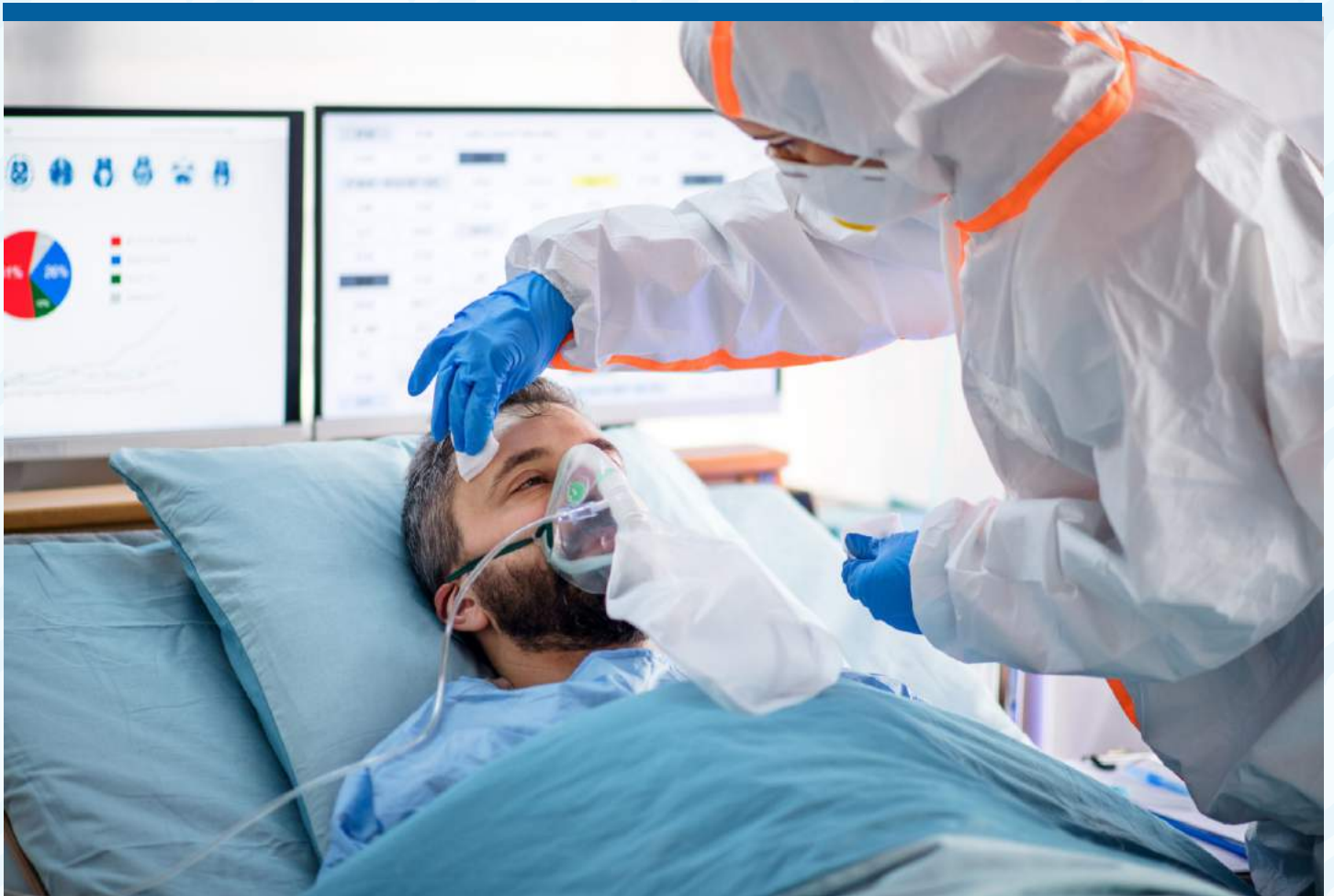
DR. SACHIN N. SURESH
New Manager - Operations

MANGALURU – Indiana Hospital and Heart Institute appointed Dr. Sachin N. Suresh as the Manager - Operations recently.

After obtaining BAMS from Ayurvedic Medical College, RGUHS, Bangalore, Dr. Sachin who has a penchant for healthcare management, did his MHA from Kasturba Medical College - Manipal. After two years of departmental postings at KMC - Manipal, he joined Aster Malabar Institute of Medical Sciences - Kozhikode (Aster MIMS), Kerala as the Assistant Manager-Operations (In-charge). He also served as Kerala cluster head for Tele-consultation ideation.

Dr. Sachin believes in setting a strategic direction for healthcare organisations, using cutting edge tools to solve health management problems, making efficient use of the available resources and ensuring better outcome for the end users of these systems. His dissertation on 'A Study on Economic Evaluation of Haemodialysis Unit in a Tertiary Care Teaching Hospital' was well acknowledged. His training program on implementation of NABH, participation in CMEs, workshops and conferences will surely come in handy for Indiana.

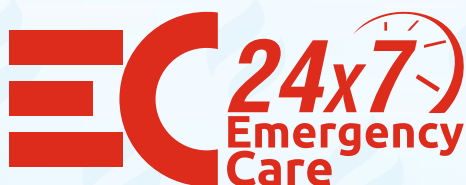
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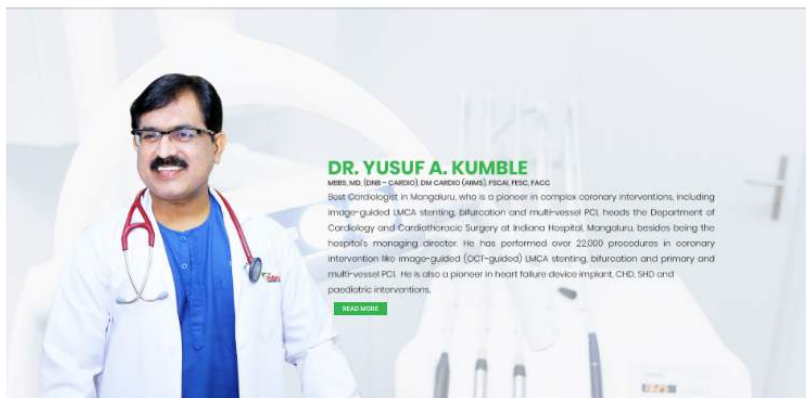
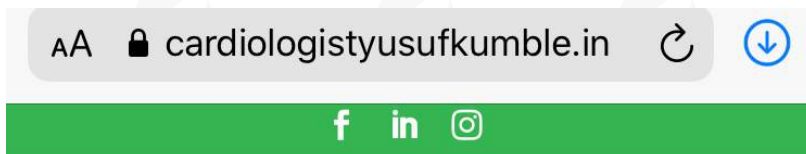
*Terms & Conditions Apply



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WEBSITE ON DR. YUSUF KUMBLE IS NOW LIVE

MANGALURU - An exclusive website www.cardiologistyusufkumble.in featuring Dr. Yusuf Kumble, managing director and chief interventional cardiologist, Indiana Hospital and heart Institute Ltd., Mangaluru was launched on October 31st, 2020. It will be an interactive web platform, where one can know everything about one of the state's top cardiologist. The creatively designed website features his profile, milestones, blogs, news and events, gallery, etc segments. It has pre-recorded video messages and testimonials on Dr. Yusuf's patients. The website was designed by Mangaluru-based Lykora, a full-service communications and brand-consulting agency and which offer a complete suite of digital solutions print production and other allied services



NEW RADIOLOGIST JOINS INDIANA



DR. PRAVEEN ACHAR
MBBS, DMRD
Senior Consultant Radiologist

Dr. Praveen Achar recently joined Indiana Hospital as the Senior Consultant Radiologist. The Department of Radiology and Imaging at Indiana Hospital offers a complete range of diagnostic and image-guided therapeutic services. Dr. Praveen brings with him a great amount of experience and is known for his exemplary skills.

After obtaining MBBS from KMC Mangaluru (MAHE University), he completed DMRD from MMC Mysuru, having been trained under renowned radiologist Prof. S.M. Chandrashekar Shetty (RGUHS University). Dr. Praveen has actively participated in multiple CME programmes, workshops and radiology conferences. He has also successfully completed a full (10 numbers) course module on Foetal Medicine at AJ Institute of Medical Sciences, Mangaluru, and is one of the few who holds a certificate in Foetal Echo course conducted by the specialist, Dr. Pradeep Srinivasan, in the subject.

Starting his career as Resident in the Department of Radiology at KSHEMA, Dr. Praveen eventually became a name to reckon with in radiology in and around Mangaluru. He single-handedly managed the Radiology Department, as Radiologist, at the Institute of Magnetic Resonance Imaging (IMRI) Ltd., Mangaluru for about 13 years. In the initial years of his career, he served at Indiana Hospital (2011-2014) and later at Kanachur Institute of Medical Sciences, Mangaluru. Dr. Praveen Achar is also well known for offering tele-consultation services and second opinion in difficult cases, especially those concerning MRI.

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