



Introduction

- COVID-19 is the disease caused by a new coronavirus called SARS-CoV-2.
- Since its discovery in December 2019, there have been more than 50 million cases, and 1.2 million deaths in 220 countries
- Morbidity and mortality is possible in all ages.
- Children are more likely to be asymptomatic or have mild disease, but some suffer severe episodes or may develop Multisystem inflammatory syndrome in children (MIS-C).
- Since May 2020, the Ministry of Education, Youth and Information halted face to face school to decrease risk of Covid-19 in children.
- Chronic respiratory diseases, such as asthma, may increase the risk of severe outcomes, including death.
- Asthma is common in Jamaica, affecting approximately 20% of children 2-17 years old.
- Telemedicine has been posited as a means of protecting or shielding persons at risk of severe Covid-19 disease.
- Most children attending the Pediatric Pulmonology Clinic at the University Hospital of the West Indies have asthma ; Patients attend for specialist care of their chronic illness.
- The aims of this study were to determine what proportion of patients who were booked to attend clinic from April to May 2020 had telephone visits and how patients accessed medication during this time.

Procedures

- Arrangements were made to access the electronic medical record system though patients did not attend face to face from April- May 2020
- Prior to the day of the clinic, parents were called and asked whether they had planned to attend the clinic and told that we would do the visit virtually.
- The history was done on the phone.
- Patients who required a face to face assessment were invited to attend Pediatric Casualty the next day.
- Patients who were stable were given a choice as to how to access prescriptions based on personal choice and Pharmacy procedure.
- Data analysis was undertaken using Stata v 16.

Results

- Forty-eight patients were scheduled to attend six clinics in April-May 2020. (See Table 1.) The mean age was 10.9 ± 0.5 years.

Table 1. Characteristics of the Clinic Population

	Variable	# (%)
Sex	Male	28 (58.3%)
	Female	20 (41.7%)
Type of Visit	New	7 (14.6%)
	Follow up	41 (85.4%)
Diagnosis	Asthma	46 (95.8%)
	Non-asthma	2 (4.2%)

- Phone calls placed to parental numbers on file for all patients with appointments
 - Forty four (91.7%) reachable by phone prior to clinic.
 - Four (8.3%) voice mail messages were left.
 - 2 New, 2 Follow-up
- Fifteen parents (31.2%) were planning to keep their appointments
- Parents of all patients were called again on the clinic dates.
 - Two voice mail messages left again- 1 New, 1 Follow-up
- Arrangements were made for patients with asthma to get medication when required
 - 28 (58.3%) -collect prescriptions at the clinic,
 - 6 (12.5%) - called in or messaged to pharmacies
 - 9 (18.8%) already had access to prescriptions.
- Three patients were referred to Pediatric Casualty to be seen the next day; two were new patients.
- Most patients had moderate- severe asthma and may have been at high risk of severe Covid-19, particularly those with poor adherence and control (Table 2)

	Variable	#(%)
Severity	Mild	9 (23.1%)
	Moderate	15 (38.5%)
	Severe	15 (38.5%)
Control	Yes	29 (78.4%)
	No	9 (23.6%)
Adherence	Good	25 (69.4%)
	Poor	11 (30.6%)

Conclusions

- Many parents would have brought their children to clinic if not alerted about the change of plan.
- Most patients could be contacted using an available phone number.
- Voice mail messages were sometimes effective in communicating the plan for virtual visits.
- It was possible to arrange for the supply of medication.
- Most of the children had moderate- severe asthma.

References

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