



DELAWARE MODERN PEDIATRICS, P. A.

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Coronavirus 2020-2021

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In this emergency situation, my staff and I are working hard to keep you, and us, safe and cared for. We're not "back to normal" yet, but life is improving!

Should I get myself, and my kids, vaccinated?

Absolutely, yes! All the vaccines available are amazingly safe and effective; the new technologies are a major public health advance. (After the COVID-19 epidemic is over, the same technologies might be used to develop more new vaccines against diseases that we've never had effective vaccines for in the past.)

Side effects generally are mild and temporary, usually involving achiness and sleepiness for a day or so. More serious side effects, despite some news reports, are much more rare than most other vaccines. Certainly, getting sick with COVID-19 (and being contagious to those you love) is far worse than getting the shots!

Immunity seems to be prolonged – at least a year, perhaps much longer. Booster shots may be needed eventually, due to the emergence of variant strains, but perhaps not; we don't yet know.

At the moment, there are vaccines approved for kids 12 and older. The same vaccines are currently being tested in kids as young as 2 years old; approval might be given by the time we start giving flu shots in September.

Vaccination does not cause false-positive COVID-19 tests afterwards. We can still rely on testing.

Vaccination dramatically reduces:

- The chance you can contract COVID-19
- The chance that you can transmit it to someone else
- The severity of the illness, in the unusual event that you do get sick

The immunity is not perfect, just as seat belts don't prevent every highway death; but it's remarkably good, and just about everyone is much better off with a vaccine, compared to the still-present risk of contracting COVID-19.

Any rumors you may have heard, suggesting that getting vaccinated is a “bad idea,” are completely false. Click here for more details, from Richmond Children’s Hospital.
<https://www.vcuhealth.org/news/covid-19/vaccine-myths-facts-vs-fiction>

Must we still wear masks?

The CDC says that vaccinated people can stop wearing masks and social-distancing outdoors and indoors, unless it’s crowded (such as a concert) and you don’t know that others are also vaccinated. Unvaccinated people generally can also stop wearing masks and social-distancing outdoors, unless it’s crowded.

Masking is no longer mandated indoors by the State of Delaware except in crowded situations, but it’s still recommended indoors; and a store or business may certainly still require it for entry. Delaware still mandates masks (regardless of vaccination status) in schools, on public transit, in health care facilities (including medical offices like ours), and in State offices (like the courts or DMV).

For children under 12, who cannot yet be immunized against Coronavirus, masking is still required in school buildings. Essentially, the rules are the same as for unvaccinated adults.

If in doubt, wear the mask. Personally, I still wear a mask in shops, even though I’ve been fully vaccinated.

Can kids go to camp safely?

Yes! Each camp will have its own rules to follow. But in general, older, vaccinated kids can participate in camp activities, without masks, indoors and outdoors, unless they’re singing together indoors. Unvaccinated kids can also go without masks outdoors (unless singing), but should still wear them indoors. Obviously, don’t wear them during water activities!

Outdoor sports appear to be an unlikely way to transmit COVID-19. In my opinion, kids don’t need masks for informal outdoor play; and they should be allowed to participate in outdoor sports as usual. But kids should follow the rules of the school or sports organization.

Recommendations for masking are more stringent, of course, for those with a chronic illness involving an immune deficiency.

How much has Coronavirus spread?

In Delaware, case numbers are down, but as of June about 75 new cases are still diagnosed every day. In total, about 110,000 people in Delaware have been diagnosed with COVID-19 since last year. (Many more probably didn’t know they had it.)

https://myhealthycommunity.dhss.delaware.gov/locations/state/days_to_show/90/primary_trend_type/bar#trends_dashboard

Several more contagious “variants” have appeared this year, but the current vaccines seem effective against them. (COVID-19 has spread severely in less wealthy countries, where vaccination has been much less available, possibly due to the more contagious variants.)

Fortunately, as of June, 60% of Delawareans over 16 have already received at least one vaccine dose.

However, we’re seeing kids with ordinary illnesses every day! Even though everyone is trying to isolate, kids are still getting ordinary respiratory and intestinal viruses (though less frequently than usual). Most of our patients with fever still have an illness other than Coronavirus. (So **please** get your flu shots this fall!)

How is it transmitted?

Most people contract COVID-19 from a direct, indoor, person-to-person exposure with a sick contact. There probably is also some spread from asymptomatic (or “pre-symptomatic”) people, but even then, the exposure is generally an in-person, close personal contact from relatively heavy “respiratory droplets” that rarely travel more than 6 feet. This is why mandating masks and social distancing, even among friends and family, has been so effective in controlling the spread of disease.

In 2020, in our practice, several dozen children tested positive for COVID-19. In almost all cases, the family knew exactly who they caught it from, and the nature of the direct exposure. But since then, in 2021, most of our infected families have not known how they contracted it, or what their exposure was; this probably indicates the increased contagiousness of the “variants.”

There has been much scientific debate about “aerosol” transmission of COVID-19 by smaller, lighter particles, farther than 6 feet. The CDC is now acknowledging that it is possible, but mostly in closed spaces with poor ventilation. The evidence for this continues to be mostly theoretical, tracking RNA “signatures” rather than documented illness; there are **very few** reported cases of transmission of actual illness from small droplets, hanging in the air long after a contagious person has left the room. Wearing masks greatly reduces infection rates.

Almost no one gets COVID-19 from “fomites:” objects in public places such as door handles, that contagious people might have left their handprints on. It’s easy and reasonable to use hand sanitizer or wash your hands, but there’s no need to quarantine your mail!

What testing is available?

PCR testing is available, if symptoms warrant and with an order from us. Christiana Hospital can perform testing at their facility. The patient must make an appointment, and bring our signed order for the test.

Also, without a doctor's order, anyone can get a free test. Medical Aid Units also perform testing, usually with an exam that they charge for. Click here to find a test: <http://www.dmpkids.com/index.cfm?fuseaction=content.pageDetails&id=212821&typeID=63>

Rapid antigen tests, which give results in less than an hour, are unfortunately no longer available in my office.

False-negative tests do occur, with all testing types.

Antibody tests on a blood sample can be drawn at a commercial lab such as Quest or Labcorp, but generally they are not helpful. False negative tests are common. I have not generally been ordering COVID-19 antibody tests for patients.

When must we quarantine or isolate?

The distinction is a bit soft, but generally “quarantine” means that if you are exposed, you must stay home (or outdoors well away from others). “Isolate” means that if you are sick, you must also try to stay away from uninfected household members as well.

If you are exposed to a known case of COVID-19, generally you must still “quarantine” for 10 days from the exposure. However, if you quarantine for 7 days (from the LAST exposure to a known case), remain asymptomatic, and THEN get a test, you may stop quarantine early if your test is negative. (Unfortunately, if a household member has COVID-19, you must start counting your quarantine from the LAST day of the family member's isolation period.)

If you have COVID-19 yourself, you must “isolate” from uninfected people for at least 10 days, counting from the day of your positive test (or the first day of symptoms, whichever is earlier). After 10 days, if you are still feeling ill, you should continue to quarantine until you are feeling better, unless cleared by a doctor.

Repeat testing after infection is generally not recommended. The CDC specifically recommends against repeat testing as a condition of returning to work or school, unless recommended by a physician. PCR tests can often remain positive long after you are no longer contagious; so return to work or school would be delayed unnecessarily.

Questions about masks?

Who? Everybody should wear a mask if they can. Wearing a mask is not dangerous, does not cause breathing problems, and does not make Coronavirus somehow worse. (Though nobody enjoys wearing them!)

The CDC and AAP still advise against masks for children under 2, “due to the risk of suffocation.” I find this advice puzzling; I'm not aware of any such cases or research indicating danger from masks at any age, (Obviously, any child wearing a mask must be supervised, but I expect any child under 2 to be continuously supervised while awake.)

What kind? Anything that fits tightly, and keeps air from escaping out the sides. The mask must cover the nose, as well as the mouth. Don't use masks with valves that allow easy air escape; they won't protect people around you. [Beards make masks less effective \(sorry, fellows\) because the mask can't fit tightly.](#)

What material? Cloth masks are fine for general public use, if the material is a tight weave; double or even triple layers work much better, especially with two different materials (such as a paper mask under a cloth mask).

Masks with gaskets or pop-off valves are NOT suitable and should not be used in public. They protect the wearer, but because exhaled air is not filtered through the valve, they do not protect the people around you. Please wear masks without a gasket, unless it has a separate filter.

Remember that masks are not just to protect you from contagion, but also to protect others from catching something from you! Wearing a mask is a public courtesy, even if you don't feel sick yourself (and even if you are vaccinated).

What should I tell my child?

Kids pick up on everybody's anxiety. In my office, I am seeing an unfortunate increase in the anxiety shown by children.

Emphasize that your family has control over your risk, and that hygiene (including universal masks) and social distancing is effective. Promise to get the COVID-19 vaccine for them as soon as it's available – and get vaccinated yourself!

It can be helpful to review as a family the positive actions you're taking, to give everybody a sense of control. Be a role model: "Here are the actions we're **all** taking to stay safe!"

Reassure kids that children are unlikely to suffer major complications. But also point out that kids have a responsibility to protect the people they love around them, just as the adults do, by avoiding unnecessary contact and practicing good hygiene.

Kids under 12 seem somewhat less likely to catch COVID-19, but certainly they can get it, and they can become quite sick (and contagious); they have a responsibility to take precautions. Teens are just as likely as adults to catch and be contagious for COVID-19; it's dismaying to see teens in public not wearing masks or social-distancing. I'm delighted that so many teens are eager to get vaccinated.

What is Delaware Modern Pediatrics doing?

We are continuing to provide all routine sick and well care. We have not restricted our hours, since the beginning of the Pandemic.

Our office has dedicated Sick and Well waiting rooms; please make use of them! Chairs are placed a “socially distanced” 6 feet apart. All visitors, including accompanying parents and family, must have their temperature measured on arrival. All patients are taken back to an isolated exam room as soon as they are checked in.

We are diligently disinfecting exam rooms and surfaces between patients.

Our staff is wearing protective equipment for all patient encounters. We’re checking our own temperatures every day, and sick staff members are sent home immediately (with sick pay). Almost all our staff is fully vaccinated.

If there is a reasonable (even if low) suspicion that your child might have a mild case of COVID-19, we may arrange to bring you in at the end of the day.

In certain circumstances, we may make use of Telemedicine encounters.

How can parents help us?

If your child is sick, please **call our office** first – NOT Urgent Care or the Emergency Room. Usually we can schedule an appointment the same day, if you call us in the morning. Go to the ER **only** if you think your child is so sick that they may require hospitalization, or if you know that your sick child has a known COVID-19 exposure.

If you have an appointment with us but you can’t make it, PLEASE call to reschedule as soon as you know! No-shows make it harder for us to care for everybody.

If you’re coming for a routine checkup, but the child has **any** fever or upper respiratory symptoms, please come to the Sick waiting room, not the Well side – and **call us first** to let us know.

Please do NOT avoid coming to our office for regular care! We are taking all precautions to keep your family (and ourselves) safe. You are much safer in our office than, say, in the grocery store! But deferring infant vaccines simply puts them at risk for epidemics of measles, meningitis and pneumonia.

What if I have more questions?

Call us! We’re working hard, and we’re ready to help you. Thanks for your confidence in us.



Dr. Epstein