Examining throats - COVID19 advice

The following was forwarded by Wessex LMC yesterday. Dr Sanjay Patel - a consultant paediatrician at University Hospital Southampton and a specialist in infectious diseases had advised not to examine throats in children and I suspect the same would go for adults, because of the risk of aerosol generation - please pass this message on to all clinicians in your practice.

The following advice has been written by Sanjay for the Royal College of Paediatrics and Child Health.

Although the COVID-19 narrative has focused firmly on adults, there is growing concern about the role played by asymptomatic children in the spread of infection.

1 Transmission from the upper airway has been raised as a particular concern by ENT specialists,

2 with viral replication shown to take place in the upper airway as well as the lower airway. This may explain why a number of paediatric and/or ENT healthcare professionals have developed disease in the absence of currently defined risk factors.

We recommend that the oropharynx of children should only be examined if essential. If the throat needs to be examined, personal protective equipment (fluid resistant surgical face mask, plastic apron and gloves) should be worn, irrespective of whether the child has symptoms consistent with COVID-19 or not.

Suspected tonsillitis in primary care or A+E

If a diagnosis of tonsillitis is suspected based on clinical history, we recommend that during the COVID-19 pandemic, the default stance becomes not examining the throat unless absolutely necessary. If using the feverpain scoring system to decide if antibiotics are indicated (validated in children 3 years and older) 3 , we suggest that a pragmatic approach is adopted, although automatically starting with a score of 2 in lieu of an examination is not entirely unreasonable. Children with a total feverpain score or 4 or 5 should be prescribed antibiotics (we suggest children with a score of 3 or less receive safety netting advice alone). Although this is likely to result in a temporary increase in antibiotic prescribing in children, we feel that this is preferable to healthcare staff being unnecessary exposed to COVID-19. Antibiotics rarely confer a benefit in children under 3 years with tonsillitis and should only be prescribed in exceptional circumstances or if a diagnosis of scarlet fever is strongly considered.

References

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