

How Hospital Pediátrico – Centro Hospitalar e Universitário de Coimbra (CHUC) is facing the fight with COVID-19

An interview with Guiomar Oliveira, MD, Ph.D., a pediatrician and medical director of Pediatric Hospital – CHUC, Coimbra, Portugal.

On behalf of ERN Transplant-Child, coordinated by Dr. Paloma Jara – Hospital Universitario La Paz, Madrid, Spain.



Prof. Guiomar, could you please explain the Portuguese government's lockdown policy?

In Portugal, the government lockdown policy was very comprehensive and very well accepted by citizens. The emergency national situation was declared by our President and government since the second week of March. The country stopped regular activities such as schools, universities, restaurants, public transportations, and so on. A policy of telework was implemented as the first option by hospitals, and expectedly they became empty except for COVID-19 care and treatment to clinical situations with high priorities such as emergencies and oncological patients, for example.

How has the hospital activity changed to adjust to the pandemic?

Our tertiary and university Pediatric hospital was the only reference for COVID-19 in the center of Portugal (about 400 000 population – 0-18 y).

In very little time the Hospital and its professionals were split into three parts: COVID-19 area, suspected area, and non-COVID-19 zone. Red, yellow, and green lines defined the circuits on the floor. It was very laborious to train professionals to deal with the new virus, with the own fear of becoming sick and with security measures. It was a difficult time. But all the professionals and the population shared the same concerns in those novel and unknown days and helped each other. The results were very positive.

And what about Pediatric activity? How has it been affected?

The teleconsultation and telework replaced the face-to-face outpatient clinic. The demand for emergency care by the pediatric population by common urgent health problems has suddenly decreased by 70%, as in other countries I guess. So in the emergency service, almost all cases were COVID-19 related.

Which were the decisions regarding donation and transplant program at Centro Hospitalar e Universitário de Coimbra?

Centro Hospitalar e Universitário de Coimbra (CHUC) adopted the guidelines of the National Health Directorate published by the Joint Normative Circular No. 1 / Direção Geral da Saúde (DGS) / Instituto Português do Sangue e da Transplantação (IPST), IP / Instituto Nacional de Saúde Doutor Ricardo Jorge (INSA), IP, on 11 March 2020, in which orientations were provided ensuring the safety and sustainability of the transplant of non-reproductive tissues, cells, and organs during COVID-19 outbreak.

In summary, these guidelines recommend that, during the containment phase, laboratory testing should be extended to all living and deceased donors of organs, tissues, and cells. During the mitigation phase, the donation of organs, tissues, and cells was temporarily interrupted for elective transplantation.

In situations of super urgency or urgency, the transplantation activity can continue, after a careful assessment of the risk/benefit and transmission of information to the recipient, by the transplantation units.

How has pediatric transplant been affected by these changes?

During the outbreak of COVID-19 in our country the pediatric transplant program was suspended, only emergent cases were considered for transplantation.

In CHUC these orientations showed a significant impact in the pediatric transplantation activity. We completely stopped elective transplants. However recently, although we are officially still in the mitigation phase of the COVID-19 epidemic, we are beginning to prepare for the recovery phase. We recently have performed liver transplantation in a high priority patient and, maintaining the current quality and safety assumptions, namely carefully assessing from a clinical point of view and investigating previous contacts, as well as testing all donors and all recipients, we have resumed the transplant activity with a lower or elective level of urgency.

How have you managed the outpatient care for pediatric transplanted children?

The policy for pediatric transplanted children was the same for other chronic diseases. In most cases, with a stable clinical situation, teleconsultation was the option, with good acceptance by the families. The chronic medication was sent to their homes by a previously created hospital program.

In your opinion, what are the main issues that may arise in the short term due to these restrictions, both in transplanted or waiting list children?

The expected consequences would be the potential death of children on the transplant waiting list, but as far as we know they have not occurred in the Portuguese population. Also, as far as we know, there were no cases of diagnosed COVID-19 disease in children on the waiting list or after transplantation.

In your opinion, is there any special measure for these patients that should be put in place now that the healthcare activity has begun?

As the new virus responsible for the COVID-19 pandemic generally results in little or no symptoms in the pediatric population, in the phase of resuming transplantation activity, we sought to maintain strict compliance with infection control measures and to maintain telemedicine in our practice, in an attempt to suppress viral spread, protect hospital staff, and to make safe progress towards a sustained increase in our transplant activity.

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