

SCH Diabetes Newsletter, COVID19 Special Edition, March 2020

Welcome to the latest edition of our newsletter. We hope that this helps keep you updated about changes in the world of diabetes, as well as within our service.

COVID 19 coronavirus update

Despite many uncertainties, the COVID-19 pandemic recommendations in most countries include people with diabetes within the at-risk population. However, there are anecdotal reports that children with diabetes have not shown a different disease pattern compared to their peers and a report from International Society of Paediatric and Adolescent Diabetes (ISPAD) indicates they are not aware of any admissions to hospital of children with Type 1 diabetes in COVID-19 affected countries. In addition, children in general are less affected than adults and may not even display symptoms of the virus.

How to contain the pandemic and prevent the infection?

- Wash your hands frequently with soap and water for 20 seconds or clean with alcohol-based hand rub
- Maintain social distancing (at least 1.5metres)
- Cough or sneeze into tissue or elbow
- Avoid touching your face
- Sanitise surfaces frequently

Should patients with diabetes attend school?

Follow local regulations and policies, keep children at home and access remote learning if possible.

What should you do if symptoms develop?

If your child/teen is feeling unwell, stay at home. If there is fever, cough and/or difficulty breathing, seek medical attention and call in advance. Follow the directions of NSW Health <https://preview.nsw.gov.au/covid-19/community-advice>

How to control diabetes during illness?

General sick day diabetes management principles (modified from ISPAD guidelines):

1. More frequent blood glucose and ketone (blood or urine) monitoring.
Aim for a blood glucose level between 4 and 10mmol/L and blood ketones below 0.6 mmol/L if unwell.
2. NEVER STOP INSULIN: If there is FEVER (37.5 C), insulin needs are usually higher.
3. Monitor and maintain hydration with adequate salt and water balance.
4. Treat underlying illness and symptoms (fever)

Seek URGENT specialist advice and emergency review (e.g. present to ED) when:

- Fever or vomiting persists and/or weight loss continues.
- Fruity breath odour (acetone) persists or worsens / blood ketones remain elevated >1.5mmol/L or urine ketones remain large despite extra insulin and hydration.
- The child or adolescent is becoming exhausted, confused, hyperventilating or has severe abdominal pain.

As we are entering influenza season in Australia, we ask that you try to organise a flu vaccination for your child/teen at your earliest opportunity.

Trusted sources of information for COVID 19 coronavirus

NSW Health

For the most up-to-date information visit the dedicated [NSW Health information page](#). Press conferences can be viewed on the [NSW Health Facebook page](#)

SCHN Hospital Network COVID19 information

<https://www.schn.health.nsw.gov.au/news/articles/2020/01/coronavirus-covid-19-what-you-need-to-know>

JDRF

Type 1 diabetes and COVID 19 – What you need to know

<https://jdrf.org.au/t1d-and-coronavirus-what-you-need-to-know/>

JDRF asked Prof Liz Davis, paediatric endocrinologist and head of diabetes clinical services at Perth Children's hospital most frequently asked questions regarding COVID 19 and children with Type 1 diabetes.

https://jdrf.org.au/covid-19-and-children-with-t1d-your-questions-answered/?utm_source=facebook&utm_medium=social%20post&utm_campaign=coronavirus%20q%26a%20part%201

ISPAD

International Society for Paediatric and Adolescent Diabetes (ISPAD) First Summary of recommendations regarding COVID-19 in children with diabetes [here](#)

APEG

Australian Paediatric Endocrine Group <https://apeg.org.au/covid-19/>

Child-friendly explanation of COVID19 coronavirus

The team from ABC Me's 'Operation Ouch' have released a short video to explain COVID-19 coronavirus which may be useful for you to share with your family. [Click here to watch the video](#).

Spotlight on Sick Day Management

General sick day diabetes management principles:

1. More frequent blood glucose and ketone (blood or urine) monitoring. Make sure you have equipment and strips available.
Aim for a blood glucose level between 4 and 10mmol/L and blood ketones below 0.6 mmol/L if unwell.
2. NEVER STOP INSULIN: If there is FEVER (37.5 C), insulin needs are usually higher.
3. Monitor and maintain hydration with adequate salt and water balance.
4. Treat underlying illness and symptoms (e.g. fever). Can use either paracetamol or ibuprofen to control fever.
Remember to monitor BGLs (rather than relying on CGM) when using paracetamol for 6-8 hours.

For more detailed sick day management guidelines, refer to Chapter 10: Sick Days of the Caring for Diabetes in Children and Adolescents 3rd Ed. <https://www.rch.org.au/uploadedFiles/Main/Content/diabetes/diabetes-manual.pdf>

Staff changes for 2020 (Diabetes Educators)

Please note that the hospital response to the COVID19 pandemic may require diabetes educators (who are nurses) to be redeployed to other areas. Please have patience during this time if seeking routine information and requests.

Phuong Phan has returned working Monday – Wednesday. Kara Mikler is job sharing with Phuong and working Thursday-Friday. Gillian Groves works Monday – Wednesday and Josie McCluand works Wednesday-Friday. A big welcome to Justine Cunningham who has just joined our team and will be full time.

Clinic appointments

In light of these concerns and the upcoming flu season, we are taking the below precautionary steps to protect everyone who visits or works in our hospital:

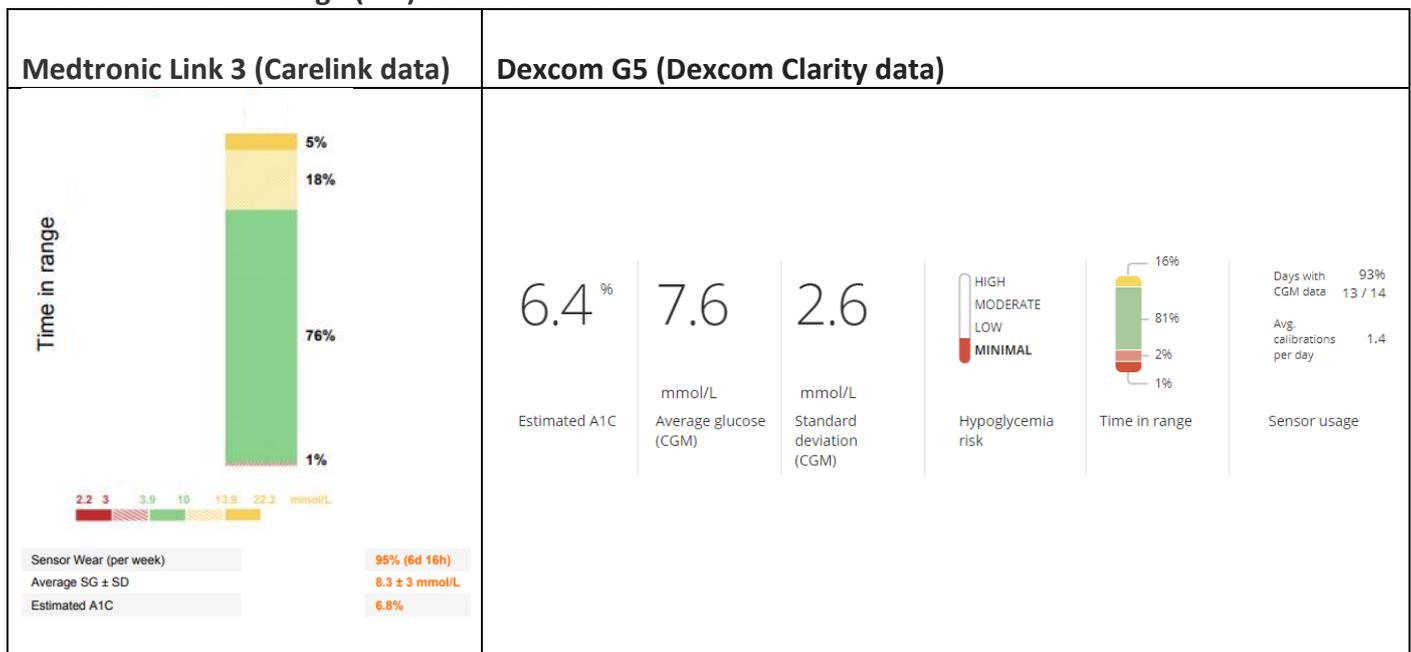
- **All educator/dietitian appointments for at least the 2 months will be offered as phone consultations, at the time of the booked appointment.** This will take some planning for both you and us, and we will be contacting any of you affected in the weeks prior to your scheduled appointment with advice on how we can ensure success.
- **Doctor appointments will may be conducted in person or phone, depending on clinical need and preference.** Examining your child and performing an HbA1c are important components of the consultation. We will review this regularly and update you of any changes.
- **All group education sessions are postponed until further notice** (including prepump sessions)
- As is standard advice, but even more important this year, **all children and adolescents with diabetes should receive the flu vaccine.**

Assessing HbA1c if not physically attending clinic?

If routine pathology is required? If your child/teen requires a complication screening (e.g. a formal blood test), HbA1c can be written onto their pathology form.

Time in range (TIR) is available for those wearing continuous glucose monitoring (CGM). If using either a Dexcom G5 or Medtronic Link 3 (with a 670G), the compatible software will display TIR data. It is important to note that these software systems only display the most recent 2 weeks data. Trend data will also give the user some indication of HbA1c if sustained over a 3 month period.

What does Time in Range (TIR) data look like?



*please note this data is for demonstration purposes and may be displayed differently in actual software system

Tips for using CGM to improve Time in Range (TIR)

- To get useful CGM data, CGM should be worn as much as possible, ideally >90%
- Calibrate the CGM as specified by manufacturer (e.g. minimum every 12 hrs)
- Review CGM data weekly to ensure management is on track. If not on track, discuss with your diabetes team
- Use the 'Compare' feature to show difference in management (e.g. pre/post intervention)
- HbA1c estimate feature on CGM is useful but remember this is a 2 week snapshot.

Warm Regards, **The Sydney Children's Hospital Diabetes Team**