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Primary care and COVID — Opportunities abound

Joshua K. Schaffzin, MD, PhD^{a,b*}

Primarily care clinicians have played important roles in our communities' and country's COVID-19 response. Among the 'healthcare heroes', primary care clinicians have navigated through shut-downs, modified flows for testing and care, increased telemedicine and catch-up care including routine vaccines, adding COVID vaccine to an already full schedule, and liaised with families, schools, day cares, sports teams, and others to coordinate testing, isolation, and safe return. They have also utilized their existing role as community members and advocates to improve access to testing and vaccine, to support contact tracing efforts, and to keep their communities informed of the facts amidst a barrage of misinformation and uncertainty.

A recurring theme throughout our COVID experience has been change. Change in behavior, change in messaging, change in risk, change in guidance. However, one thing that has remained constant is the 'bundle', the set of interventions we all can do to prevent transmission. Masking, distancing, hand hygiene, avoiding illness (staying home if ill, not going to places where people are ill), and vaccination. This intervention works for all COVID-19 variants and even works for other respiratory viruses. For example, the US did not experience a typical flu season in 2020–21. There was low level disease, but it did not reach pandemic levels as it has in previous years. The CDC has been tracking pediatric influenza-associated deaths since 2004, and on average reports 125 deaths each season. During the 2020–21 season, that number

was one.¹ Simple interventions can prevent death in our children. As masking requirements are lifted, it will be important to emphasize the other bundle components, especially hand hygiene. We need to ensure those who prefer to mask are comfortable doing so, and that those who choose to not mask isolate themselves if symptoms develop.

The review by Burkhardt et al.² is an excellent overview and summary of what is known as of publication. It is reasonable to expect that details will change, and new knowledge will emerge, as it has for the past 2+ years. For example, details included in infection prevention guidance written specifically for primary care and newborns discharged from the hospital became outdated soon after it was published.^{3,4} New COVID-19 variants have emerged, each with different characteristics of transmissibility, illness severity, and post-infection complications. However, we have learned how to pivot, how to remain resilient and effective during times of change. A key feature of the review is its coverage of the concepts that have led to recommendations. These concepts are what stay constant when other things change – pretest/posttest probability, need to accommodate schools and daycares, advocacy in all areas (including vaccines), etc. Readers will both understand current state and be enabled to handle the shifts as they inevitably occur.

Primary care clinicians will be busy for the foreseeable future, continuing to manage COVID testing, vaccination, and disease; managing other childhood illnesses; and helping families address COVID-related issues like delayed lead screening, routine immunization, and the negative mental health burden most visible in teenagers.^{5–8} Burkhardt et al. have created a document that will support primary care clinicians as they strive to provide high quality health care to children and address the inevitable future challenges of the COVID-19 pandemic and its sequelae.

From the ^aDepartment of Pediatrics, University of Cincinnati College of Medicine, Cincinnati, OH, United States; and ^bDivision of Infectious Diseases, Cincinnati Children's Hospital Medical Center, 3333 Burnet Ave, MLC 5019, Cincinnati, OH 45229-3033, United States.

*Correspondence to: Division of Infectious Diseases, Cincinnati Children's Hospital Medical Center, 3333 Burnet Ave, MLC 5019, Cincinnati, OH 45229-3033, United States.

E-mail: Joshua.schaffzin@cchmc.org

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