Dear Friends and Colleagues,

We are dealing with an unprecedented pandemic where local, regional, and national rules and regulation are being revised on a daily basis.

This initiative started 5 days ago in collaboration with IPOG (International Pediatric Otolaryngology Group) and all six major pediatric otolaryngology societies in the world (ANZSPO, APOG, ASPO, ESPO, IAPO, PENTAFRICA).

The response has been extraordinary, indicating the in-depth collaboration of the societies and sense of urgency surrounding the COVID-19 pandemic. We have responses from 306 pediatric otolaryngology departments/institutions worldwide, which, to the best of our knowledge, is unprecedented.

We remain aware that the situation is ongoing and evolving on a daily basis. Neither the timing nor the content of this initiative will fully satisfy everyone’s needs with respect to adequate length, level of detail, and timing. It is clear to all of us that, if some of the best and largest pediatric centers around the world are facing major challenges with patient management in the setting of equipment shortages, absence of clear guidelines/policies, and the decreasing workforce, it is difficult to imagine what other challenges smaller pediatric centers in remote parts of the world are facing. Despite all the potential shortcomings of our approach, if we can help only a few of our colleagues and patients, we feel it is worth a try.

We hope the results included below give institutions already dealing with the pandemic some perspective on how to adapt their current approaches moving forward. In parallel, institutions at the early stages of facing this disease might find insight into how best to PREPARE.

We thank each institution for taking the time to participate in this initiative and for the helpful comments and suggestions we have received.

Regards,

Reza Rahbar DMD, MD
On behalf of IPOG (International Pediatric Otolaryngology Group)

ANZSPO (Australian and New Zealand Society of Pediatric Otolaryngology)
Paul Walker, MD (President);
Kelvin Kong, MD (Secretary)

APOG (Asia Pacific Pediatric Otolaryngology Group)
Nguyen Thi Ngoc, MD (President);
Wei-Chung Hsu, MD (Secretary)

ASPO (American Society of Pediatric Otolaryngology)
Anna Messner, MD (President);
Reza Rahbar, DMD, MD (Secretary)

ESPO (European Society of Pediatric Otolaryngology)
Ann Hermansson, MD (President);
Martin Bailey, MD (Secretary)

IAPO (Interamerican Association of Pediatric Otolaryngology)
Federico Murillo, MD (President);
Tania Sih, MD (Secretary)

PENTAFRICA (Pediatric Ear, Nose & Throat in Africa)
Chris Prescott, MD (President);
Shazia Peer, MD (Secretary)

Acknowledgement

We particularly want to thank Erika Mercier, MD (Pediatric Otolaryngology Fellow, Boston Children’s Hospital) and Natasha Dombrowski, BA (Research Assistant, Department of Otolaryngology, Boston Children’s Hospital) for all the work done with creation of the survey, collection of data, and putting this report together.
SURVEY RESULTS

These results will be posted on the respective websites of each society for members to access. We would like to thank every participating society and institution. Details of contributing institutions are at the end of the document.

TOTAL PEDIATRIC OTOLARYNGOLOGY/CHILDREN’S FACILITIES INCLUDED WORLDWIDE: 306

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**Please note that the results presented in this document are only a reflection of practices reported to us by most institutions and are not to be taken as statistically accurate**.
### INSTITUTIONAL PRACTICES

#### Outpatient clinics

| Urgency of cases seen in clinic | Urgent cases (67%)  
| Urgent + Time-sensitive cases (41%)  
Airway pathology/trach care, Acute infections (deep neck infection and neck mass, mastoiditis, refractory or complicated otitis media, cochlear implant patients), Oncology, Trauma, Epistaxis, Aero-digestive foreign bodies, Acute sensorineural hearing loss, Acute facial paralysis, Post-operative patients, Cholesteatoma |

#### Fellow and resident participation in clinic

| Participation | 62% participating in clinic duties  
| 24% participating in telemedicine  
| 34% participating in phone triage |

#### COVID-19 screening for patients in clinic

- Questionnaire screening (74%)
- Fever checks before visits (62%)
- Using masks for patient and parents during visits (55%)
- Adapting waiting room set-up (46%)
  - Limiting number of patients, alcohol gel use, limiting number of parents, use of negative pressure rooms
  - Isolation areas for suspect/positive patients

#### Use of telemedicine

- 55% of institutions are using telemedicine
- 40% introduced telemedicine as a result of COVID-19

#### Participation of pediatric ORL teams in non-pediatric ORL duties

Required in 22% of institutions, includes:
- Adult ORL patient care and call
- Shifts in emergency department, triaging patients
- COVID-19 sampling
- Relocating from private to public practice
- Participation in ethics committees

#### Operative procedures

| Case selection by urgency | Only performing urgent (82%)  
| Urgent + time-sensitive procedures (44%) |

#### Fellow/resident participation in operative cases

| Emergent cases | 41% are involved in all cases
Non-emergent cases | 31% are involved only in COVID-19 negative patients
No participation (65%) |

#### Education

| Conference participation | 58% of institutions are using virtual conferences only
28% of institutions have no conferences at this time |

#### PPE (personal protective equipment)

| Surgical mask use in clinic | Required with all patient contact (71%)
| N95/FFP3 use in clinic | When seeing all COVID-19 suspected (53%) and confirmed (58%) cases (access?)
For aerosol generating procedures regardless of COVID-19 status (58%)
| N95/FFP3 use in OR | When operating on COVID-19 suspected (55%) and confirmed cases (57%)(access?)
For aerosol generating procedures regardless of COVID-19 status (56%)
| PPE shortages | N95/FFP3 (78%)
Eye protection (56%)
Surgical masks (45%)
Gowns (43%)
| Reusing PPE | Eye protection (52%)
N95/FFP3 (36%)
| Use of non-hospital provided PPE | 28% of institutions have resorted to the following non-hospital provided PPE:
Bought online or with own resources, Scuba diving face shield with HPF filter, Homemade, Local donations, Made by university engineering department, Welding visor, Speedo goggles |

#### COVID-19 testing

| Access to in-house COVID testing | 59% of institutions have in-house access
Otherwise sent to outside institutions or centralized labs
Government regulated in some institutions |

| Pre-op COVID testing | 65% of institutions do not routinely test for COVID-19 prior to operative procedures |

| COVID test turnaround time | 1-2 days (38%)
Same day (27%)
3-5 days (25%) |

#### Testing protocol

| Employees are tested if... | Exposed under any circumstances (37%)
Exposed without PPE (22%)
Exposed and symptomatic (51%)
Exposed under any circumstances (28%)
Exposed without PPE (25%)
Exposed and symptomatic (34%) |

| Employees are asked to stay at home preventively if... | Exposed (37%)
Exposed without PPE (22%)
Exposed and symptomatic (51%)
Exposed under any circumstances (28%)
Exposed without PPE (25%)
Exposed and symptomatic (34%) |
### COVID-19 in the ORL Community

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<th>Number of attending physicians</th>
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COVID-19 IN PEDIATRIC ORL

Number of reported cases of COVID-19 in pediatric ORL institutions around the world as of Sunday March 29th

Number of reported cases of COVID-19 in pediatric ORL institutions in America as of Sunday March 29th

Please see the following link for daily updates on covid-19 cases worldwide...
https://coronavirus.jhu.edu/map.html

Please see the following link for daily updates on covid-19 cases in America...
https://covid19.healthdata.org/
LESSONS LEARNED AND OBSERVATIONS FROM AFFECTED CENTERS

⇒ Be ready! Experiences shared in this survey show that preparation is key. Anticipating problems and putting in place strategies to combat them early is a lesson stressed by several institutions.

A FEW LESSONS FROM AN EMAIL COMMUNICATION WITH OUR COLLEAGUES AT HÔPITAL NECKER-ENFANTS-MALADES IN PARIS: DRs DENOYELLE, COULOIGNER, GARABEDIAN AND LOUNDON

- Ubiquitous confinement is crucial
- Cancel all non-urgent medical activities
- Patients with high BMIs (body mass index), even young adults, are at high risk for more severe forms of COVID-19
- Hydrochloroquine has been widely used at this institution but did not seem to have a significant impact on the severity of pneumopathy

POINTERS ON HOW TO PERFORM A COVID-19 NASAL SWAB:

- This is a procedure that can be difficult to perform as the nasopharynx can prove difficult and painful to reach
- Proper location of the swab however is essential to obtain an adequate specimen
- As an alternative, the swab could be performed under the middle turbinate
  - Evidence suggests it is an area of high viral load

USE OF PAPR (POWERED-AIR PURIFYING RESPIRATOR)

- Most institutions face a lack of availability of PAPR for contact with COVID+ cases
- It has been reported that the use of PAPR makes communication in the OR difficult, especially for airway cases in which communication is critical
- Many institutions resort to an N95/FFP3 mask, face shield, gown and gloves instead
  - However, to the best of our knowledge, these PPE are not equivalent to PAPR when treating a COVID-19 + patient
GET READY

A few suggestions to help prepare if you are at the early stages of the pandemic or if you are already affected and looking to adapt your current practice...

**All recommendations are based on survey results and institutional experiences. Every service should adhere to their establishment’s local rules/regulations and be mindful of varying availability of equipment.**

**DIVIDE WORKFORCE INTO TEAMS TO MINIMIZE EXPOSURE**

- **Outpatient setting (front desk personnel, physician assistant, clinical assistant)**
  - Consider dividing the team to minimize exposure
- **Inpatient setting**
  - Consider splitting in two teams rotating every 1-2 weeks
  - Each team would include attendings, residents, fellows, any other core members
  - Suggest avoiding contact between teams to avoid contaminating the entire service

**PREPARING CLINICS**

- Limit to urgent and time sensitive patients
  - Surgical post-ops, oncology, airway
- Have a screening strategy to address potential COVID-19+ patients safely
  - Pre-visit over the phone or video, survey on arrival, vitals on arrival
- Plan for a different area to see COVID+ or suspected patients
- Avoid unnecessary contact
  - Handshaking
  - Wash hands frequently
- Several institutions are wearing N95/FFP3 mask, gloves and gown whenever possible, at minimum surgical mask and gloves for all patients
- Make use of telemedicine
  - Follow-ups, immunocompromised or vulnerable patients

**VIDEO CONFERENCES/EDUCATION**

- Avoid in-person meetings
- Prepare a platform allowing for video conferencing from home or isolated office (e.g. Zoom)

**EQUIPMENT/PPE**

- There are severe shortages of N95/FFP3, eye protection and surgical masks
- Ensure sufficient hand sanitizer and disinfectant wipes on all units
  - Clean phones, keyboards, desks
- Plan back-up strategies to reuse equipment such when possible in case of shortage
- Several centers are resorting to homemade masks or donations
- Practice proper donning and doffing procedures
- **PPE management videos from the Anesthesia and Critical Care team at BCH**
PREPARING FOR SURGERY

- Limit surgery to urgent and time-sensitive cases
  - Have clear criteria
- Limit number of people in the room (single surgeon)
- Limit aerosol-producing procedures to a strict minimum and wear full PPE (if available)
- Proposed PPE for at-risks procedures (aerosol generating procedures) and at-risk patients (potential COVID-19 +): N95 masks, double gloving, face shield for surgeon, scrub nurse and anesthesiologist
- Suggest rapid sequence intubation for at-risk patients
- Consider using video tools for laryngoscopy rather than direct vision
- Consider placing protective drapes around patient’s face during aerosol-generating surgical procedures

COVID TESTING

- If possible, plan to have in-house testing
- Consider pre-op testing for patients with symptoms, patients exposed to a positive person, patients coming from abroad or having recently traveled
- The ultimate goal is to test every patient before surgery, however, test being in short supply, this is not always possible

BEDSIDE EXAM AND PROCEDURES

- Wear PPE for oral cavity and nasal exam
  - Suggest mask and gloves (low-risk patient)
  - Suggest N95/FFP3 if positive for COVID-19 or aerosol-generating procedures on any patient
- Aerosol generating procedure (Flexible endoscopy, tracheostomy change)
  - Only perform absolutely necessary procedures
  - Limit number of people exposed (one person performing exam)
  - Wear full PPE: N95 mask, gown, face shield, gloves
  - Safe to change to surgical mask 30 minutes after aerosol generating procedures

EXPOSED OR INFECTED TEAM MEMBERS

- Consider 2 weeks quarantine for unprotected exposure to COVID+ patient (based on survey responses), or per institutional protocol
- Consider 2 weeks quarantine for symptomatic personnel
- Quarantine per institutional protocols for positive test

SUPPORT

- Plan to have a person of reference to whom people can address concerns
- Plan to have adequate support systems for team members
RECENT COVID-19 RECOMMENDATIONS FROM PEDIATRIC ORL ASSOCIATIONS

ANOSMIA

AAO-HNS (03/26/2020)

There is rapidly accumulating anecdotal evidence that anosmia with resultant dysgeusia are frequently reported symptoms associated with the COVID-19 pandemic. Similar reports are surfacing from multiple countries around the world including the United States. In an effort to establish the importance of these symptoms in diagnosis and progression of COVID-19, the American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) has established the COVID-19 Anosmia Reporting Tool for Clinicians. This tool was developed by the AAO-HNS Infectious Disease and Patient Safety Quality Improvement Committees to allow healthcare providers of all specialties worldwide to submit data to confidentially report on anosmia and dysgeusia related to COVID-19.

PPE

ENTUK (03/27/2020)

I am pleased to announce that Public Health England has agreed and confirmed in writing to me the following recommendations: upper-airway procedures such as nasal endoscopy, laryngoscopy and other interventions in our specialty are to be considered Aerosol Generating Procedures (AGPs), requiring full prescribed PPE, including an FFP3 respirator. They have also agreed that we are seeing widespread transmission of COVID-19 in the community, and therefore advise that appropriate PPE should be used in relation to AGPs undertaken in ANY patient. Clinicians should plan to group patients requiring these procedures, all of whom should be assumed infected, to avoid changing respirators between patients and thereby preserve stock. In the absence of an FFP3 respirator, the Health and Safety Executive has confirmed that an FFP2 or N95 equivalent respirator would offer adequate levels of protection. However, it is important to note that FFP3 is officially the prescribed rating. Their official letter and guidance are expected shortly, but please be safe and take care of yourselves in the above manner. A useful document on the safe decontamination of endoscopes is linked below, and will be on our website shortly.

AAO-HNS (03/23/2020)

Until the supply of testing materials catches up with the accelerating demand for testing, there will be circumstances that the COVID-19 status of these patients is unknown. Therefore, when a detailed examination or surgical procedure is necessary for urgent or emergent care and the COVID-19 status of the patient cannot be confirmed, then the patient should be handled as if they are COVID-19 positive. This consideration should apply regardless of whether in an office, hospital, or operating room setting. Furthermore, the provider and surrounding staff must have the necessary PPE. Particular attention must be taken to clean contaminated equipment and surfaces with appropriate disinfectants (e.g., ≥ 70% alcohol) as recommended by the CDC.
ENTUK (03/24/2020)

We believe that it is imperative that PPE (Personal Protective Equipment: FFP3 masks, visors, gowns and gloves) is available and used for all forms of nasal and throat examination, in both the hospital, outpatient clinic and community settings. We should now assume that all our ENT patients are potential carriers of the virus. This includes those patients who require an endoscopic examination of their nose and throat which exposes both the operator and assistant to aero-digestive tract droplets.

AAO-HNS

The need to flatten the curve of transmission and preserve critical supplies and equipment for those who need it most necessitates limiting care at this time to time-sensitive and emergent problems and the routine use of appropriate PPE when treating patients in all age groups. This policy applies to otolaryngologists in areas currently facing high infection rates as well as those in areas with limited penetration.

SURGICAL MANAGEMENT

CEORL-HNS (03/23/2020)

1) Endoscopic examinations should be avoided and only be indicated when necessary.

2) Avoid non-urgent and non-cancer surgery. In particular, Endonasal Endoscopic Sinonasal Surgery and Laryngological Surgery (especially jet ventilated - orotracheal intubation is more appropriate) seems to be the riskiest procedures.

Tracheostomy is considered to be a particularly high-risk procedure during surgery but also in aftercare which could potentially also increase amount of PPE consumed many folds that are already universally in short supply. The need for tracheostomy in COVID-19 patients should be carefully assessed by a multidisciplinary team.

COVID-19 should be excluded in patients undergoing surgery. If the acute medical condition does not allow it, it is necessary to consider the patient positive until the result is negative.

ASPO (03/23/2020)

1. Surgical cases: We have all been asked to postpone elective cases: the debate centers around the issue of the definition of “urgent” cases and this appears to vary between institutions. The COVID-19 virus is spread via nasal and oral secretions. Reports from other institutions indicate that the risk of virus spread is high with sinus surgery and should be avoided. We need to presume that the risk is also high with adenoid and tonsil surgery and nearly all institutions have concluded that these cases should not be performed unless there are extraordinary indications. What about ear tubes? Most institutions are canceling all ear tube cases while others are proceeding with ear tubes in the young children with raging infections in an effort to keep the kids out of their pediatrician’s offices and prevent complications. The risks of a short mask anesthesia (with aerosolization of secretions) in a young child are not known at this time. Eventually, I have no doubt that we will get to a place where we can test patients pre-op to see if they are COVID-19 virus positive (as they are doing in S. Korea)- hopefully this will be sooner rather than later.

2. Flexible laryngoscopy, nasal endoscopy. It is clear that these procedures are “high risk” for spreading the virus and should be avoided whenever possible. When they need to be performed it is clear that we and any other medical personnel in the room should wear gown, gloves, eye protection and mask. Nasal pledgets
should be used for topical anesthesia instead of sprays. At some institutions the debate is whether a surgical mask is adequate versus an N-95. We definitely know that the virus is in the nasal and oral secretions of asymptomatic children and so an N95 should be the standard of care. Again, we look forward to the day when we can routinely do pre-procedure testing.

3. **Telephone/teleconference patient visits.** I have no doubt that in hindsight one day we will look back on this pandemic as the true birth of video visits. The good news (always need to look for the silver lining) is that federal and state rules re visits are being relaxed so that now we can use non-HIPAA compliant platforms such as facetime and we can now bill for telephone visits. Many of our institutions are rapidly pushing out protocols and platforms for us to utilize so that we can continue caring for our patients.

**USEFUL LINKS AND DOCUMENTATION**

**COVID-19 MANAGEMENT RECOMMENDATIONS:**

1. **ENT UK COVID-19 information for health professionals:** [www.entuk.org/covid-19](http://www.entuk.org/covid-19)


3. CDC recommendations on how to extend the life of N95 masks: [https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html](https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html)

4. Guidelines for naso-endoscopy: [https://mcusercontent.com/e386d81be4a76bada89909666/files/24995686-7386-4260-a5a6-e56aff56970c/Nasal_endoscopy_and_laryngoscopy_examination_of_ENT_patients.pdf?utm_source=ENT+UK+Members+05.03.20&utm_campaign=73aadce8d-EMAIL_CAMPAIGN_2020_03_23_05_26&utm_medium=email&utm_term=0_b992ae0106-73aadce8d-118550865](https://mcusercontent.com/e386d81be4a76bada89909666/files/24995686-7386-4260-a5a6-e56aff56970c/Nasal_endoscopy_and_laryngoscopy_examination_of_ENT_patients.pdf?utm_source=ENT+UK+Members+05.03.20&utm_campaign=73aadce8d-EMAIL_CAMPAIGN_2020_03_23_05_26&utm_medium=email&utm_term=0_b992ae0106-73aadce8d-118550865)

5. Aerosol Generating Procedures in ENT: [https://mcusercontent.com/e386d81be4a76bada89909666/files/b384cf30e622-4469-9d9f-7d2932b35330/Aerosol_generating_procedures_in_ENT.pdf?utm_source=ENT+UK+Members+05.03.20&utm_campaign=73aadce8d-EMAIL_CAMPAIGN_2020_03_23_05_26&utm_medium=email&utm_term=0_b992ae0106-73aadce8d-118550865](https://mcusercontent.com/e386d81be4a76bada89909666/files/b384cf30e622-4469-9d9f-7d2932b35330/Aerosol_generating_procedures_in_ENT.pdf?utm_source=ENT+UK+Members+05.03.20&utm_campaign=73aadce8d-EMAIL_CAMPAIGN_2020_03_23_05_26&utm_medium=email&utm_term=0_b992ae0106-73aadce8d-118550865)

6. Tracheostomy Guidance: [https://mcusercontent.com/e386d81be4a76bada89909666/files/a34a3934-d546-46e0-aff-fcb3de7c9d7fa/COVID_tracheostomy_guidance.pdf?utm_source=ENT+UK+Members+05.03.20&utm_campaign=73aadce8d-EMAIL_CAMPAIGN_2020_03_23_05_26&utm_medium=email&utm_term=0_b992ae0106-73aadce8d-118550865](https://mcusercontent.com/e386d81be4a76bada89909666/files/a34a3934-d546-46e0-aff-fcb3de7c9d7fa/COVID_tracheostomy_guidance.pdf?utm_source=ENT+UK+Members+05.03.20&utm_campaign=73aadce8d-EMAIL_CAMPAIGN_2020_03_23_05_26&utm_medium=email&utm_term=0_b992ae0106-73aadce8d-118550865)

8. COVID-19 shedding in symptomatic vs asymptomatic patients: [https://urldefense.proofpoint.com/v2/url?u=https-3A__www.nejm.org_doi_full_10.1056_NEJMc2001737-3Fquery-3Dtoc&d=DwIFAg&c=ZOo-KZ8oxEw0p81sqqiaRA&r=YVK9uscKvuhN_CL0I7G0Q&m=r7WxtCuTNeLrtbVzHvJor3pM7oncxxVt3zzJ6CQHxs&s=jsJ6Lr1drLajp392mlRsw5U2Ipn4KFzGNTAEQs-k&e=](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.nejm.org_doi_full_10.1056_NEJMc2001737-3Fquery-3Dtoc&d=DwIFAg&c=ZOo-KZ8oxEw0p81sqqiaRA&r=YVK9uscKvuhN_CL0I7G0Q&m=r7WxtCuTNeLrtbVzHvJor3pM7oncxxVt3zzJ6CQHxs&s=jsJ6Lr1drLajp392mlRsw5U2Ipn4KFzGNTAEQs-k&e=)

RESOURCES

9. AAO-HNS Resources: [https://www.entnet.org/content/coronavirus-disease-2019-resources](https://www.entnet.org/content/coronavirus-disease-2019-resources)

10. Stanford Covid-19 town hall (Available Streaming Online via ZOOM): [https://stanford.zoom.us/rec/share/4o9bJUTU8F1LZIXKzHzPRqMHaAdvLeaa80CcZqfdbhR0cinG_taBOr68Z2TMwNU-2](https://stanford.zoom.us/rec/share/4o9bJUTU8F1LZIXKzHzPRqMHaAdvLeaa80CcZqfdbhR0cinG_taBOr68Z2TMwNU-2)

11. Easy way to contact patients with your cellphone without revealing your number: [https://www.doximity.com/app](https://www.doximity.com/app)

12. Risk calculator for head and neck cancer patients: [https://urldefense.proofpoint.com/v2/url?u=https-3A__entuk.us6.list-2Dmanage.com_track_click-3Fu-3De386d81be4a76bada89909666-26id-3D2oa586bf9d26e-3Dfdd2757341Q&c=qS4goWBT7popLM69zy_3xhKwEW14IZMSdioCoppxeFU&r=h-OQOtdm22Ta9xatFu-kD1OC5oeSZ4Son4znUzn088qSTzk7PLkGQpqZkI5Z&m=twP2ktheCedSLA9BUWRF4OML6WfstYXKMEolN3HUFVc&s=hlV-qKG9LxVPoOVMzfnQ6-7l_4Udzk3QUtDwaHLjKU&e=](https://urldefense.proofpoint.com/v2/url?u=https-3A__entuk.us6.list-2Dmanage.com_track_click-3Fu-3De386d81be4a76bada89909666-26id-3D2oa586bf9d26e-3Dfdd2757341Q&c=qS4goWBT7popLM69zy_3xhKwEW14IZMSdioCoppxeFU&r=h-OQOtdm22Ta9xatFu-kD1OC5oeSZ4Son4znUzn088qSTzk7PLkGQpqZkI5Z&m=twP2ktheCedSLA9BUWRF4OML6WfstYXKMEolN3HUFVc&s=hlV-qKG9LxVPoOVMzfnQ6-7l_4Udzk3QUtDwaHLjKU&e=)

IN THE NEWS


DISEASE STATISTICS AND PROJECTIONS

15. Map of global COVID-19 cases: [https://coronavirus.jhu.edu/map.html](https://coronavirus.jhu.edu/map.html)

16. Number of cases: [https://www.worldometers.info/coronavirus/](https://www.worldometers.info/coronavirus/)


PARTICIPATING INSTITUTIONS

INSTITUTIONS BY CONTINENT AND COUNTRY*

*We apologize in advance if there are any spelling errors or omissions in the names listed here. Please email natasha.dombrowski@childrens.harvard.edu or erika.mercier@childrens.harvard.edu with any corrections.

Africa
South Africa:
- Red Cross Children’s Hospital & University of Cape Town
- Universitas Academic Hospital/University of the Free State

Sudan:
- Africa ENT Hospital

Asia
China:
- Beijing Children’s Hospital, Capital Medical University
- Children’s Hospital of Shenzhen
- Shanghai Children’s Hospital
- Shanghai Children’s Medical Center
- The Children’s Hospital at Zhejiang University School Of Medicine

Hong Kong:
- Hong Kong Children’s Hospital/United Christian Hospital
- KEC Hong Kong

India:
- Manipal Hospitals
- Nanavati Hospital

Indonesia:
- Universitas Airlangga

Israel:
- Private Practice
- Samson Assuta Ashdod University Hospital
- Tel Aviv Sourasky Medical Center

Japan:
- National Center for Child Health and Development

Kazakhstan:
- West Kazakhstan State Medical Academy

Malaysia:
- Hospital Raja Perempuan Zainab II, Kota Bharu
- Hospital Sultan Abdul Halim, Kedah
- Hospital Sultanah Bahiyah Alor Setar
- Hospital Tengku Ampuan Afzan
- Hospital Tunku Azizah (Women and Children’s Hospital), Kuala Lumpur
- Hserdang Malaysia
- Sabah Women and Children’s Hospital
- Sarawak General Hospital (Ministry of Health)
- Sunway Medical Centre
- Universiti Kebangsaan Malaysia Medical Centre
- Universiti Sains Malaysia
- University of Malaya

Saudi Arabia:
- King Fahad Specialist Hospital Dammam
- National Guard Hospitals
- Prince Sultan Military Medical City (PSMMC)

Singapore:
- KK Women’s and Children’s Hospital
- National University Hospital

South Korea:
- Ajou University Medical Center
- Asan Medical Center
- Chungnam National University Hospital
- Ewha Women’s University School of Medicine
- Hallym University Medical Center
- Hanyang University Hospital
- Konkuk University Hospital
- Korea University College of Medicine
- Kyung Hee University
- Seoul National University Boramae Medical Center

Taiwan:
- Cathay General Hospital
- Chang Gung Memorial Hospital
- China Medical University Hospital
- MacKay Memorial Hospital and MacKay Children Hospital
- National Taiwan University Hospital and Children’s Hospital

Thailand:
- Chiang Mai University
- Siriraj Hospital, Mahidol University

Turkey:
- Hacettepe University
- Koc University
- Samsun Research and Training Hospital

United Arab Emirates:
- Al Jalila Children’s Hospital, Dubai

Vietnam:
- Children’s Hospital 1, Ho Chi Minh City
- Danang ENT Center
- ENT Hospital Ho Chi Minh City
- National Hospital of Pediatrics

Australia/Oceania
Australia:
- John Hunter Children’s Hospital
- John Hunter Hospital
- Perth Children’s Hospital
- Queensland Children’s Hospital
- Royal Children’s Hospital
- Sydney Children’s Hospital
- The Children’s Hospital at Westmead

New Zealand:
- Starship Hospital

Europe
Belarus:
- Minsk Pediatric Hospital of Infectious Diseases

Belgium:
- Antwerp University Hospital
- Centre Hospitalier de Mouscron
- Centre Hospitalier de Wallonie Picarde
- Universitair Ziekenhuis Gent

Bulgaria:
- Bulgarian Society of Pediatric ORL
- UMHAT "Tzaritza Joanna-ISUL"

Finland:
- Helsinki University Hospital

France:
- Aix Marseille University, La Timone Children’s Hospital
- Hépital Femme Mère Enfant
- Hôpital Necker - Enfants Malades
- University Hospital Gui de Chauliac
- University Hospital of Brest
- University Hospital of Lille

Germany:
- Klinikum Bremerhaven
- Reinkenheide
**Greece:**
- Agia Sofia Children’s Hospital
  Athens

**Hungary:**
- Hogyi

**Ireland:**
- Children’s Health Ireland
- Children’s Health Ireland at Crumlin

**Italy:**
- ASST Spedali Civili
- Azienda Ospedaliara Università di Padova
- Bambino Gesù Children’s Hospital
- Institute for Maternal and Child Health IRCCS Burlo Garofolo
- Meyer Hospital
- Ospedale dei Bambini V. Buzzi
  Milano
- Ospedale Infantine Regina
  Margherita

**Latvia:**
- Children’s Clinical University Hospital

**Poland:**
- Karol Jonscher Childrens Hospital, Poznan University of Medical Sciences

**Portugal:**
- Centro Hospitalar Universitário do Porto
- Hospital de Cascais
- University of Porto Faculty of Medicine Hospital Center S. Joao

**Romania:**
- CMDTAMP Bucharest
- University of Medicine and Pharmacy ”Victor Babes” Timisoar

**Russia:**
- Clinical Hospital Lapino
- Imma
- Klinika Semeynaya
- National Medical Centre of Otolaryngology of FMBA of Russia

**Serbia:**
- Mother and Child Health Care Institute of Serbia

**Spain:**
- Hospital San Rafael, Madrid
- Hospital Universitario Son Espases
- Sant Joan de Deu Children’s Hospital Barcelona

**Sweden:**
- Karolinska University Hospital
- University Hospital Lund

**Switzerland:**
- University Hospital Basel

**United Kingdom:**
- Barts Health
- Bradford Royal Infirmary
- Evelina London Children’s Hospital
- Great Ormond Street
- Imperial College
- Royal Belfast Hospital for Sick Children
- Sheffield Children’s Hospital
- St Georges
- University College London Hospitals

**North America:**

**Canada:**
- BC Children’s Hospital
- Centre Hospitalier Universitaire Sainte-Justine
- CHEO
- CHU de Québec-Centre Mère-Enfant
- IWK Health Centre
- Montreal Children’s Hospital
- The Hospital for Sick Children

**Costa Rica:**
- Caja Costarricense del Seguro Social
- CCSS
- CCSS San Juan
- Dr. Gago’s Private Practice
- Hospital Monseñor Sanabria
- Hospital Nacional de Niños del Seguro Social
- Hospital San Vicente de Paul
- INS
- Ministerio de Salud Costa Rica

**Dominican Republic:**
- Cedimat
- Hospital Pediátrico Dr Hugo Mendoza
- Hospital Salvador B. Gautier
- Lolo

**El Salvador:**
- Hospital de Niños Benjamín Bloom
- Instituto Salvadoreno Del Seguro Social/ Hospital Regional San Juan De Dios De San Miguel El Salvador

**Guatemala:**
- Centro Otorrinolaringológico

**Honduras:**
- AHONORL
- Asociación de Rinología Honduras
- Honduras Medical Center
- Hospital del Valle
- Hospital San Felipe

**Jamaica:**

**Mexico:**
- Hospital Infantil de Mexico Federico Gómez
- Salud Auditiva México SA de CV
- Tecnologico de Monterrey TECSalud
- Instituto Mexicano del Seguro Social

**Nicaragua:**
- Clínicentro
- Hospital Vivian Pellas
- Hospital Vivian Pellas /Hospital Monte España

**Panama:**
- Hospital del Niño Dr. Jose Renan Esquivel
- Hospital De Especialidades Pediatrías de la Caja de Seguro Social

**United States:**
- Albert Einstein College of Medicine & Montefiore Medical Center
- Ann & Robert H. Lurie Children’s Hospital of Chicago
- Arkansas Children’s Hospital
- Boston Children’s Hospital
- Center One Surgery
- Children’s Hospital Colorado
- Children’s Hospital Los Angeles
- Children’s Hospital New Orleans
- Children’s Hospital of Philadelphia
- Children’s Hospital of Pittsburgh
- Children’s National Health System
- Cincinnati Children’s Hospital
- Connecticut Children’s Hospital
- East Tennessee Children’s Hospital
- Emory University
- Johns Hopkins University
- Mary Bridge Children’s Hospital
- Medical College of Wisconsin/Children’s Wisconsin
- Miller Children’s Hospital
- Nationwide Children’s Hospital
- Nemours/Alfred I. duPont Hospital for Children
- Nemours Children’s Hospital
- Orlando, FL
- New York University
- Oregon Health Sciences University
- Penn State Milton S. Hershey Medical Center
- Primary Children’s Hospital
- Rady Children’s Hospital San Diego
- Seattle Children’s Hospital
- Stanford University
- SUNY Downstate Medical Center
- Texas Children’s Hospital/Baylor College of Medicine
- University of California, San Francisco
- University of Michigan
- University of New Mexico Children's Hospital
- University of Rochester
- University of Texas - Houston
- University of Vermont Medical Center
- UT Southwestern
- Walter Reed National Military Medical Center
- West Virginia University

South America

Argentina:
- COAT Centro Otoaudiologico de Alta Tecnologia
- Consultorio Otorrinolaringologico Buenos Aires
- Hospital Español de Mendoza
- Hospital General de Niños Dr. Pedro de Elizalde
- Hospital Nacional de Pediatria Prof. Garrahan
- Hospital Pediatrico Fleming
- Hospital Privado de Nariz Garganta y Oidos
- Sanatorio Allende
- Sanatorio Argentino

Bolivia:
- Caja de Salud CORDES
- Clínica Alemana
- Hospital Arco Iris

Brazil:
- Clínica Crescer
- Clínica Infancia Viva Pediatria
- Clínica Integrada Aragão
- Faculdade Ciências Médicas de Minas Gerais
- FAMERP
- Fundação Ouro Branco
- Hospital da Criança Conceição
- Hospital da Cruz Vermelha Brasileira Paraná
- Hospital das Clinicas da Faculdade de Medicina da Universidade de São Paulo
- Hospital de Clinicas de Porto Alegre
- Hospital de Otorrinolaringologia de Sorocaba BOS
- Hospital Infantil Darcy Vargas
- Hospital Infantil Joana de Gusmão
- Hospital IPO
- Hospital Israelita Albert Einstein
- Hospital Mater Dei - Unidade Contorno
- Hospital Municipal Souza Aguiar
- Hospital Paulista
- Hospital Pequeno Principe
- Hospital Português
- Hospital Regional de Taguatinga
- Hospital Sao Lucas da PUCRS
- Hospital Unimed Rio Verde
- Hospital Universitário Antônio Pedro
- Hospital Universitário Pedro Ernesto UERJ
- Iapo
- Imigrantes Hospital
- Instituto Fernandes Figueira
- Instituto Fernandes Figueira / FIOCRUZ
- Otos
- Private/Independent Practice (3)
- Santa Casa de Campo Grande
- Santa Casa de Porto Alegre
- Santo Antonio Children's Hospital
- Sensorial
- SMS RJ/CF JSH
- Unimed BH
- Universidade de Vassouras
- Universidade Estadual de Campinas - UNICAMP
- Universidade Federal de São Paulo

Chile:
- Hospital Clínico San Borja Arriarán
- Hospital Regional de Concepcion
- Red Salud Universidad Católica

Colombia:
- Clínica Palermo
- Clínica Portoazul
- Fundación Santa Fe
- Hospital Santa Clara
- Hospital Universitario San Ignacio
- Independiente
- Otofon
- Private Practice Office
- Santa Cñara Hospital ESE
- Universidad de Caldas

Ecuador:
- Hospital Carlos Andrade Marín
- Hospital Kennedy Alborada
- Hospital Metropolitano

Paraguay:
- Hospital de Clínicas
- Hospital de Clínicas U.N.A.
- Hospital General Barrio Obrero
- Hospital Nacional

Peru:
- Clínica Internacional
- Hospital Negreiros de EsSalud
- Independiente
- Instituto Nacional de Salud del Niño de San Borja
- Seguro Social de Salud

Uruguay:
- 1- COMECA
- CASMER- FEMI
- Centro Hospitalario Pereira Rossell
- Comeri
- Cosem

Venezuela:
- Centro de Otorrinolaringología Respira Libre
- Centro Medico de Caracas
- CHET
- Clínica Calicanto/ Prevale Maracay
- Clínica de Oidos, Nariz y Garganta Barquisimeto
- Clínica El Ávila
- Hospital de Niños HM de los Rios
- Hospital Domingo Luciani
- Hospital Dr. Luis Gomes Lopez
- Hospital Luis Ortega
- Hospital Vargas de Caracas
- Instituto Auditivo Barinas/ Centro de Oído Nariz y Garganta
- Instituto de Otorrinolaringología y Oftalmología
- IVSS Ambulatorio El Limon Aragua
- Policlinica Metropolitana
<table>
<thead>
<tr>
<th>SURVEY RESPONDENTS</th>
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<td>(LISTED ALPHABETICALLY BY FIRST NAME*)</td>
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*Names Are Written As They Appeared In Survey Responses. We Apologize In Advance If There Are Any Errors In Names Listed Here. Please Email Natasha.Dombrowski@Childrens.Harvard.Edu Or Erika.Mercier@Childrens.Harvard.Edu With Any Corrections.

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