The State of Our Children: Kids and COVID-19

Valley Children's HEALTHCARE

BEST CHILDREN'S HOSPITALS U.S.News RANKED IN 7 SPECIALTIES 2020-21

August 31, 2020

Much of the San Joaquin Valley and Central Coast areas are now coded into the State's new "purple" category - high risk communities with widespread transmission. This is the state of our children and COVID-19 as of August 31, 2020.

Current Issues Facing our Children: Medically Complex Kids and COVID-19

Carmela Sosa, MD - Medical Director, Primary Care and Guilds Center for Community Health

There is no doubt the pandemic been has difficult for children in many ways. But for children with medical complexity, it has presented additional challenges. On the one hand, pediatricians across the country are anecdotally reporting a significant decrease in sick visits amongst their medically complex patients. It makes sense. Staying at home, social distancing, enhanced cleaning and increased frequency of hand hygiene all reduce your risk of infection. But those same children rely heavily on school programs and services, such as physical, occupational and speech therapy to gain new skills and maintain old ones and those services are currently not getting delivered at the same levels they were before COVID-19, if at all.

We know that children, similar to adults, with cancer, type 2 diabetes, chronic kidney disease, obesity, sickle cell disease, significant heart disease and those whom have had an organ transplant are at increased risk of severe illness due to COVID-19. Though data is still limited, evidence is pointing toward children with neurologic, genetic and metabolic conditions, or those with congenital heart disease, might also be at increased risk for more severe disease, which comprises a large percentage of our medically complex population.

Many of our medically complex school-aged children don't understand the concept of hand hygiene or how to cough into their elbow. Some of them should not or cannot tolerate a mask, but need to be in close contact with their teachers and therapists, potentially placing teachers and staff at risk of infection. They may explore the world by putting toys in their mouths, or soothe themselves by sucking on their thumbs, increasing their risk of inoculation. And depending upon their underlying condition, they may be at risk for severe disease.

As our children with special needs return to school even in somewhat reduced schedules, we must remain their advocates and ensure that we champion not only their educational needs, but their safety and the safety of those around them.

Key Findings from Recent Pediatric Literature: Transmission of COVID-19

From Dr. David Christensen - SVP, Medical Affairs & Chief Physician Executive

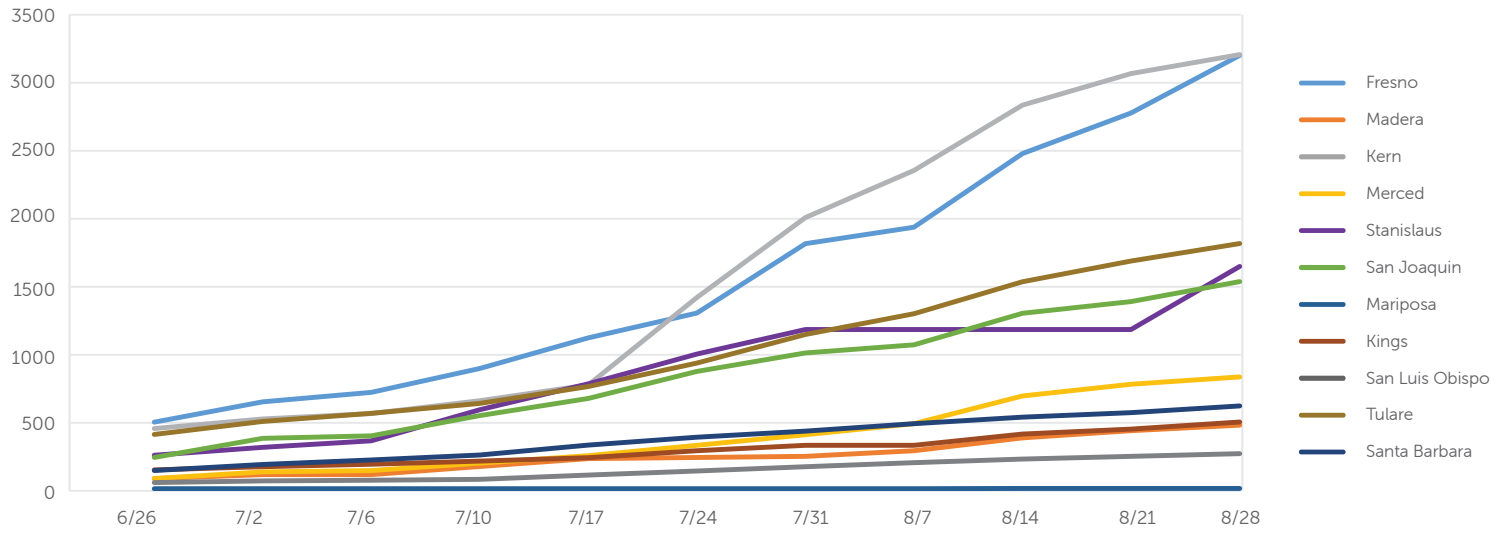
Additional research relevant to the question of kids and COVID-19 continues to be reported. In a soon-to-be-published study in the *Journal of Pediatric Infectious Diseases* (August 11, 2020), those authors, affiliated with the Department of Pediatrics, Emory University School of Medicine, Children's Healthcare of Atlanta and the Department of Pediatrics, Washington University School of Medicine, St. Louis, MO, "investigated the dynamics of illness among household members of SARS-CoV-2 infected children that received medical care (n=32). [They] identified 144 household contacts (HCs): 58 children and 86 adults. 46% percent of HCs developed symptoms consistent with COVID-19 disease. Child-to-adult transmission was suspected in seven cases."

"Children comprise of a small proportion of overall COVID-19 cases at 5.2% of laboratory-confirmed infections in the US1. However, these data are likely an under-representation of the true pediatric infection burden as initial reports occurred in the setting of school closures and shelter-in-place orders. As the US economy reopens, a dramatic increase of cases has occurred in several states. Recent studies have shown that children may be both as likely to become infected as adults and to infect others, but are less likely to have symptoms, suggesting that they have the potential to be silent facilitators. A better understanding of the role children play in the chain of viral transmission is urgently needed." [1]

This study reveals that children may be a potential source of contagion in the SARS-CoV-2 pandemic in spite of milder disease or lack of symptoms, and immune dysregulation is implicated in severe post-infectious MIS-C."

[1] Citation: Yonker LM, Neilan AM, Bartsch Y, Patel AB, Regan J, Arya P, Gootkind E, Park G, Hardcastle M, St. John A, Appleman L, Chiu ML, Fialkowski A, De la Flor D, Lima R, Bordt EA, Yockey LJ, D'Avino P, Fischinger S, Shui JE, Lerou PH, Bonventre JV, Yu XG, Ryan ET, Bassett IV, Irimia D, Edlow AG, Alter G, Li JZ, Fasano A, Pediatric SARS-CoV-2: Clinical Presentation, Infectivity, and Immune Responses, The Journal of Pediatrics (2020), doi: https://doi.org/10.1016/j.jpeds.2020.08.037.

COVID-19 Cases by County (for the week ending August 28, 2020)



Current Data and Trends
Across Valley Children's Healthcare Network (as of August 30, 2020)

▲12,802	▼9.1%	▲151
Total Number of Tests Administered On Patients	**Positivity Rate**	**Total Number of COVID+ Patients Requiring Hospitalization**
August 18, 2020 Data		
10,945	9.5%	128

Everyone Can Do Their Part

SLOW THE SPREAD
WEAR A MASK

For More Information visit valleychildrens.org/covid19
or email contactus@valleychildrens.org

Wear a Mask • Maintain Social Distance and Avoid Large Gatherings
Wash Your Hands • Clean High-Touch Surfaces Frequently