

POLICY COMMITTEE, NC PEDIATRIC SOCIETY
ADJUNCT ASSISTANT PROFESSOR OF PEDIATRICS, UNC SCHOOL OF MEDICINE
PEDIATRIC HOSPITALIST, GOLDSBORO PEDIATRICS/WAYNE UNC MEMORIAL HOSPITAL
PEDIATRIC HOSPITALIST, COSTAL CHILDREN'S SERVICES/NEW HANOVER REGIONAL
MEDICAL CENTER

David L. Hill, MD, FAAP



PRIMARY COVID IN CHILDREN

- Children ages 0-18 account for <u>around 9%</u> of all US COVID cases
- What are common symptoms?
 - Much less often respiratory in children compared to adults
 - Fever
 - Vomiting/diarrhea/abdominal pain
 - Rash
- Asymptomatic infection is common, 30% to 40%

HOW SICK DO CHILDREN GET?

- Hospitalization rates are 95% lower than those for adults, but 1/3 of hospitalized children end up in Intensive Care Units
- Multi-system Inflammatory Syndrome in Children (MIS-C)
 - Condition like Kawasaki disease that can damage multiple organs including the heart
 - Usually require admission to PICU
 - <u>15 reported cases</u> in North Carolina as of 8/06/2020
- Deaths
 - Maximum of 0.3% of childhood COVID cases result in death, 86 confirmed by AAP as of 7/30/2020
 - 10 childhood deaths from MIS-C nationwide as of 8/06/2020

HOW INFECTIOUS ARE CHILDREN?

- Generally speaking, studies suggest that transmission by children in schools and daycares is <u>substantially</u> <u>less</u> than by adults
- Many of these studies were performed in communities with much lower rates of COVID infection and much higher resourcing for schools than NC
- Korean study: over age 10 and up <u>just as infectious</u> as adults
- Experience from the Georgia camp suggests that when control measures are not adequate, COVID can spread aggressively between children and adults, affecting close to half of people exposed
- Symptom screening is an inefficient way to reduce risk, since around 30% to 40% of spreaders are asymptomatic/pre-symptomatic
- Asking about known contacts is also inefficient, as spreaders often have no symptoms or have not been tested

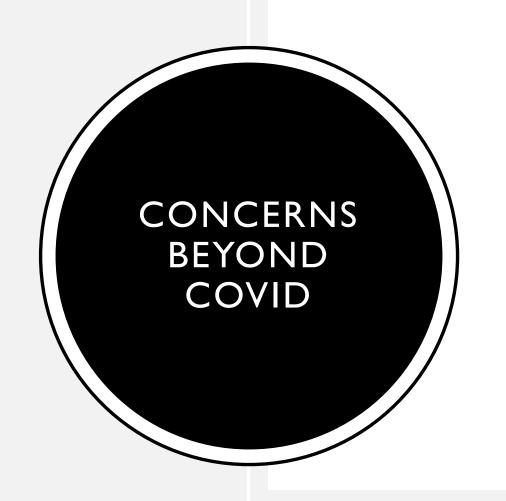


WHO IS AT HIGHEST RISK?

- Minority children
- Multi-generational households



- Face masks
- Ventilation
- Distancing
- Cohort-shrinking
- Hand-washing
- Fomite control
- Testing/contact tracing
- <u>Drive down</u> the rates of COVID infection in the community



- Nutrition/food insecurity
- Access to health care
 - Vaccines
 - Chronic and acute disease management
- Mental health concerns
- Socialization
- Developmental evaluation and treatment
- Child abuse and neglect



Healthy Communities, Healthy Children.

HEALTHY CHILDREN REQUIRE HEALTHY COMMUNITIES