



COVID-19 and Children

26th March 2020

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Guidance

Coronavirus (COVID-19): guidance on vulnerable children and young people

Published: 22 March 2020

Last updated 1 April 2020 — [see all updates](#)

Source: [Department for Education](#) and [Public Health England](#)

Full Text/URL: <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people>

COVID-19 - guidance for paediatric services

Source: Royal College of Paediatrics & Child Health .

Full Text/URL: <https://www.rcpch.ac.uk/resources/covid-19-guidance-paediatric-services>

Guidance for the clinical management of children admitted to hospital with suspected COVID-19

Source: British Paediatric Respiratory Society

Full Text/URL: <https://www.brit-thoracic.org.uk/document-library/quality-improvement/covid-19/bprs-guidance-on-children-admitted-to-hospital-with-covid-19/>

COVID-19 infection

Source: Paediatric Intensive Care Society

Full Text/URL: <https://picsociety.uk/covid19/>



Evidence Review

An evidence summary of Paediatric COVID-19 literature

This post is a rapid literature review of pertinent paediatric literature regarding COVID-19 disease. The papers have been reviewed by Alasdair Munro, Alison Boast, and Henry Goldstein as part of the Don't Forget the Bubbles team. This is not a systematic review but does include all relevant published original research available in the English language as of **April 14th 2020** that the authors were able to obtain.

Full Text/URL: <https://dontforgetthebubbles.com/evidence-summary-paediatric-covid-19-literature/>

<https://dontforgetthebubbles.com/wp-content/uploads/2020/04/COVID-data-2.pdf>

Speciality Guides

These Guides are aimed at specialists working in hospitals in England during the pandemic, there is one for Children.

Source: NHS England and NHS Improvement

Full Text/URL: <https://www.england.nhs.uk/coronavirus/secondary-care/other-resources/specialty-guides/#children>

Cochrane Library Special Collections

- [Coronavirus \(COVID-19\): infection control and prevention measures](#)
 - [Coronavirus \(COVID-19\): evidence relevant to critical care](#)
-

eLearning

Health Education England (HEE) has developed a [coronavirus eLearning programme](#) to help the health and care workforce respond to the COVID-19 pandemic.

American Psychiatric Association FREE webinar (need to register) - [Managing mental health effects of COVID-19](#)

[COVID-19: Tackling the Novel Coronavirus](#) – FutureLearn

[Training for COVID-19](#) - World Health Organization



Speciality Guides

These Guides are aimed at specialists working in hospitals in England during the pandemic, there is one for children.

Source: NHS England and NHS Improvement

Full Text/URL: <https://www.england.nhs.uk/coronavirus/secondary-care/other-resources/specialty-guides/#children>

Publisher links to the various resource centres - freely available:

[Lancet – COVID -19 Resource Centre](#)

[Elsevier Resource centre](#)

[Springer Nature](#)

[Wiley](#)

[NEJM](#)

[BMJ](#)

[American Society for Microbiology](#)

[Oxford University Press](#)

Systematic Reviews

Systematic review of COVID-19 in children shows milder cases and a better prognosis than adults. (2020)

Ludvigsson Jonas F.

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AIMThe coronavirus disease 2019 (COVID-19) pandemic has affected hundreds of thousands of people. Data on symptoms and prognoses in children are rare.METHODSA systematic literature review was carried out to identify papers on COVID-19, which is caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), using the Medline and EMBASE databases between 1 January and 18 March 2020.RESULTSThe search identified 45 relevant scientific papers and letters. The review showed that children have so far accounted for 1-5% of diagnosed COVID-19 cases, they often have milder disease than adults and deaths have been extremely rare. Diagnostic findings have been similar to adults, with fever



and respiratory symptoms being prevalent, but fewer children seem to have developed severe pneumonia. Elevated inflammatory markers were less common in children and lymphocytopenia seemed rare. Newborn infants have developed symptomatic COVID-19, but evidence of vertical intrauterine transmission was scarce. Suggested treatment included providing oxygen, inhalations, nutritional support and maintaining fluids and electrolyte balances. CONCLUSIONS COVID-19 has occurred in children, but they seemed to have a milder disease course and better prognoses than adults. Deaths were extremely rare.

Potential interventions for novel coronavirus in China: A systematic review (2020)

Zhang L., Liu Y.

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An outbreak of a novel coronavirus (COVID-19 or 2019-CoV) infection has posed significant threats to international health and the economy. In the absence of treatment for this virus, there is an urgent need to find alternative methods to control the spread of disease. Here, we have conducted an online search for all treatment options related to coronavirus infections as well as some RNA-virus infection and we have found that general treatments, coronavirus-specific treatments, and antiviral treatments should be useful in fighting COVID-19. We suggest that the nutritional status of each infected patient should be evaluated before the administration of general treatments and the current children's RNA-virus vaccines including influenza vaccine should be immunized for uninfected people and health care workers. In addition, convalescent plasma should be given to COVID-19 patients if it is available. In conclusion, we suggest that all the potential interventions be implemented to control the emerging COVID-19 if the infection is uncontrollable.
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Journal Articles

A 55-Day-Old Female Infant infected with COVID 19: presenting with pneumonia, liver injury, and heart damage.

Cui Yuxia The Journal of infectious diseases 2020;:No page numbers.

Previous studies on the pneumonia outbreak caused by the 2019 novel coronavirus disease (COVID-19) were mainly based on information from adult populations. Limited data are available for children with COVID-19, especially for infected infants.



We report a 55-day-old case with COVID-19 confirmed in China and describe the identification, diagnosis, clinical course, and treatment of the patient, including the disease progression from day 7 to day 11 of illness. This case highlights that children with COVID-19 can also present with multiple organ damage and rapid disease changes. When managing such patients, frequent and careful clinical monitoring is essential.

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A quickly, effectively screening process of novel corona virus disease 2019 (COVID-19) in children in Shanghai, China

Shi Y. Annals of Translational Medicine 2020;8(5):No page numbers.

Background: A recent cluster of pneumonia cases in China was caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). We report the screening and diagnosis of corona virus disease 2019 (COVID-19) in our hospital.
Method(s): Developed a procedure for the identification of children cases with COVID-19 in outpatient and emergency department of our hospital, then we observed how this process works.
Result(s): (I) There were 56 cases considered suspected cases, and 10 cases were confirmed as COVID-19. (II) Of the 10 confirmed COVID-19 cases admitted in our hospital, 5 were males and 5 were females, aged from 7 months to 11 years, the average age is 6.0+/-4.2 years, 6 cases were mild pneumonia, the others were upper respiratory tract infection. (III) We followed up 68 patients in isolation at home until symptoms disappeared. Non were missed in the patient's first visit. The sensitivity of this method is 100% and the specificity is 71.3%.
Conclusion(s): Our screening process works well, and it is also necessary to establish a screening network in the hospital.
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An investigation into respiratory tract viruses in children with acute lower respiratory tract infection or wheezing.

Dabaniyasti Demet Minerva pediatria 2020;72(1):45-54.

BACKGROUNDThis study aimed to determine the frequencies of respiratory tract viruses in patient (acute lower respiratory tract infection [LRTI] or wheezing) and control (history of asthma without symptoms) groups.METHODSUsing multiplex-polymerase chain reaction (PCR), respiratory tract viruses were investigated in the respiratory tract specimens from patient and control groups followed in the Pediatric Clinic.RESULTSThe viruses detected in the patient and control groups (P=0.013) were as follows, respectively: rhinoviruses A, B, C (25.6% and 36.7%), influenza virus A (21.1% and 0.0%), parainfluenza virus type 1 (7.8% and 1.7%), parainfluenza virus



type 4 (5.6% and 0.0%), adenoviruses A, B, C, D, E (4.4% and 1.7%), parainfluenza virus type 3 (4.4% and 1.7%), coronaviruses 229E and NL63 (4.4% and 1.7%), coronavirus OC43 (3.3% and 0.0%), respiratory syncytial virus A (3.3% and 0.0%), parainfluenza virus type 2 (2.2% and 0.0%), influenza virus B (2.2% and 0.0%), and respiratory syncytial virus B (1.1% and 1.7%). No bocavirus, metapneumovirus or enterovirus was found in any specimen. Statistically significant differences in the detection of influenza virus A ($P=0.000$), the total detection of parainfluenza viruses ($P=0.008$) and coinfection ($P=0.004$) were observed between the patient and control groups. CONCLUSION The advantage of our study compared with other studies is the inclusion of not only wheezing patients but also children with asthma without symptom. The higher detection of rhinoviruses both in patient and control groups give rise to thought that these viruses may be responsible for asthma exacerbations and may be related with long duration of virus shedding.

Anal swab findings in an infant with COVID-19

Fan Q. Pediatric Investigation 2020;4(1):48-50.

Introduction: The transmission pathways of coronavirus disease 2019 (COVID-19) remain not completely clear. In this case study the test for the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in pharyngeal swab and anal swab were compared. **Case presentation:** A 3-month-old girl was admitted to our hospital with COVID-19. Her parents had both been diagnosed with COVID-19. The results of pharyngeal swab and anal swab of the little girl were recorded and compared during the course of the disease. The oropharyngeal specimen showed negative result for SARS-CoV-2 on the 14th day after onset of the illness. However, the anal swab was still positive for SARS-CoV-2 on the 28th day after the onset of the illness.

Conclusion(s): The possibility of fecal-oral transmission of COVID-19 should be assessed. Personal hygiene during home quarantine merits considerable attention. Copyright © 2020 Chinese Medical Association. Pediatric Investigation published by John Wiley & Sons Australia, Ltd on behalf of Futang Research Center of Pediatric Development

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Analysis of the pregnancy outcomes in pregnant women with COVID-19 in Hubei Province

Zhang L. Zhonghua fu chan ke za zhi 2020;55:No page numbers.

Objective: To study the effect of COVID-19 on pregnancy outcomes and neonatal prognosis in Hubei Province. **Method(s):** A retrospective comparison of the pregnancy outcomes was done between 16 women with COVID-19 and 45 women without COVID-19. Also, the results of laboratory tests, imaging examinations, and the 2019-nCoV nucleic acid test were performed in 10 cases of neonatal delivered

from women with COVID-19.
Result(s): (1) Of the 16 pregnant women with COVID-19, 15 cases were ordinary type and 1 case was severe type. No one has progressed to critical pneumonia. The delivery method of the two groups was cesarean section, and the gestational age were (38.7+/-1.4) and (37.9+/-1.6) weeks, there was no significant difference between the two groups ($P > 0.05$). Also, there were no significant differences in the intraoperative blood loss and birth weight of the newborn between the two groups (all $P > 0.05$). (2) Ten cases of neonates delivered from pregnant women with COVID-19 were collected. The 2019-nCoV nucleic acid test were all negative. There were no significant differences in fetal distress, meconium-stained amniotic fluid, preterm birth, and neonatal asphyxia between the two groups (all $P > 0.05$). (3) In the treatment of uterine contraction fatigue, carboprost tromethamine was used more in cesarean section for pregnant women with COVID-19 (1.3+/-0.6), compared with Non-COVID-19 group (0.5+/-0.7), the difference was statistically significant ($P=0.001$).
Conclusion(s): If there is an indication for obstetric surgery or critical illness of COVID-19 in pregnant women, timely termination of pregnancy will not increase the risk of premature birth and asphyxia of the newborn, but it is beneficial to the treatment and rehabilitation of maternal pneumonia. Preventive use of long-acting uterotonic agents could reduce the incidence of postpartum hemorrhage during surgery. 2019-nCoV infection has not been found in neonates delivered from pregnant women with COVID-19.

Association between birth weight and neurodevelopment at age 1-6 months: results from the Wuhan Healthy Baby Cohort.

Zhang Man *BMJ open* 2020;10(1):e031916.

OBJECTIVEThe association between birth weight and infants' neurodevelopment is not well understood. We aimed to examine the impact of birth weight on neurodevelopment of infants at age 1-6 months using data from the Wuhan Healthy Baby Cohort (WHBC) study.**SETTING AND PARTICIPANTS**This is a prospective cohort study of 4026 infants from the WHBC study who were born at the Women and Children's Hospital of Wuhan, China between October 2012 and September 2013 and who had complete healthcare records within 6 months after birth. Participants were categorised into three groups according to their birth weight: low birth weight (LBW; birth weight <2500 g), normal birth weight (2500 g ≤ birth weight <4000 g) and macrosomia (birth weight ≥4000 g).**MAIN OUTCOME MEASURE**The main outcomes were development quotient (DQ) and clinical diagnosis of neurodevelopmental delay. Both adjusted regression coefficients and ORs were estimated for LBW and macrosomia.**RESULTS**Of the 4026 infants, 166 (4.12%) were of LBW and 237 (5.89%) were with macrosomia. Adjusted regression coefficients of LBW and macrosomia for gross motor DQ were -11.18 (95% CI -11.36 to -10.99) and 0.49 (95% CI 0.36 to 0.63), fine motor DQ -6.57 (95% CI -6.76 to -6.39) and -2.73 (95% CI -2.87 to -2.59), adaptability DQ -4.87 (95% CI -5.05 to -4.68) and -1.19 (95% CI -1.33 to -1.05), language DQ -6.23 (95% CI -6.42 to -6.05) and 0.43 (95% CI 0.29 to 0.57), and social behaviour DQ -6.82 (95% CI -7.01 to -6.64) and 1.10 (95% CI 0.96 to 1.24). Adjusted OR of LBW for clinical diagnosis of 'neurodevelopmental delay' in gross motor was



2.43 (95% CI 1.65 to 3.60), fine motor 1.49 (95% CI 1.01 to 2.19) and adaptability 1.56 (95% CI 1.06 to 2.31). LBW has no significant effects on 'neurodevelopmental delay' in language and social behaviour, and macrosomia has no significant effects on clinical diagnosis of 'neurodevelopmental delay' in all domains. CONCLUSION Both LBW and macrosomia are associated with infants' DQ, and LBW increases the risk of being diagnosed with 'neurodevelopmental delay' in gross motor, fine motor and adaptability among infants aged 1-6 months.

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Chest computed tomography in children with COVID-19 respiratory infection.

Li Wei Pediatric radiology 2020;:No page numbers.

BACKGROUNDInfection with COVID-19 is currently rare in children. **OBJECTIVE**To describe chest CT findings in children with COVID-19. **MATERIALS AND METHODS**We studied children at a large tertiary-care hospital in China, during the period from 28 January 2019 to 8 February 2020, who had positive reverse transcriptase polymerase chain reaction (RT-PCR) for COVID-19. We recorded findings at any chest CT performed in the included children, along with core clinical observations. **RESULTS**We included five children from 10 months to 6 years of age (mean 3.4 years). All had had at least one CT scan after admission. Three of these five had CT abnormality on the first CT scan (at 2 days, 4 days and 9 days, respectively, after onset of symptoms) in the form of patchy ground-glass opacities; all normalised during treatment. **CONCLUSION**Compared to reports in adults, we found similar but more modest lung abnormalities at CT in our small paediatric cohort.

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Clinical analysis of 10 neonates born to mothers with 2019-nCoV pneumonia.

Zhu Huaping Translational pediatrics 2020;9(1):51-60.

BackgroundThe newly identified 2019-nCoV, which appears to have originated in Wuhan, the capital city of Hubei province in central China, is spreading rapidly nationwide. A number of cases of neonates born to mothers with 2019-nCoV pneumonia have been recorded. However, the clinical features of these cases have not been reported, and there is no sufficient evidence for the proper prevention and control of 2019-nCoV infections in neonates. **Methods**The clinical features and outcomes of 10 neonates (including 2 twins) born to 9 mothers with



confirmed 2019-nCoV infection in 5 hospitals from January 20 to February 5, 2020 were retrospectively analyzed. Results Among these 9 pregnant women with confirmed 2019-nCoV infection, onset of clinical symptoms occurred before delivery in 4 cases, on the day of delivery in 2 cases, and after delivery in 3 cases. In most cases, fever and a cough were the first symptoms experienced, and 1 patient also had diarrhea. Of the newborns born to these mothers, 8 were male and 2 were female; 4 were full-term infants and 6 were born premature; 2 were small-for-gestational-age (SGA) infants and 1 was a large-for-gestational-age (LGA) infant; there were 8 singletons and 2 twins. Of the neonates, 6 had a Pediatric Critical Illness Score (PCIS) score of less than 90. Clinically, the first symptom in the neonates was shortness of breath (n=6), but other initial symptoms such as fever (n=2), thrombocytopenia accompanied by abnormal liver function (n=2), rapid heart rate (n=1), vomiting (n=1), and pneumothorax (n=1) were observed. Up to now, 5 neonates have been cured and discharged, 1 has died, and 4 neonates remain in hospital in a stable condition. Pharyngeal swab specimens were collected from 9 of the 10 neonates 1 to 9 days after birth for nucleic acid amplification tests for 2019-nCoV, all of which showed negative results. Conclusions Perinatal 2019-nCoV infection may have adverse effects on newborns, causing problems such as fetal distress, premature labor, respiratory distress, thrombocytopenia accompanied by abnormal liver function, and even death. However, vertical transmission of 2019-nCoV is yet to be confirmed.

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Clinical and epidemiological features of 36 children with coronavirus disease 2019 (COVID-19) in Zhejiang, China: an observational cohort study.

Qiu Haiyan *The Lancet*. Infectious diseases 2020;:No page numbers.

BACKGROUND Since December, 2019, an outbreak of coronavirus disease 2019 (COVID-19) has spread globally. Little is known about the epidemiological and clinical features of paediatric patients with COVID-19. **METHODS** We retrospectively retrieved data for paediatric patients (aged 0-16 years) with confirmed COVID-19 from electronic medical records in three hospitals in Zhejiang, China. We recorded patients' epidemiological and clinical features. **FINDINGS** From Jan 17 to March 1, 2020, 36 children (mean age 8·3 [SD 3·5] years) were identified to be infected with severe acute respiratory syndrome coronavirus 2. The route of transmission was by close contact with family members (32 [89%]) or a history of exposure to the epidemic area (12 [33%]); eight (22%) patients had both exposures. 19 (53%) patients had moderate clinical type with pneumonia; 17 (47%) had mild clinical type and either were asymptomatic (ten [28%]) or had acute upper respiratory symptoms (seven [19%]). Common symptoms on admission were fever (13 [36%]) and dry cough (seven [19%]). Of those with fever, four (11%) had a body temperature of 38·5°C



or higher, and nine (25%) had a body temperature of 37.5-38.5°C. Typical abnormal laboratory findings were elevated creatine kinase MB (11 [31%]), decreased lymphocytes (11 [31%]), leucopenia (seven [19%]), and elevated procalcitonin (six [17%]). Besides radiographic presentations, variables that were associated significantly with severity of COVID-19 were decreased lymphocytes, elevated body temperature, and high levels of procalcitonin, D-dimer, and creatine kinase MB. All children received interferon alfa by aerosolisation twice a day, 14 (39%) received lopinavir-ritonavir syrup twice a day, and six (17%) needed oxygen inhalation. Mean time in hospital was 14 (SD 3) days. By Feb 28, 2020, all patients were cured. INTERPRETATION Although all paediatric patients in our cohort had mild or moderate type of COVID-19, the large proportion of asymptomatic children indicates the difficulty in identifying paediatric patients who do not have clear epidemiological information, leading to a dangerous situation in community-acquired infections. FUNDING Ningbo Clinical Research Center for Children's Health and Diseases, Ningbo Reproductive Medicine Centre, and Key Scientific and Technological Innovation Projects of Wenzhou.

[Available online at this link](#)

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Delaying haematopoietic stem cell transplantation in children with viral respiratory infections reduces transplant-related mortality

Ottaviano G. British Journal of Haematology 2020;188(4):560-569.

Viral respiratory infections (VRIs) contribute to the morbidity and transplant-related mortality (TRM) after allogeneic haematopoietic stem cell transplantation (HSCT) and strategies to prevent and treat VRIs are warranted. We monitored VRIs before and after transplant in children undergoing allogeneic HSCT with nasopharyngeal aspirates (NPA) and assessed the impact on clinical outcome. Between 2007 and 2017, 585 children underwent 620 allogeneic HSCT procedures. Out of 75 patients with a positive NPA screen (12%), transplant was delayed in 25 cases (33%), while 53 children started conditioning with a VRI. Patients undergoing HSCT with a positive NPA screen had a significantly lower overall survival (54% vs. 79%) and increased TRM (26% vs. 7%) compared to patients with a negative NPA. Patients with a positive NPA who delayed transplant and cleared the virus before conditioning had improved overall survival (90%) and lower TRM (5%). Pre-HSCT positive NPA was the only significant risk factor for progression to a lower respiratory tract infection and was a major risk factor for TRM. Transplant delay, whenever feasible, in case of a positive NPA screen for VRIs can positively impact on survival of children undergoing HSCT.

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Detectable SARS-CoV-2 Viral RNA in Feces of Three Children during Recovery Period of COVID-19 Pneumonia.

Zhang Tongqiang .Journal of medical virology 2020;;No page numbers.

Coronavirus Disease 2019 (COVID-19) is a newly emerging infectious disease caused by a novel coronavirus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). After its first occurrence in Wuhan of China from December 2019, COVID-19 rapidly spread around the world. According to the World Health Organization (WHO) statement on March 13, 2020, there had been over 132,500 confirmed cases globally. Nevertheless, the case reports of children are rare, which result in the lack of evidence for preventing and controlling of children's infection. Here, we report 3 cases of SARS-CoV-2 infected children diagnosed from February 3 to February 17, 2020 in Tianjin, China. All of these three cases experienced mild illness and recovered soon after treatment, with the nucleic acid of throat swab turning negative within 14, 11, 7 days after diagnosis respectively. However, after been discharged, all the three cases were tested SARS-CoV-2 positive in the stool samples within 10 days, in spite of their remained negative nucleic acid in throat swab specimens. Therefore, it is necessary to be aware of the possibility of fecal-oral transmission of SARS-CoV-2 infection, especially for children cases. This article is protected by copyright. All rights reserved.

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Novel coronavirus infection in children outside of Wuhan, China

Qinxue S. Pediatric pulmonology 2020;Pediatric pulmonology.

Background: Since December 8, 2019, an epidemic of coronavirus disease 2019 (COVID-19) has spread rapidly, but information about children with COVID-19 is limited.Methods:

This retrospective and the single-center study were done at the Public Health Clinic Center of Changsha, Hunan, China. We identified all hospitalized children diagnosed with COVID-19 between January 8, 2019 and February 19, 2020, in Changsha. Epidemiological and clinical data of these children were collected and analyzed. Outcomes were followed until February 26th, 2020.Results: By February 19, 2020, nine pediatric patients were identified as having 2019-nCoV infection in Changsha. Six children had a family exposure and could provide the exact dates of close contact with someone who was confirmed to have 2019-nCoV infection, among whom the median incubation period was 7.5 days. The initial symptoms of the nine children were mild, including fever (3/9), diarrhea (2/9),



cough (1/9), and sore throat (1/9), two had no symptoms. Two of the enrolled patients showed small ground-glass opacity of chest computed tomography scan. As of February 26, six patients had a negative RT-PCR for 2019-nCoV and were discharged. The median time from exposure to a negative RT-PCR was 14 days. Conclusions: The clinical symptoms of the new coronavirus infection in children were not typical and showed a less aggressive clinical course than teenage and adult patients. Children who have a familial clustering or have a family member with a definite diagnosis should be reported to ensure a timely diagnosis.

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Clinical Characteristics of Children with Coronavirus Disease 2019 in Hubei, China

Zheng, F., Liao, C., Fan, Q. et al. Clinical Characteristics of Children with Coronavirus Disease 2019 in Hubei, China. CURR MED SCI (2020). <https://doi.org/10.1007/s11596-020-2172-6>.

Since December 2019, COVID-19 has occurred unexpectedly and emerged as a health problem worldwide. Despite the rapidly increasing number of cases in subsequent weeks, the clinical characteristics of pediatric cases are rarely described. A cross-sectional multicenter study was carried out in 10 hospitals across Hubei province. A total of 25 confirmed pediatric cases of COVID-19 were collected. The demographic data, epidemiological history, underlying diseases, clinical manifestations, laboratory and radiological data, treatments, and outcomes were analyzed. Of 25 hospitalized patients with COVID-19, the boy to girl ratio was 1.27:1. The median age was 3 years. COVID-19 cases in children aged <3 years, 3.6 years, and ≥6-years patients were 10 (40%), 6 (24%), and 9 (36%), respectively. The most common symptoms at onset of illness were fever (13 [52%]), and dry cough (11 [44%]). Chest CT images showed essential normal in 8 cases (33.3%), unilateral involvement of lungs in 5 cases (20.8%), and bilateral involvement in 11 cases (45.8%). Clinical diagnoses included upper respiratory tract infection (n=8), mild pneumonia (n=15), and critical cases (n=2). Two critical cases (8%) were given invasive mechanical ventilation, corticosteroids, and immunoglobulin. The symptoms in 24 (96%) of 25 patients were alleviated and one patient had been discharged. It was concluded that children were susceptible to COVID-19 like adults, while the clinical presentations and outcomes were more favorable in children. However, children less than 3 years old accounted for majority cases and critical cases lied in this age group, which demanded extra attentions during home caring and hospitalization treatment.

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COVID-19 and Paediatric Inflammatory Bowel Diseases

Global Experience and Provisional Guidance (March 2020) from the Paediatric IBD

Porto group of ESPGHAN

Turner D. Journal of Pediatric gastroenterology and nutrition. Mar 31 2020. Epublication ahead of print.



Introduction: With the current COVID-19 pandemic, concerns have been raised about the risk to children with inflammatory bowel diseases (IBD). We aimed to collate global experience and provide provisional guidance for managing paediatric IBD (PIBD) in the era of COVID-19.

Methods: An electronic reporting system of children with IBD infected with SARS-CoV-2 has been circulated among 102 PIBD centres affiliated with the Porto and Interest-group of ESPGHAN. A survey has been completed by major PIBD centres in China and South-Korea to explore management during the pandemic. A third survey collected current practice of PIBD treatment. Finally guidance points for practice have been formulated and voted upon 37 PIBD authors and Porto group members. **Results:** Eight PIBD children had COVID-19 globally, all with mild infection without needing hospitalization despite treatment with immunomodulators and/or biologics. No cases have been reported in China and South Korea but biologic treatment has been delayed in 79 children, of whom 17 (22%) had exacerbation of their IBD. Among the Porto group members, face-to-face appointments were often replaced by remote consultations but almost all did not change current IBD treatment. Ten guidance points for clinicians caring for PIBD patients in epidemic areas have been endorsed with consensus rate of 92-100%. **Conclusions:** Preliminary data for PIBD patients during COVID-19 outbreak are reassuring. Standard IBD treatments including biologics should continue at present through the pandemic, especially in children who generally have more severe IBD course on one hand, and milder SARS-CoV-2 infection on the other.

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