

COVID-19 and the Pediatric Population: Risk factors for severe infection and hospitalization



Matthew D. McGraw, MD
Department of Pediatrics, Division of Pulmonary Medicine
University of Rochester Medical Center
Rochester, NY



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Disclosures

I have no financial disclosures or conflicts of interest related to this topic.

However, my implicit biases remain:

- *Father, pediatrician, and physician scientist*
- *No significant training in epidemiology nor population biostatistics*

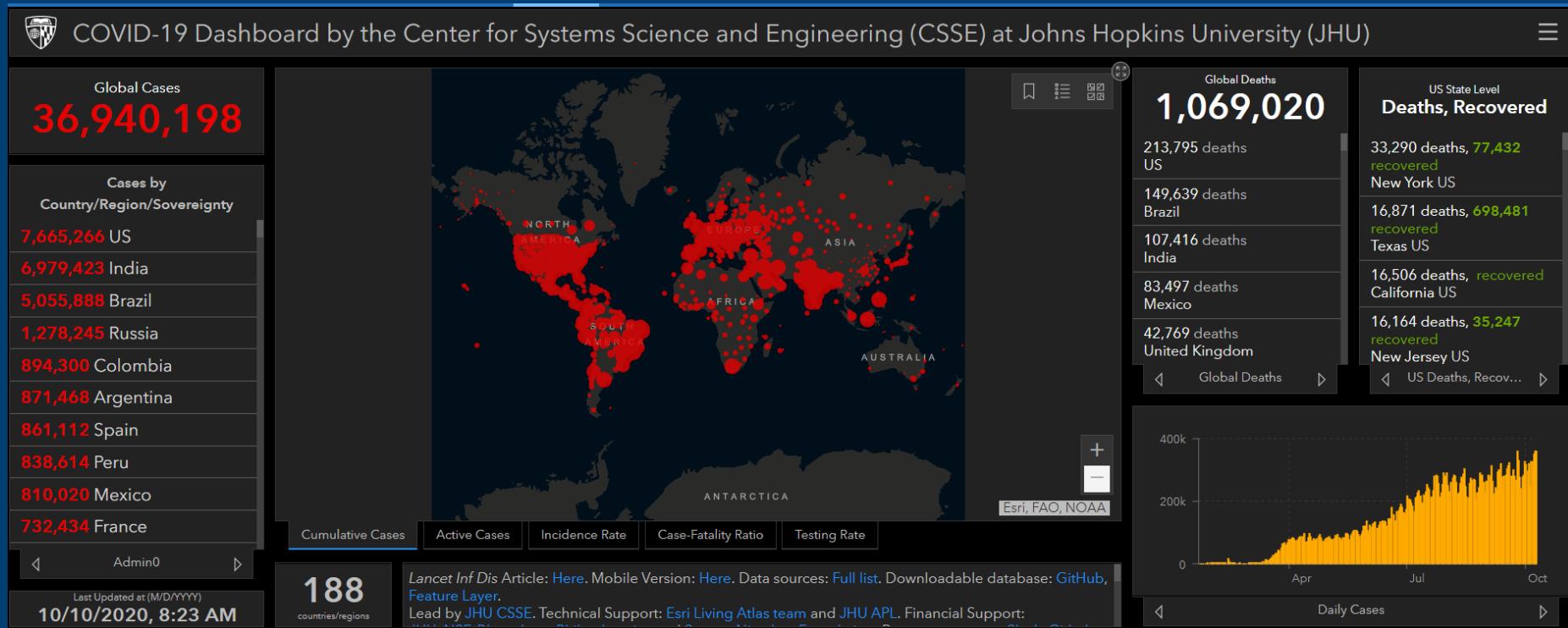


Outline

- Coronaviruses and COVID-19
- COVID-19 in the Pediatric Population
 - Prevalence
 - Transmission
- Susceptibility & Risk Factors in Pediatrics
 - Underlying conditions
 - Racial Disparities



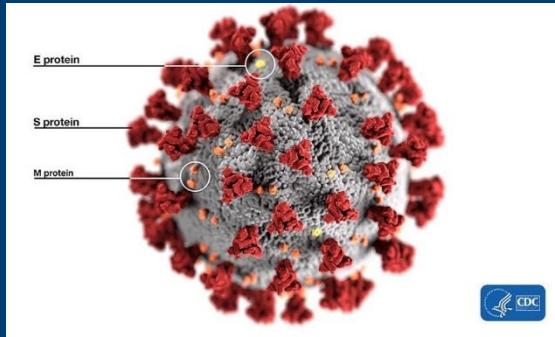
Let's Take a Moment to Pause



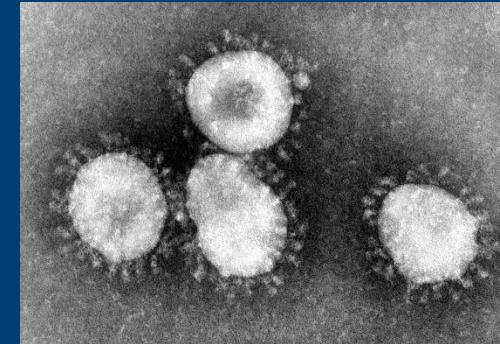
John Hopkins University. <https://coronavirus.jhu.edu/map.html>. Retrieved 10.10.2020



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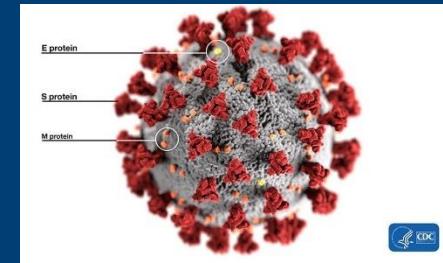
Coronavirus



- Named as spokes look like a crown
- Seven human coronaviruses
- Coronaviruses HKU1 NL63, 229, OC43
 - Most common symptoms – common cold
 - Winter and early spring
 - Outbreak every 2 to 4 years



Coronavirus 2019 (COVID-19)



- Illness: 80% mild, 15% severe, 5% critical
- Mainly adults with symptoms
- Fever, cough, sore throat, shortness of breath
- Strongest risk factor: Age (>65 years of age)
- Overall fatality rate: 2.3%; ~15% > 80 years

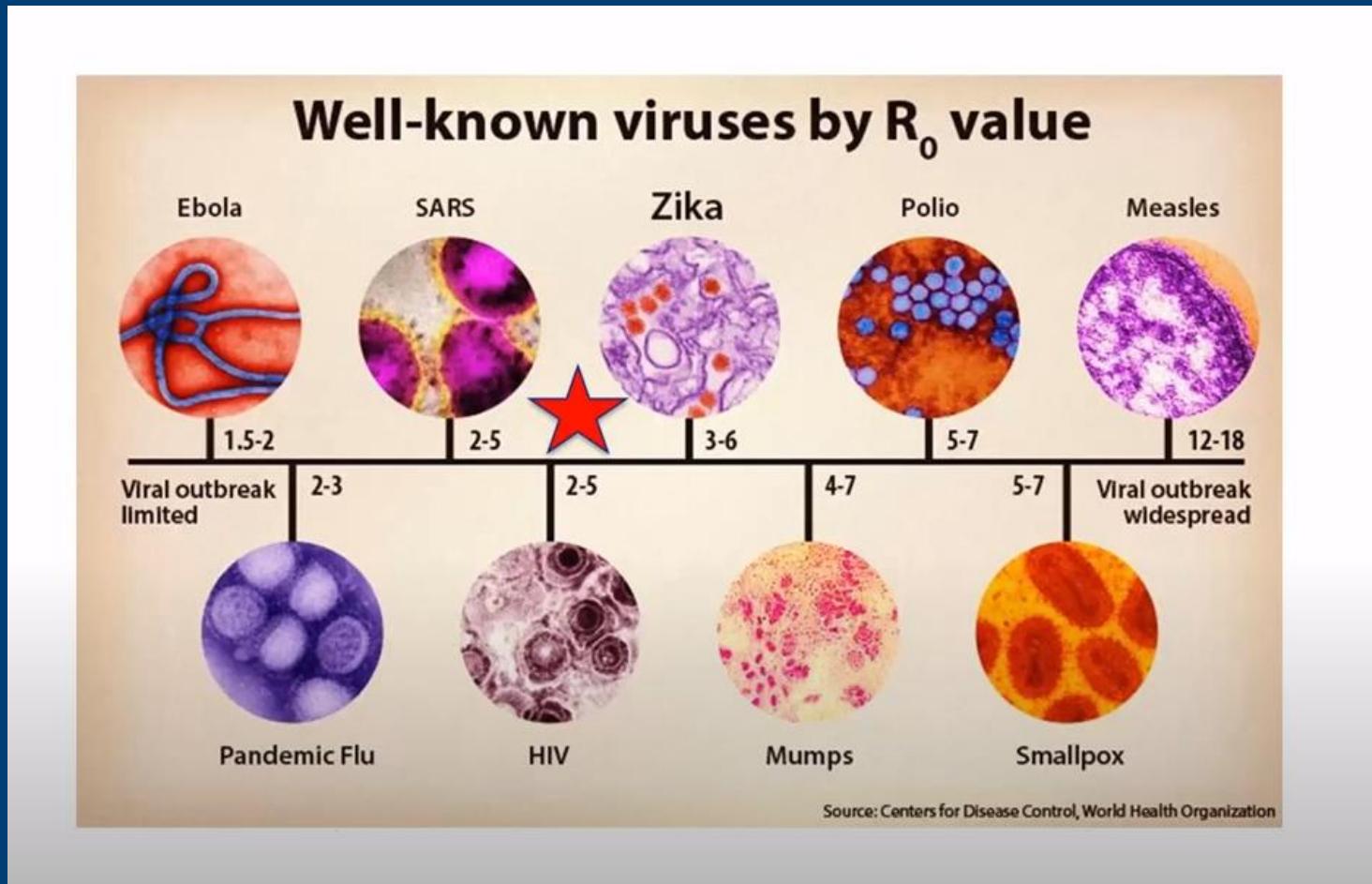
Wu Z *JAMA* Feb 2020; Dong Y *Pediatrics* 2020

COVID-19 Transmissibility

- Incubation Period
 - 2-14 days (Median: 5 days)
- Basic Reproductive Number (R_0)
 - R_0 = How many secondary cases are infected on average by each person who is infected

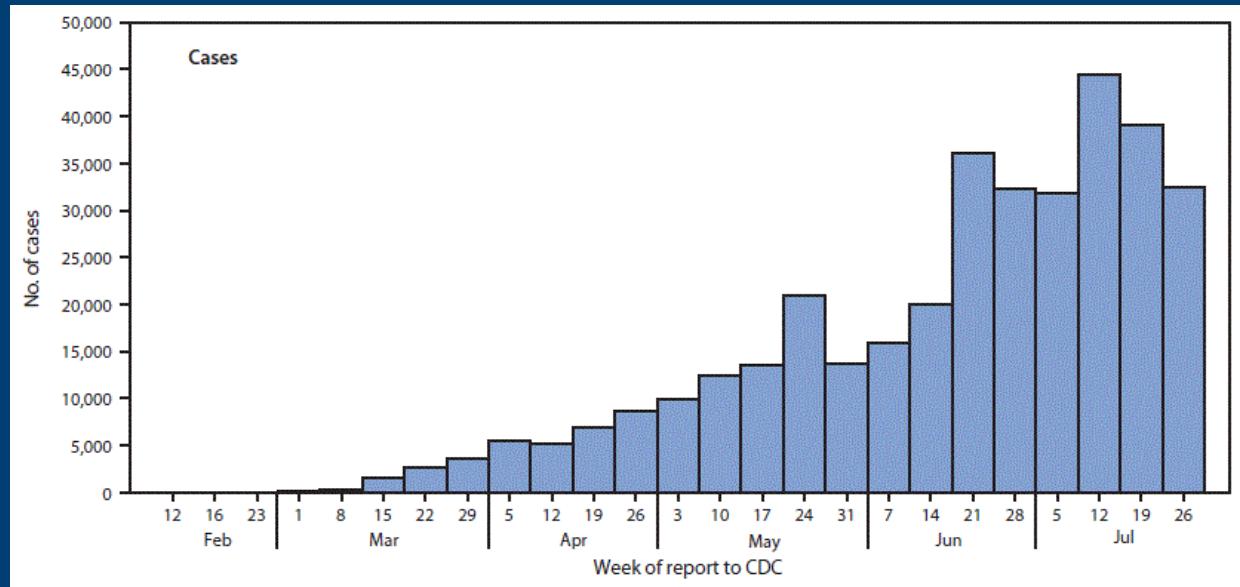


How does SAR-CoV-2 R_0 compare to other well-known viruses?



Epidemiology of COVID-19: Pediatric Population

- 1-8% of laboratory-confirmed cases
- US: 9-11%



Wu Z. *Pediatrics* 2020; Posfay-Barbe KM *Pediatrics* 2020; Docherty AB *BMJ* 2020
(US) Blythe D, CDC COVID-19 Response Team Sept 18 2020

Critical illness is rare, but is disproportionate to <1 year of age

Table 2 Different Severity of Illness by Age Group

Age group*	Asymptomatic	Mild	Moderate	Severe	Critical	Total
<1	7(7.4)	205(18.8)	127(15.3)	33(29.5)	7(53.8)	379(17.7)
1-5	15(16.0)	245(22.5)	197(23.7)	34(30.4)	2(15.4)	493(23.0)
6-10	30(31.9)	278(25.5)	191(23.0)	22(19.6)	0(0)	521(24.3)
11-15	27(28.7)	199(18.2)	170(20.5)	14(12.5)	3(23.1)	413(19.3)
>15	15(16.0)	164(15.0)	146(17.5)	9(8.0)	1(7.7)	335(15.7)
Total	94	1091	831	112	13	2141(100)

Data were presented with number and percent (%); *Two cases had missing values.

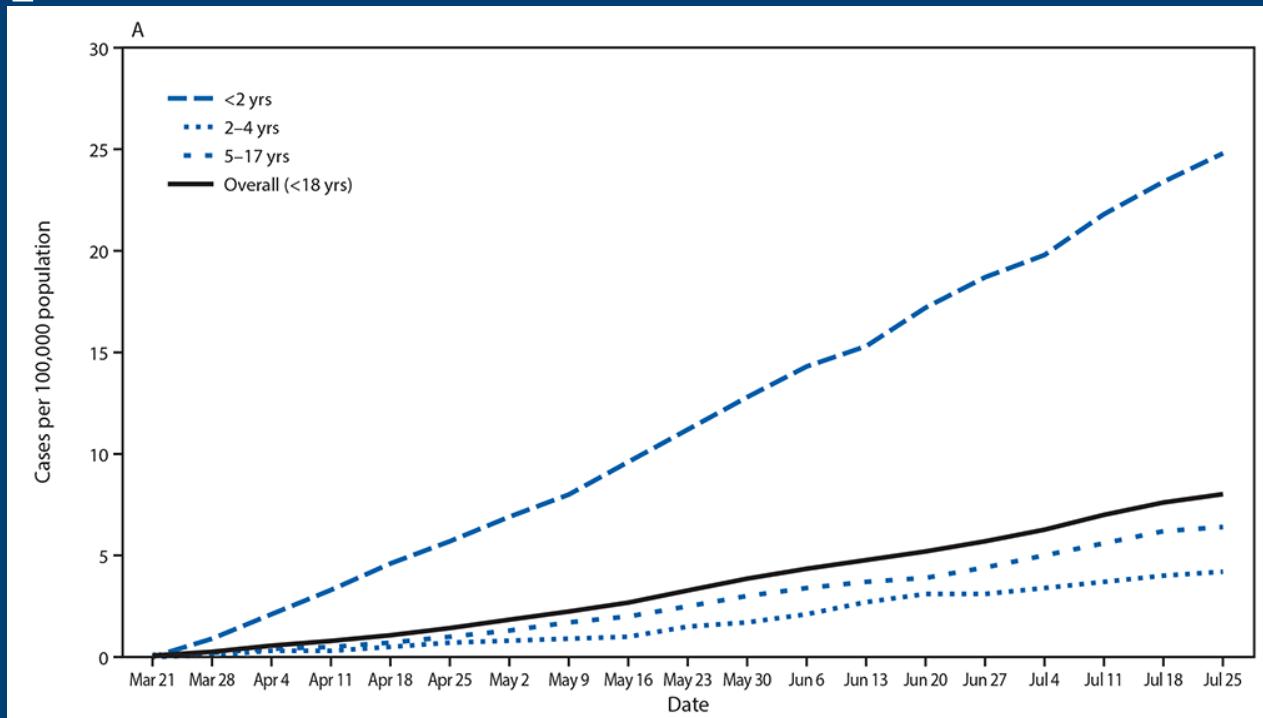
Dong Y et al. *Pediatrics* 2020



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US: Hospitalization remains low in pediatrics, but is increasing

- Hospitalization Rate: 8 of 100,000 infected



(US) Kim L. MMWR August 14 2020



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Pediatric Population and COVID-19

(as of November 12th, 2020)

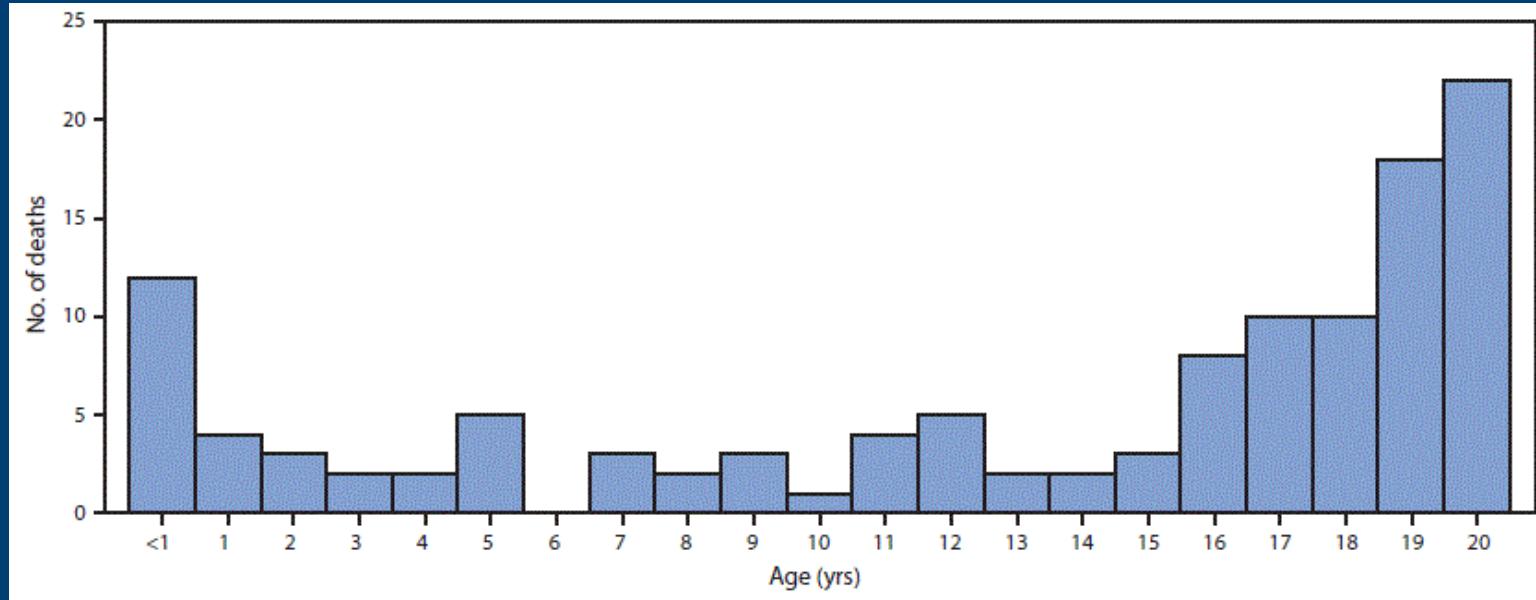
- >1 million COVID-19 positive children
 - 49 states, DC, PR, and Guam reporting
- 11.5% of all cases by age
- 11/6-11/12: >112,000 new cases – highest yet!
- Hospitalization rate: 0.5%-6.1%
- Death rate: 0.00%-0.21%



[Critical Updates on COVID-19](#) / Children and COVID-19: State-Level Data Report

Bimodal Distribution of Death in Pediatric Patients with COVID-19

391,814 cases in the US – Feb – July 2020
121 deaths; 15 met criteria for MIS-C



(US) Blythe D, CDC COVID-19 Response Team Sept 18 2020



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How do children acquire COVID-19?

- Household exposure, usually from an adult
- Secondary: teachers and school staff



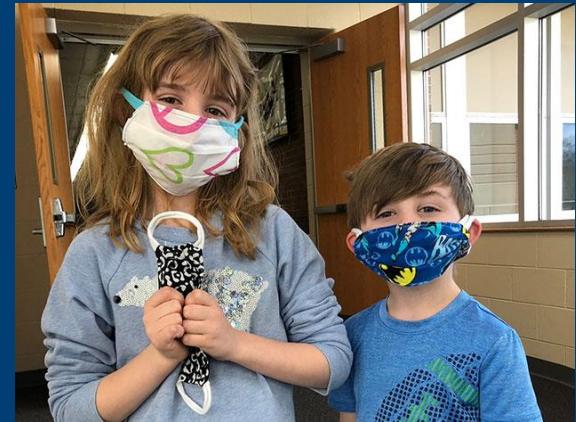
Brown NE *Emerg Infect Dis* 2020
McCartney K *Lancet Child Adol* 2020



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Do children transmit to each other?

- Household transmission: limited
 - More common: adult to family
 - Adolescent>>Pre-school
- Child care settings: uncommon



However, common for adolescent and college-age students to transmit!



Which pediatric patients are at risk for hospitalization?

Hospitalization Rates and Characteristics of Children Aged <18 Years Hospitalized with Laboratory-Confirmed COVID-19 — COVID-NET, 14 States, March 1–July 25, 2020

Lindsay Kim, MD^{1,2}; Michael Whitaker, MPH^{1,3}; Alissa O'Halloran, MSPH¹; Anita Kambhampati, MPH^{1,4}; Shua J. Chai, MD^{1,5}; Arthur Reingold, MD^{5,6}; Isaac Armistead, MD⁷; Breanna Kawasaki, MPH⁸; James Meek, MPH⁹; Kimberly Yousey-Hindes, MPH⁹; Evan J. Anderson, MD^{10,11}; Kyle P. Openo, DrPH¹¹; Andy Weigel, MSW¹²; Patricia Ryan, MSc¹³; Maya L. Monroe, MPH¹³; Kimberly Fox, MPH¹⁴; Sue Kim, MPH¹⁴; Ruth Lynfield, MD¹⁵; Erica Bye, MPH¹⁵; Sarah Shrum Davis, MPH¹⁶; Chad Smelser, MD¹⁷; Grant Barney, MPH¹⁸; Nancy L. Spina, MPH¹⁸; Nancy M. Bennett, MD¹⁹; Christina B. Felsen, MPH¹⁹; Laurie M. Billing, MPH²⁰; Jessica Shiltz, MPH²⁰; Melissa Sutton, MD²¹; Nicole West, MPH²¹; H. Keipp Talbot, MD²²; William Schaffner, MD²²; Ilene Risk, MPA²³; Andrea Price²³; Lynnette Brammer, MPH¹; Alicia M. Fry, MD^{1,2}; Aron J. Hall, DVM¹; Gayle E. Langley, MD¹; Shikha Garg, MD^{1,2}; COVID-NET Surveillance Team



Who are at risk for severe illness in pediatrics?

Confirmed List

- Underlying medical condition (≥ 1)
 - Obesity
 - Prematurity
 - Chronic lung disease

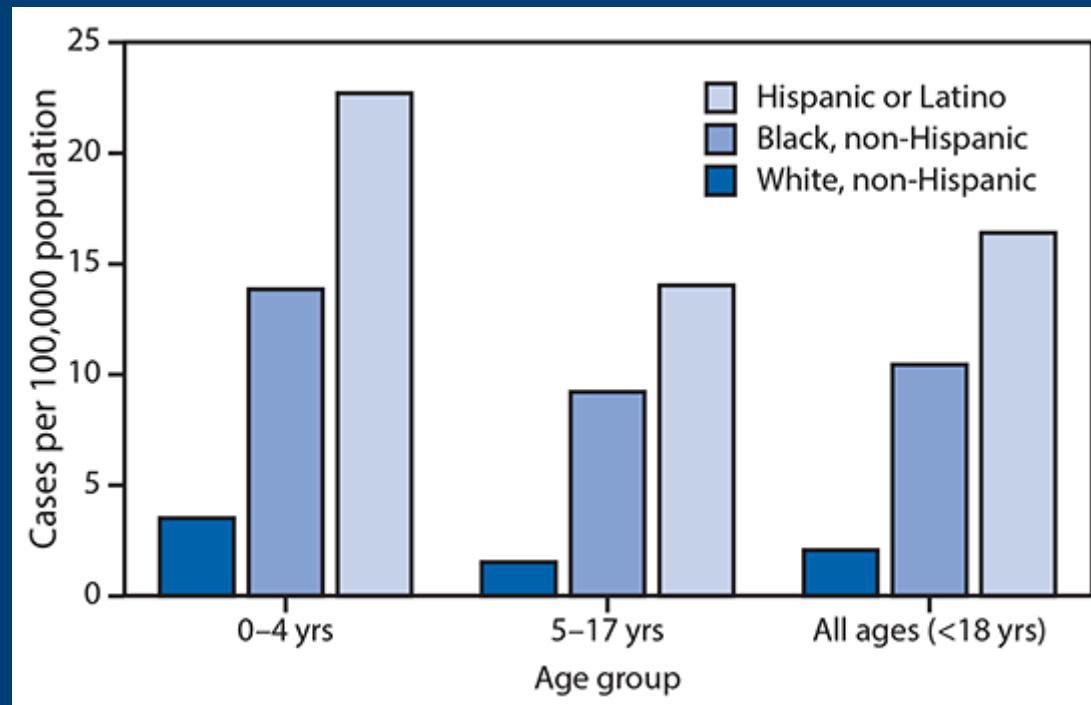


(US) Kim L. MMWR August 14 2020



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Significant Racial Disparities: Higher prevalence of severe disease in the Hispanic and Black populations



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Why is COVID-19 less common and less severe in children than adults?

- Remains unclear
- Proposed mechanisms:
 - Less intense immune response?
 - Viral interference in the respiratory tract?
 - Lower viral load?
 - Different expression of ACE2 with age?
 - Healthier blood vessels?



COVID-19

Resources and References

- CDC: [COVID-19 Information for healthcare professionals](#)
- World Health Organization: [Coronavirus](#)
- AAP home page: [AAP COVID-19](#)
- HealthyChildren.org: [2019 Novel Coronavirus \(COVID-19\)](#)

- Brown NE *Emerg Infect Dis* 2020
- McCartney K *Lancet Child Adol* 2020
- Kim L. *MMWR* August 14 2020
- Blythe D, CDC COVID-19 Response Team Sept 18 2020
- Dong Y et al. *Pediatrics* 2020
- Wu Z. *Pediatrics* 2020;
- Posfay-Barbe KM *Pediatrics* 2020; Docherty AB *BMJ* 2020



Multisystemic Inflammatory Syndrome in Childhood (MIS-C)

- Mean age: 10-11 years
- GI, Nephrology, Musculoskeletal
- Increased NT-pro-BNP, troponin (muscle)
- + prior (2-4 weeks) SAR-CoV2 infection
- > in Non-Hispanic Black

