

How Does COVID-19 Affect Kids?

With Miami-Dade County's COVID-19 rates dropping for the past few weeks, local education leaders are considering the possibility of students returning to public schools next month, while other students have already started classes at charter or private schools.

According to the Florida Department of Health, as of September 23, a total of 56,614 children under the age of 18 in the state have tested positive for COVID-19 since March, with the majority of cases affecting children between 5 to 10 years old and 14 to 17 years old. In Miami Dade County, where 12,158 children were tested for the coronavirus, 19% have tested positive. In Broward County, where 7,865 children were tested, 16.4% have tested positive.

Now that more children have gotten COVID-19 with the spike that occurred this summer have there been any new or distinguishing symptoms of the disease in children? Also, do the symptoms differ by age group?



Dr. Brandon Chatani, a pediatric infectious disease specialist and assistant professor at the University of Miami Miller School of Medicine, answered questions about the

virus, how it is affecting children, and how parents can help keep their kids healthy. He has been treating young patients with COVID-19 since the pandemic began and has seen more than 100 children and teens with the disease so far, mostly at Holtz Children's Hospital.

Children are more likely to present with a runny nose, as compared to adults who are more likely to have cough and wheezing. Everyone presents with fever. There is no cutoff for what level of fever they might present with, which makes it all the more difficult to distinguish COVID-19 from other viral illnesses. By age groups, children who are 10 and older are more likely to have severe disease, very similar to adults. Fever for more than three days is very concerning in a child. And in those instances, they should be evaluated by a medical provider. If their breathing has been affected, then seek emergency services immediately.

Are there ways that parents can distinguish COVID-19 symptoms from other illnesses?

Now that we are going into the flu season, it will be difficult to determine if an illness is caused by COVID-19 or by influenza based on the symptoms. Especially in children, who present with more flu-like symptoms, we will have to depend on testing to identify which virus is the culprit.

With public schools likely opening soon for in-person classes, social distancing from six feet away may be difficult. Besides wearing a mask, what can parents do to help prevent kids from contracting COVID-19 at school?

The three W's—washing your hands, watching your distance, and wearing a mask—are the primary tenets to follow when outside the home. It will be up to parents to make sure their child's school is fostering as many of these practices as

possible.

In addition, it is very helpful for children to have their flu shot up to date. Parents should be getting their appointments now, to have this done before we really get into the flu season. Now more than ever, we need to deploy every strategy we can to reduce the number of children infected with the flu because we just do not know what will happen to those children who get the flu and COVID-19. And there is no telling how severe the infections will be this year.

What about at lunch when they have to take off masks?

Having lunch, going to the bathroom, and recess are three activities that have been identified as high risk. Schools will need to give special attention to make sure policies and practices around these activities permit for the safest possible conditions. Lunch may be a time when a face shield could be helpful, since you can eat underneath the shield, which provides some protection. This has to be discussed with school officials beforehand and takes some practice. Otherwise, distancing and hand washing are the primary ways to keep safe during lunch.

Do you have any tips for getting young children to wear masks?

For this, we follow the three P's — patience, practice, and positive reinforcement. By making the activity of wearing a mask part of their daily living, the experience can be normalized. By making it fun and a source of positive reinforcement, young children are more likely to tolerate the annoyance as a trade-off for having fun and/or being praised.

Once school is in session, are there ways for parents to

protect themselves from their child or children bringing COVID-19 home?

It is definitely helpful to have a strategy in place for when your children return home from school. This will be different depending on each household. There are a few things to include as part of your routine. First, consider all objects which have left the home to be contaminated (at least for 72 hours). Many backpacks can be easily wiped down with regular household cleaners. Second, as soon as they get home, children should be directed to the closest bathroom to undress and shower. Also, parents should make sure to wash their hands after handling any of the clothes/shoes/objects from school. Masks are highly contaminated, especially on the outside. Washable masks should be cleaned daily. That said, the transmission of COVID-19 by way of objects like clothes, backpacks, or shoes is very low. For this reason, we recommend making a routine that is reasonable and easily maintained. Of the highest priority is washing hands and washing masks immediately upon returning home.

Is there any new information or research about how common it is for children to transmit the virus to adults at home, even if they are asymptomatic? What about transmission to other children at school?

The latest information states that there is a low risk of asymptomatic children transmitting the virus to adults at home. According to a recent issue of Pediatrics, a study by Geneva University Hospital found that children were only indicated as a source of infection for their family 8% of the time.

Children 10 years and older are similar to adults in how likely they are to transmit the virus if infected, even if they are asymptomatic. The same applies to child-to-

child transmission. For symptomatic children, we now know that although they may continue to test positive for COVID-19 after 8 to 10 days from the start of illness and more than 24 hours without fever, their virus can no longer cause disease in others, according to the Centers for Disease Control and Prevention.

Any suggestions for how to keep kids healthy who are opting for virtual learning all year?

From an infectious disease perspective, it is still key that kids have their annual pediatrician well visit and are brought up to date for all recommended vaccines. Also, even if they are staying home, the flu vaccine is an absolute must.

For their social-emotional health, it is important that kids remain in regular contact with their friends and family. Now is the time more than ever for children to have a routine time every day to talk. Dinnertime, for example, should be face to face without any screens and be engaging so that children can express themselves.

If you must go out in public with a baby or toddler who will not wear a mask, do you have any suggestions for how to protect them from airborne transmission?

It is still advised to reduce such exposure of babies and toddlers to a minimum. If they must accompany an adult in public, then ensuring distance will be the foremost barrier to maintain. As a secondary measure, there are face shields, which can add a layer of protection, albeit not to the same level a face mask can provide—but something is better than nothing. Coverings for strollers or a car seat carrier can also offer some protection. However, at the end of the day, parents have to make the personal choice of risk and benefit for the potential exposure that can occur.

Written by Janette Neuwahl Tannen. Originally posted at News@TheU.

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