

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
<i>This represents the final version (updated 30 April, 2021). New publications since our last update have been highlighted in blue.</i>							
COVID-19; children; onco-hematological; activities; isolation; Italy	31-Dec-20	<a href="#">Five leisure and training activities to help onco-hematological children to better live hospital isolation during COVID-19</a>	Pediatric Blood and Cancer	Letter to the Editor	The authors described several initiatives in the pediatric onco-hematology population at an Italian tertiary hospital in March 2020 to increase their comfort during hospital isolation amidst the COVID-19 pandemic [child ages not reported]. Initiatives include: (1) remote school through online platform in hospital; (2) virtual room for adolescents to encourage greater interactions and moral support among patients; (3) free secure streaming of first-run movies on personal computers or smartphones via a specially created online platform; (4) remote clown therapy service to children who need it; and (5) remote martial arts therapy offered through virtual lessons on online platform. Patients and parents completed a satisfaction questionnaire during discharge. The remote school platform was used by 75% of the children, while the cinema platform reached 60% of the children with 20 different new films made available to users. The project was rated very good/excellent by 90% of patients and 70% reported that it allowed them to relax for a few hours. The greatest difficulty for some programs was to keep the appointments based on the child's state of health in 30% of cases, or to navigate requesting an appointment in 20% of respondents. In general, all the measures were reported as being able to distract (90%), relax (85%), reduce moments of boredom (77%), and improve the quality of hospitalization (70%).	The authors described several initiatives in the pediatric onco-hematology population at an Italian tertiary hospital in March 2020 to increase their comfort during hospital isolation amidst the COVID-19 pandemic. Overall, they received positive responses from the patients and parents regarding the measures as being able to distract, relax, reduce moments of boredom, and improve the quality of hospitalization.	Amicucci M, Ciaralli I, Schioppa AC. Five leisure and training activities to help onco-hematological children to better live hospital isolation during COVID-19. <i>Pediatr Blood Cancer</i> . 2021;68(5):e28859. doi:10.1002/psc.28859.
ANC checkups; COVID-19; antenatal period; attitude; practices	31-Dec-20	<a href="#">Attitude and practices related to coronavirus disease (COVID-19) pandemic among pregnant women attending family welfare clinic amid Phase-2 lock down</a>	Journal of Family Medicine and Primary Care	Original Research	The authors assessed the perceptions regarding COVID-19 for pregnant females (n = 83) attending antenatal checkups at an outpatient family welfare clinic of a tertiary care hospital during the COVID-19 pandemic lockdown from April 15, 2020, to May 3, 2020, in India. The results showed that attendance for antenatal checkups decreased 60% during the study period compared to the average attendance of 10-12 pregnant females per day. 47% (n = 39) were worried that someone they know might have SARS-CoV-2 infection without being aware of it, and 68.7% (n = 57) perceived COVID-19 as a fatal disease. 7.2% (n = 6) had a family member who had been quarantined, and 83.1% (n = 69) said they would go to the hospital if they or their relatives have symptoms of COVID-19, while 16.9% (n = 14) said they would quarantine. 100% of respondents (n = 83) reported that they are washing their hands frequently, maintaining social distancing, and taking precautions to prevent SARS-CoV-2 infection. Overall the authors concluded that the respondents demonstrated adequate preventative attitudes and practices related to SARS-CoV-2 but suggest that home visits be provided to pregnant women who are not attending antenatal checkups during the COVID-19 pandemic.	The authors assessed the perceptions regarding COVID-19 for pregnant women attending antenatal checkups at an outpatient family welfare clinic in India during the COVID-19 pandemic. A majority of the pregnant women perceived COVID-19 as a fatal disease and reported that they and their families are taking precautions to prevent SARS-CoV-2 infection. The authors concluded that the respondents demonstrated adequate preventative attitudes and practices related to SARS-CoV-2 but suggest that home visits be provided to pregnant women who are not attending antenatal checkups during the COVID-19 pandemic.	Quansar R, Dhakar SA, Saleem SM, Khan SMS. Attitude and practices related to coronavirus disease (COVID-19) pandemic among pregnant women attending family welfare clinic amid Phase-2 lock down. <i>J Family Med Prim Care</i> . 2020;9(12):6085-6090. Published 2020 Dec 31. doi:10.4103/jfmpc.jfmpc_932_20
pregnancy, COVID-19,	31-Dec-20	<a href="#">How COVID 19 imposed a new normal outlook</a>	Journal of Family	Commentary	This article shares the perspective of gynecologists in India concerning challenges faced and solutions for patient care, teaching, and research during the COVID-19 pandemic. As many more critical patients than usual	This article shares the perspective of gynecologists in India concerning challenges	Sharma C, Singh P, Shekhar S, et al. 'How COVID 19 imposed a

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lockdown, challenges		<a href="#">in reproductive health care of patients, research, teaching and assessment'- Perspective of a Gynecologist</a>	Medicine and Primary Care		were in the hospital, all pregnant women were screened for COVID-19, then triaged to ensure that only those who required urgent care were admitted. The initial lockdown had a significant effect on the pregnant women who required genetic counseling or missed prenatal testing due to their inability to come to the hospital because of either administrative restriction or fear of contracting SARS-CoV-2. Considering these special cases, the department took the initiative to prioritize prenatal diagnostic procedures like amniocentesis and chorionic villous sampling. Regarding teaching and research, most classes and exams were transferred successfully to online formats, and research has slowed due to overall fewer patient influx. The authors conclude that the highest costs paid in terms of morbidity and mortality were delayed surgeries and decreased in-person prenatal checkups.	faced and solutions for patient care, teaching, and research during the COVID-19 pandemic. The authors concluded that the highest costs paid in terms of morbidity and mortality were delayed surgeries and decreased in-person prenatal checkups.	new normal outlook in reproductive health care of patients, research, teaching and assessment'- Perspective of a Gynecologist. Journal of Family Medicine and Primary Care. 2020;9(12):5858. doi:10.4103/jfmpc.jfmpc_1490_20
COVID-19; Epileptic spasms; Infants; Teleneurology; West syndrome	31-Dec-20	<a href="#">Teleneurology based management of Infantile spasms during COVID-19 pandemic: a consensus report by the South Asia Allied West Syndrome Research Group</a>	Epilepsy and Behavior Reports	Commentary	The authors present a teleneurology-based approach for the management of infantile spasms in low and middle-income countries during the COVID-19 pandemic. This approach was developed for infants with chronic neurological disorders and to address the need for simplified teleneurology protocols for providers. Since treatment lag is a significant predictor of outcome, the authors note that telemedicine can make a difference when in-person appointments are not possible. Challenges to implementing teleneurology protocols in low and middle-income countries noted by the authors include the need for frequent follow-up, lack of telemedicine infrastructure, low general and parental awareness of infantile spasms, and scarcity of pediatric neurologists. The authors described principles of the teleneurology approach, including management of infantile spasms, decentralization of patient care, improving sensitivity and specificity of diagnosis, early initiation of therapy, and motivating parents and local health providers to watch for therapeutic response, the adverse treatment effects, and infections. An algorithm for teleconsultations for the management of infantile spasms is provided in the article. The authors note that the approach facilitates optimal care while minimizing hospital visits in low and middle-income countries, though more studies are needed for validation.	This article describes a novel approach for the management of infantile spasms through teleneurology in low and middle-income countries during the COVID-19 pandemic. The authors highlight the need for this approach, challenges in implementing teleneurology, principles of teleneurology that are cornerstones to the approach, and the potential for the approach to facilitate optimal care while minimizing the need for hospital visits.	Madaan P, Sahu JK, Wanigasinghe J, et al. Teleneurology based management of infantile spasms during COVID-19 pandemic: A consensus report by the South Asia Allied West syndrome research group. Epilepsy Behav Rep. 2021;15:100423. doi:10.1016/j.ebr.2020.100423
COVID-19; youth; children; headache; migraine; school	31-Dec-20	<a href="#">The intersection of COVID-19, school, and headaches: Problems and solutions</a>	Headache	Perspective	The authors reviewed the impact of the COVID-19 pandemic on the physical, emotional, and social health of youth with headache disorders. Distance learning experiences in children and youth with headache were varied. For some, the increased flexibility with distance learning, the ability to self-pace, and the perceived decreased physical and social demands may have been beneficial in alleviating the headache burden. For others, factors such as increased screen time and poor ergonomics, the stress associated with uncertainty and time management, disruption of routine and sleep schedule, difficulty with time management, stressful home environment, food insecurity, and increased isolation due to the pandemic may have worsened headache burden. There are no published data yet to support or refute these clinical observations. The authors also provided recommendations related to sleep, diet, activity, stress management, and	The authors reviewed the impact of the COVID-19 pandemic on the physical, emotional, and social health of youth with headache disorders. The authors also provided recommendations related to sleep, diet, activity, stress management, and trigger avoidance to support caregivers and youth during the return to school.	Karvounides D, Marzouk M, Ross AC, et al. The intersection of COVID-19, school, and headaches: Problems and solutions [published online, 2020 Dec 31]. Headache. 2020;doi:10.1111/head.14038

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					trigger avoidance to support caregivers and youth during the return to school.		
placental pathology, vertical transmission, transplacental transmission	31-Dec-20	<a href="#">Chronic Histiocytic Intervillositis with Trophoblast Necrosis are Risk Factors Associated with Placental Infection from Coronavirus Disease 19 (COVID-19) and Intrauterine Maternal-Fetal Systemic Acute Respiratory Coronavirus 2 (SARSCoV-2) Transmission in Liveborn and Stillborn Infants</a>	Archives of Pathology and Laboratory Medicine	Case Study	This retrospective case study describes in detail 11 cases of intra-uterine transplacental SARS-CoV-2 infection (confirmed via RT-PCR) from 5 countries, resulting in 6 liveborn and 5 stillborn or electively terminated infants with placental and fetal SARS-CoV-2 infection. All 11 cases had placental samples submitted for pathology examination. In placentas from all 6 liveborn neonates, SARS-CoV-2 was detected in the syncytiotrophoblast using immunohistochemistry, RNA in situ hybridization, or both. All 6 placentas had chronic histiocytic intervillitis and necrosis of the syncytiotrophoblast. The 5 stillborn/terminated infants had similar placental pathology findings. Imaging of placental samples is presented for 9 of the cases to illustrate these findings. The authors argue that the co-existence of chronic histiocytic intervillitis and syncytiotrophoblast necrosis in all placentas from liveborn infants acquiring their infection prior to delivery indicate a pathology risk factor for transplacental fetal infection. These cases also confirm the occurrence of intra-uterine transplacental infection of fetuses with SARS-CoV-2 from infected mothers. Potential mechanisms of SARS-CoV-2 infection of the placenta and fetus are discussed, and the authors pose multiple questions to guide future research. The authors recommend routine molecular investigation of placentas from mother-infant dyads with COVID-19 to help clarify the nature of maternal and fetal response to SARS-CoV-2 infection.	The authors describe 11 cases of intra-uterine transplacental SARS-CoV-2 infection resulting in 6 liveborn and 5 stillborn or electively terminated infants. These cases confirm the occurrence of transplacental transmission of SARS-CoV-2 and suggest that chronic histiocytic intervillitis and syncytiotrophoblast necrosis may be risk factors for transmission.	Schwartz DA, Baldewijns M, Benachi A, et al. Chronic Histiocytic Intervillositis with Trophoblast Necrosis are Risk Factors Associated with Placental Infection from Coronavirus Disease 2019 (COVID-19) and Intrauterine Maternal-Fetal Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Transmission in Liveborn and Stillborn Infants [published online ahead of print, 2020 Dec 31]. Arch Pathol Lab Med. 2020;10.5858/arpa.2020-0771-SA. doi:10.5858/arpa.2020-0771-SA
Case series, neonates, SARS-CoV-2	31-Dec-20	<a href="#">SARS-CoV-2 infection in infants aged 28 days and younger. A multicentre case series</a>	Anales de Pediatría	Letter to the Editor	This is a case series of COVID-19 in 11 infants aged 12 to 27 days (median 16 days) in Spain from March 1 to June 3, 2020 who tested positive for SARS-CoV-2 RT-PCR. Only 2 infants were admitted to the neonatal ICU and received lopinavir-ritonavir and hydroxychloroquine. The most frequent symptom was fever (73%), followed by respiratory symptoms: cough (45%) and breathing difficulty (36%); and gastro-intestinal symptoms: feeding difficulties (36%), nausea/vomiting (27%), and diarrhea (9%). Laboratory values showed that 9 infants had low white cell counts (median value of 3690 cells/uL), 3 patients had high levels of inflammatory markers (C-reactive protein or procalcitonin), and 1 infant had hyperbilirubinemia. Length of stay ranged from 3 to 11 days, with a median of 5 days. Most infants with SARS-CoV-2 had mild presentations, which aligns with previously reported cases. All cases were assumed to be the result of horizontal transmission since positive SARS-CoV-2 occurred at least 12 days after birth. This case series reveals how SARS-CoV-2 infection can occur in infants under 28 days of age. Although most neonates had mild symptoms and good outcomes, some infants may require intensive care, demonstrating the importance of infection control.	This is a case series of COVID-19 in 11 infants aged 12 to 27 days in Spain from March 1 to June 3, 2020. Symptoms, laboratory results, and outcomes are summarized. All cases were assumed by the authors to be the result of horizontal transmission.	Velasco Rodríguez-Belvis M, Medina Benítez E, García Tirado D, et al. SARS-CoV-2 infection in infants aged 28 days and younger. A multicentre case series. Anales de Pediatría (English Edition). Published online December 31, 2020. doi:10.1016/j.anpede.2020.12.005

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COVID-19; intravascular access; PPE	31-Dec-20	<a href="#">Pediatric intravascular access in simulated COVID-19 patients among paramedics wearing personal protective equipment</a>	Resuscitation Plus	Letter to the Editor	The authors compared the success of pediatric intra-vascular access by medical practitioners using PPE for aerosol-generating procedures (PPE-AGP) during the COVID-19 pandemic in Poland, by conducting a prospective single-center randomized cross-over single-blinded simulation trial between January-February 2020. All 43 participants (11 females; mean age: 31 (IQR, 25-33.5) years; mean work experience: 4.7 (IQR, 3-7) years) had undergone training courses on PPE-AGP donning/doffing and intra-osseous (IO) access before the simulation. They were tasked with achieving a child's IO access in the simulation using the NIO-Pediatric (NIO-P), EZ-IO, and Jamshidi needle (JHN), compared to intra-vascular access to the elbow flexion veins using a standard IV cannula. Intra-vascular access took 75 seconds (s) with peripheral IV access (PIV), 11s with NIO-P, 19.5s with EZ-IO, and 22s with JHN. The vascular access efficiency in NIO-P and EZ-IO was 100%, while that for the first attempts in JHN and PIV was 51.2% and 76.7%, respectively. Ineffective access attempts with PIV (n=11) and JHN (n=21) occurred due to the perforation of blood vessels and a bent needle, respectively. They found that the study participants preferred using NIO-P to obtain intravascular access (n=27; 62.8%). The authors concluded that NIO-P and EZ-IO were associated with the highest efficiency of the first intra-vascular access attempt and shorter procedure times, compared to other methods.	The authors found that amongst participants in this prospective randomized cross-over single-blinded simulated trial, 27/43 participants preferred using the NIO-Pediatric (NIO-P) method for intra-vascular access when they had donned PPE-AGP, compared to the other methods. The vascular access efficiency with NIO-P and EZ-IO were 100% each, with first attempt effectiveness of the Jamshidi needle and peripheral IV being 51.2% and 76.7%, respectively.	Ruetzler K, Drozd A, Gasecka A, et al. Pediatric intravascular access in simulated COVID-19 patients among paramedics wearing personal protective equipment. <i>Resusc Plus</i> . 2021;5:100073. doi:https://doi.org/10.1016/j.resplu.2020.100073
first wave, second wave, epidemiology	31-Dec-20	<a href="#">Epidemiological and clinical features of Croatian children and adolescents with a PCR-confirmed coronavirus disease 2019: Differences between the first and second epidemic wave</a>	Croatian Medical Journal	Research Article	The present study sought to describe epidemiological and clinical features of Croatian children and adolescents with COVID-19 in the first and second waves of the pandemic. Data on patients aged ≤19 years with a positive SARS-CoV-2 PCR test March 12-May 12 (first wave) and June 19-July 19, 2020 (second wave) were retrospectively analyzed. The periods were separated by several weeks with no incident cases. This study included data on 289 children and adolescents (6.5% of all cases; incidence rate [IR]=3.54, 95% CI 3.14-3.97 cases/million person-days): 124 in the first wave (IR=2.27, 95% CI 1.88-2.70) and 165 in the second wave (IR= 6.13, 95% CI 5.23-7.14): IR ratio second/first=2.71 (95% CI 2.13-3.44). During the first wave, the incidence was highest in infants (IR=3.48, 95% CI 1.59-6.61), while during the second wave, age of incidence increased to IR = 7.37 (95% CI 5.54-9.62) in 15-19-year-olds. Overall, 41.3% patients were asymptomatic, 25.3% in the first and 52.6% in the second wave. Age 15-19 years (vs younger) was associated with a higher probability of being symptomatic (RR = 1.26, 95% CI 1.02-1.54), and infection in the second wave was associated with a lower probability of being symptomatic (RR=0.66, 95% CI 0.53-0.81). The most common symptoms were fever, cough, and rhinorrhea. In children aged ≥7 years, headache, anosmia/ageusia, and sore throat were also recorded. Overall, a large proportion of SARS-CoV-2-positive children/adolescents were asymptomatic. The associated disease was predominantly mild, similarly so in the first and second pandemic wave.	The present study sought to describe epidemiological and clinical features of Croatian children and adolescents with COVID-19 in the first and second waves of the pandemic. Overall, a large proportion of SARS-CoV-2-positive children/adolescents were asymptomatic. The associated disease was predominantly mild, similarly so in the first and second pandemic wave.	Krajcar N, Stemberger Marić L, Šurina A, et al. Epidemiological and clinical features of Croatian children and adolescents with a PCR-confirmed coronavirus disease 2019: differences between the first and second epidemic wave. <i>Croat Med J</i> . 2020;61(6):491-500.

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SARS-CoV-2 pandemic; COVID-19; lockdown; food insecurity; junk food; body weight; pediatric; children	31-Dec-20	<a href="#">Parents' Perception of Food Insecurity and of Its Effects on Their Children in Italy Six Months after the COVID-19 Pandemic Outbreak</a>	Nutrients	Original Research	Between September–October 2020, the authors administered a cross-sectional survey to 5811 Italian parents of children <18 years to understand parents' perception of food insecurity (FI) and children's weight change due to COVID-19-related lockdowns. Reported FI rose from 8.3% pre-pandemic to 16.2% post-pandemic, with households from Southern Italy being more at risk. Parents also reported children's increased junk food consumption and weight changes (31.8%) in children of all ages. Nearly half of the respondents reported a worsened household economy and decreased family income. Immigrant status, household income, and having >1 child were all associated with increased FI. The authors suggest that policymakers address families' FI, provide resources to avoid drastic weight changes, and holistically support children and parents' financial needs during the COVID-19 lockdowns.	In a study of 5811 Italian parents, researchers analyzed parents' perception of food insecurity (FI) and children's weight change due to COVID-19-related lockdowns. FI rose from 8% to 16% before and after the pandemic, and children experienced weight changes and increased junk food consumption. Immigrant status, household income, and having >1 child were all associated with increased FI.	Dondi A, Candela E, Morigi F, Lenzi J, Pierantoni L, Lanari M. Parents' Perception of Food Insecurity and of Its Effects on Their Children in Italy Six Months after the COVID-19 Pandemic Outbreak. <i>Nutrients</i> . 2020;13(1):E121. Published 2020 Dec 31. doi:10.3390/nu13010121
Pediatric, gastrointestinal symptoms, coronavirus disease-19, pandemic, diarrhea, minorities, pediatrics	31-Dec-20	<a href="#">COVID-19 pediatric patients: Gastrointestinal symptoms, presentations, and disparities by race/ethnicity in a large, multi-center United States study</a>	Gastroenterology	Original Research	The objective of this study was to describe the clinical presentations, age, sex, and gastro-intestinal (GI) symptoms of children with confirmed SARS-CoV-2 infection in the United States. The authors conducted a systematic electronic literature search of electronic databases such as PubMed, OVID, Scopus, and Google Scholar from January 20 - November 5, 2020 using terms such as COVID-19 children, COVID-19 teenagers, COVID-19 infants, and COVID-19 pediatrics. A total of 6,639 patients' data from 5 sources was collected. The median age for the cohort was 14.79 years (age range of pooled sources was <1 year to <21 years), with 51% male. Of the non-GI symptoms, fever and cough were the most frequently reported (48% and 35%, respectively). Of the GI symptoms, vomiting was the most predominant symptom (13.2%, n=880), followed by abdominal pain (10.1%, n=674) and diarrhea (11.0%, n=735). The authors state that the clinical presentations in children of the cohort were largely non-specific, with predominance of fever in both genders. Additionally, they note that the African-American group from one source had notably higher levels of GI symptoms than the overall cohort (66%). They assert that better prevention and management efforts are needed for minorities in order to counter the risk factors' and comorbidities' effects on infection rates and disease outcome.	This article reports cough and fever as the primary symptoms in hospitalized pediatric COVID-19 patients in the United States, with vomiting, abdominal pain, and diarrhea as the most common gastro-intestinal (GI) symptoms. One source showed higher levels of GI symptoms among African-Americans, than the overall cohort.	Ashktorab Y, Brim A, Pizuorno A, Gayam V, Nikdel S, Brim H. COVID-19 pediatric patients: Gastrointestinal symptoms, presentations, and disparities by race/ethnicity in a large, multi-center united states study. <i>Gastroenterology</i> . 2021. http://www.sciencedirect.com/science/article/pii/S0016508521000287. doi: https://doi.org/10.1053/j.gastro.2020.12.078.
Stress, epigenetic, prenatal stress, DNA methylation, Italy	31-Dec-20	<a href="#">Measuring the Outcomes of Maternal COVID-19-related Prenatal Exposure (MOM-COPE): study protocol for a multicentric longitudinal project</a>	BMJ Open	Protocol	This paper presents the methodological protocol for a longitudinal, multicentric study on the behavioral and epigenetic effects of COVID-19-related prenatal stress in a cohort of mother-infant dyads at 10 facilities in Northern Italy. The authors plan to enroll study participants in 2 waves. First, the 'COVID-exposure pregnancy (CEP) wave will be enrolled from May to November 2020 to consecutively include mothers exposed to COVID-19 during the first 5–11 months of 2020. Second, the non-exposure pregnancy (NEP) wave will be recruited from May to November 2021 from the same hospital facilities to include mothers who have not experienced the same COVID-19 stress exposure. Saliva samples will be collected at birth to assess the methylation status of specific genes linked with stress regulation in mothers and newborns. Mothers will provide retrospective data on COVID-19-related stress during pregnancy. At 3, 6, and 12 months, mothers will	This paper presents the methodological protocol for a longitudinal, multicentric study on the behavioral and epigenetic effects of COVID-19-related prenatal stress in a cohort of mother-infant dyads in Northern Italy.	Provenzi L, Grumi S, Giorda R, et al. Measuring the Outcomes of Maternal COVID-19-related Prenatal Exposure (MOM-COPE): study protocol for a multicentric longitudinal project. <i>BMJ Open</i> . 2020;10(12):e044585. Published 2020 Dec 31.

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					provide data on child behavioral and socioemotional outcomes, psychological status (stress, depressive and anxious symptoms), and coping strategies. At 12 months, mothers and children will be videotaped during semistructured interaction to assess maternal sensitivity and infant's relational functioning. The authors suggest that their findings may contribute to the literature regarding the psychological effects of COVID-19 on mothers and infants.		doi:10.1136/bmjopen-2020-044585
USA, SARS-CoV-2, testing uptake, labor and delivery, hospital policy	31-Dec-20	<a href="#">Universal Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV-2) Testing Uptake in the Labor and Delivery Unit: Implications for Health Equity</a>	Obstetrics & Gynecology	Article	The authors aimed to understand SARS-CoV-2 testing uptake in the labor and delivery unit and rationales for declining testing and to institute a process to increase equitable testing uptake. They conducted a quality improvement initiative from May 28 to June 25, 2020, during the first 4 weeks of universal SARS-CoV-2 testing in the Barnes-Jewish Hospital labor and delivery unit, USA. All patients presenting for delivery without SARS-CoV-2 symptoms were offered testing over four 1-week phases, and the rate of SARS-CoV-2 testing uptake by phase was analyzed. Phase 1 documented the rate of testing uptake, while phase 2 recorded patients' reasons for declining testing. Phase 3 used Phase 2 findings to create and implement shared decision-making tools. Phase 4 offered each patient who declined nasopharyngeal testing an oropharyngeal alternative. The results showed that of the 270 patients included in the study, 223 (83%) accepted testing. Of those that declined to test, the most commonly cited reason was concern regarding testing discomfort. In subgroup analyses by race and insurance type, there was a significant increase in testing uptake across phases 1 through 4 for Black patients (56%, 54%, 91%, 92%), White patients (76%, 93%, 96%, 100%), those with Medicaid insurance (60%, 64%, 88%, 92%; 95%), and those with private insurance (77%, 96%, 97%, 100%). In conclusion, universal SARS-CoV-2 testing uptake significantly increased through a rapid cycle improvement initiative. Aligning hospital policy with patient-centered approaches led to nearly universally acceptable testing.	The authors conducted a quality improvement initiative to understand severe SARS-CoV-2 testing uptake in the labor and delivery unit and rationales for declining testing. Through their initiative, they found a significant increase in universal SARS-CoV-2 testing uptake and concluded that aligning hospital policy with patient-centered approaches led to nearly universally acceptable testing.	Kernberg A, Kelly J, Nazeer S, et al. Universal Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV-2) Testing Uptake in the Labor and Delivery Unit: Implications for Health Equity. <i>Obstet Gynecol.</i> 2020;136(6):1103-1108. doi:10.1097/AOG.0000000000004127
UK; COVID-19; anemia; pregnant; SARS-CoV-2; clinical management	31-Dec-20	<a href="#">Implementation of early management of iron deficiency in pregnancy during the SARS-CoV-2 pandemic</a>	European Journal of Obstetrics & Gynecology and Reproductive Biology	Review	In this study, authors compared hemoglobin (Hb) levels at <13 weeks' gestation, in 1715 pregnancies in the UK across 5 months: November - December 2018, as well as March - May 2019. In the entire cohort, the 95% lower limit confidence level was 116g/L (median: 132g/L; minimum: 90g/L; maximum: 160g/L), so the authors used <120g/L as a definition of anemia. In November, December, and March, 90/1001 (9%) women had Hb levels <120g/L. Of the 81 evaluable cases, Hb fell from the first trimester to 28 weeks' gestation by a median of 8g/L (range: +39 - -27g/L) with 33 (41%) dropping 10g/L or more. In November, December, and March, only 16/1001 women had their serum ferritin assessed (median: 6mcg/L). 13/16 had serum ferritin below 30mcg/L. Hence, the authors suggested a 9% prevalence of anemia in their cohort, as well as a drop in Hb levels between first trimester and 28 weeks' gestation. Thus, they make the following recommendations: oral iron supplementation for women in their first trimester with low hemoglobin (<120g/L) or low serum ferritin (<30mcg/L); unless first trimester Hb levels are <100g/L, repeat testing for effectiveness of iron supplementation is not necessary; and women with persistent iron deficiency/intolerance to oral iron supplements should be considered for IV	Using hemoglobin (Hb) of <120g/L as a definition, the authors found a prevalence of 9% for anemia in their cohort of pregnant women in the UK. Hence, they recommended oral supplements for women with first trimester Hb <120g/L or serum ferritin <30mcg/L, testing for effectiveness of oral supplementation if first trimester Hb is <100g/L, and introduction of IV iron for women with sustained deficiency/ intolerance to oral supplementation. The authors suggest these recommendations to avoid maternal/fetal health	Stewart T, Lambourne J, Thorpe-Jones D, Thomas DW. Implementation of early management of iron deficiency in pregnancy during the SARS-CoV-2 pandemic [published online ahead of print, 2020 Dec 31]. <i>Eur J Obstet Gynecol Reprod Biol.</i> 2020;doi:10.1016/j.ejogrb.2020.12.055

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					iron. The authors suggest these recommendations to avoid maternal/fetal health complications and unnecessary hospitalizations during the COVID-19 pandemic.	complications and unnecessary hospitalizations during the COVID-19 pandemic.	
COVID-19; Kawasaki disease; Multisystem inflammatory syndrome in children; SARS-CoV-2	30-Dec-20	<a href="#">Clinical features, diagnosis, and outcomes of multisystem inflammatory syndrome in children associated with coronavirus disease 2019</a>	Clinical and Experimental Pediatrics	Review Article	The authors discuss the diagnosis, clinical features, treatment, and outcomes of MIS-C. They begin by comparing 4 case definitions from the WHO, US CDC, Royal College of Paediatrics and Child Health (RCPCH), and the Korea Disease Control Agency. Case definitions are similar overall, but the RCPCH definition is less strict in requiring evidence of multi-organ involvement and proof of SARS-CoV-2 infection. The cause of MIS-C is unclear, but it appears similar to that of cytokine storm syndrome. Clinicians should suspect MIS-C if patients present with fever, Kawasaki Disease (KD)-like features and/or gastro-intestinal symptoms, and test positive for SARS-CoV-2 (by PCR or serology test) or have a history of recent contact with COVID-19 patients. MIS-C shows clinical features similar to KD; however, KD usually affects infants and young children <5 years (80% of cases) and is 1.5x more prevalent in male patients, whereas MIS-C patients tend to be older (median age 8.6 years; IQR 7–10 years; range 3 months–20 years) with less pronounced male predominance. Furthermore, gastro-intestinal symptoms, cardiac dysfunction, shock, and the need for inotropic support are considerably more prevalent in MIS-C than in KD. Recommended treatments for MIS-C include IV immunoglobulin, corticosteroids, and inotropic or vasopressor support. For refractory patients, a monoclonal antibody to the interleukin-6 receptor (tocilizumab), interleukin-1 receptor antagonist (anakinra), or monoclonal antibody to tumor necrosis factor (infliximab) may be recommended. Patients with coronary aneurysms require aspirin or anticoagulant therapy. Despite a reported mortality rate of 1.5-2%, the prognosis of MIS-C is favorable in most patients. The authors conclude that more follow-up studies and long-term cardiac surveillance are needed to monitor cardiac function and coronary arterial abnormalities.	This review discusses the diagnosis, clinical features, treatment, and outcomes of MIS-C. Despite a reported mortality rate of 1.5-2%, the prognosis of MIS-C is favorable in most patients. The authors conclude that more follow-up studies and long-term cardiac surveillance are needed to monitor cardiac function and coronary arterial abnormalities.	Kwak JH, Lee SY, Choi JW; Korean Society of Kawasaki Disease. Clinical features, diagnosis, and outcomes of multisystem inflammatory syndrome in children associated with coronavirus disease 2019. Clin Exp Pediatr. 2021;64(2):68-75. doi:10.3345/cep.2020.01900
Stress, trauma, lockdown, children, mothers, parents	30-Dec-20	<a href="#">Parental peritraumatic distress and feelings of parental competence in relation to COVID-19 lockdown measures: What is the impact on children's peritraumatic distress?</a>	European Journal of Trauma and Dissociation	Original Research	This study measured the peri-traumatic impact of COVID-19-related lockdown measures on parents in Belgium and their children. The online survey, completed by 287 parents, included the Peritraumatic Distress Inventory (PDI), which measures peri-traumatic distress, and the Questionnaire d'Auto-Évaluation de la Compétence Parentale (QAACP), which measures the sense of parental competence. 161 children (ages 8-18 years) also completed the PDI, and questionnaires were linked by family. 51.6% of the parents and 35% of the children presented significant distress (PDI score of ≥14). Currently stressed parents showed more peri-traumatic distress ( $\beta = 0.575$ , $p = 0.000$ ), more dysphoric emotions (0.558, $p = 0.000$ ) and perceived the situation as more threatening ( $\beta = 0.399$ , $p = 0.000$ ) than less stressed parents. These parents also felt less competent ( $\beta = -0.308$ , $p = 0.000$ ) and were less satisfied in their parenting role ( $\beta = -0.349$ , $p = 0.000$ ). Mothers were more affected than fathers by the lockdown ( $p = 0.0028$ ). Children were influenced by their parents' current stress; the more stressed the parents currently were, the more stressed the children felt by the lockdown ( $\beta = 0.310$ , $p = 0.000$ ), the more peri-traumatic distress	The authors assessed the peri-traumatic impact of COVID-19-related lockdown measures on parents in Belgium and their children, and found that children were influenced by their parents' current stress. The more stressed the parents currently were, the more stressed the children felt by the lockdown, the more peri-traumatic distress and dysphoric emotions they showed, and the more likely they were to perceive the situation as life-threatening. Mothers were more affected by lockdown	Chartier S, Delhalle M. Parental peritraumatic distress and feelings of parental competence in relation to COVID-19 lockdown measures: What is the impact on children's peritraumatic distress? J Trauma Dissociation. 2020; doi.org/10.1016/j.ejtd.2020.100191

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					( $\beta = 0.395$ , $p = 0.000$ ) dysphoric emotions ( $\beta = 0.272$ , $p = 0.002$ ) they showed, and the more likely they were to perceive the situation as life-threatening ( $\beta = 0.251$ , $R^2 = 0.053$ ). The authors conclude that the impact of lockdown on parents influences child well-being.	measures than fathers. The authors conclude that the impact of lockdown on parents influences child well-being.	
COVID-19; pregnancy; mental health	30-Dec-20	<a href="#">Mental Health Crisis in Pregnant Women during Current COVID-19 Pandemic</a>	Psychiatry Danubina	Letter to the Editor	The authors discuss the mental health crisis in pregnant women during the COVID-19 pandemic. Strict preventive measures against COVID-19 lead to the reduction of viral transmission, but also have negative effects on mental health and may generate anger, stress, and confusion among the public. The risks may be increased among perinatal mothers, due to unintentional consequences of COVID-19-related home and hospital-based isolation, physical distancing, virtual consultations with healthcare workers, and non-availability of proper support and care prenatally, during delivery, and during the postpartum period. The authors report that due to the COVID-19 pandemic, perinatal women are at high risk of serious disease and preterm delivery, and maternal and neonatal mortality rates have increased. Moreover, miscarriage risks related to COVID-19 remain unclear, although SARS-CoV-2 has been detected in second trimester placentas of pregnant woman. All these ambiguities have increased mental health stress, which may lead to higher rates of abortions. However, the authors also report a lack of awareness and a reluctance to agree that there is a need to take care of the mental well-being of expectant mothers at this time of crisis.	The authors discuss the mental health crisis in pregnant women during the COVID-19 pandemic. Perinatal women are at a particularly high risk of negative effects on their mental well-being due to unintentional consequences of COVID-19-related home and hospital-based isolation, physical distancing, virtual consultations with healthcare workers, and non-availability of proper support and care prenatally, during delivery, and during the postpartum period.	Mazhar K, Hussain S, Ullah R, et al. Mental Health Crisis in Pregnant Women during Current COVID-19 Pandemic. Psychiatr Danub. 2020 Autumn;32(3-4):598-599. PMID: 33373992.
COVID-19; hand, foot, and mouth disease; Asia Pacific	30-Dec-20	<a href="#">Potential dual outbreak of COVID-19 and HFMD among children in Asia-pacific countries in the HFMD-endemic area</a>	Biosafety and Health	Original Article	The authors suggested the possibility of a dual outbreak of COVID-19 (January-March 2020) and hand, foot, and mouth disease (HFMD) (February & May 2020) in Asia-Pacific countries, wherein HFMD is endemic. HFMD most commonly affects children. The authors identified the common pathways between COVID-19 and HFMD, including the hand-oral pathway and respiratory droplets. They also suggested that the lack of co-infection of SARS-CoV-2 with dengue virus, influenza virus, and HFMD viruses may indicate the co-infection of SARS-CoV-2 with enterovirus, thus recommending caution, particularly for young children and infants who may have greater disease severity. The pandemic has led to shortage of medical personnel and reduced early visits due to fear of infection, thus increasing disease severity. The authors stated that 35% of children with SARS-CoV-2 infection are asymptomatic. Hence, they recommend social distancing, frequent cleaning and disinfection, prevention of shared pathways (via mask-wearing and handwashing), and the usage of rapid and accurate diagnostic tools to identify SARS-CoV-2 patients with asymptomatic infection at earlier stages.	Identifying children as bearing a greater burden of hand, foot, and mouth disease (HFMD), the authors suggested the possibility of a dual outbreak of COVID-19 and HFMD in Asia-Pacific countries, in which HFMD is endemic. Additionally, they underscored the challenges caused by a shortage of medical staff and fewer preventative visits, the latter of which could increase disease severity. Therefore, they recommend public health measures such as handwashing and social distancing, and rapid and accurate diagnostic tools for detecting asymptomatic SARS-CoV-2 infection in children.	Jiang L, Wang J, Yu B, Ning C, Tan Y. Potential dual outbreak of COVID-19 and HFMD among children in Asia-pacific countries in the HFMD-endemic area. Biosaf Health. 2020 Dec 30. doi: 10.1016/j.bsheal.2020.12.004. Epub ahead of print. PMID: 33398257; PMCID: PMC7773009.
breast milk, lactation research, COVID-19,	30-Dec-20	<a href="#">Best Practices for Human Milk Collection for</a>	Breastfeeding Medicine	Article	Until high-quality data are generated to determine the safety of breastfeeding during a pandemic, breastfeeding is often abandoned due to uncertainty; the same is true during the COVID-19 pandemic. This article provides best practices and ethical considerations for collecting human	This article provides best practices and ethical considerations for collecting human milk samples for COVID-	McGuire MK, Seppo A, Goga A, et al. Best Practices for Human Milk Collection for

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pandemics, best practices, SARS-CoV-2		<a href="#">COVID-19 Research</a>			milk samples for COVID-19 research. The article begins by offering working definitions for the following terms: foremilk, hindmilk, complete breast expression, colostrum, transitional milk, mature milk, exclusive breastfeeding, complementary feeding, hand expression, subclinical vs clinical mastitis, and milk fraction. The authors then summarize factors that can impact milk composition (time of day, time postpartum, method of expression, foremilk vs hindmilk vs complete expression, left vs right breast, breast cleaning, and collection container material) with regard to their effect on viral DNA/RNA, bacterial DNA and microbial viability, antibodies, immune cells, cytokines, and other soluble factors. A 3-step process is outlined for the collection of milk, and specific recommendations are made regarding temperature and storage, with consideration for the stability of SARS-CoV-2 RNA. Because of limited data on the stability of SARS-CoV-2 during cold storage, the authors recommend analysis of fresh milk, freezing samples at the lowest temperature until analysis, creating aliquots to avoid freeze-thaw cycles of samples, and carefully documenting temperatures of stored samples. When detecting SARS-CoV-2 RNA through quantitative PCR in spiked milk samples, defatted milk yielded better recovery rates than did whole milk. The authors also discuss ethical considerations of human milk research, particularly when milk supply is limited and/or when the infant's health is at risk. Finally, the authors present a checklist for collecting human milk, in light of an infectious disease.	19 research, including factors that can impact milk composition with regard to their effect on viral DNA/RNA, antibodies, immune cells, cytokines, and other soluble factors. They also outline a 3-step process for milk collection, with recommendations for storage based on current evidence on SARS-CoV-2 viability, and present a detailed checklist for researchers.	COVID-19 Research [published online, 2020 Dec 30]. Breastfeed Med. 2020;10.1089/bfm.2020.0296. doi:10.1089/bfm.2020.0296
Child abuse, physical abuse, COVID-19, USA	30-Dec-20	<a href="#">Emergency Visits and Hospitalizations for Child Abuse During the COVID-19 Pandemic</a>	Pediatrics	Research Brief	This retrospective study compared instances of child physical abuse (CPA) in children ≤5 years old using health information from 52 USA hospitals. The authors compared the volume of CPA encounters from January 1-August 31, 2020 to the same timeframe in 2017-2019 to examine differences during the COVID-19 pandemic. They also compared the severity of CPA encounters during the pandemic period (March 16-August 31, 2020) to the same timeframe in 2017-2019. The authors found an overall decline in encounters in 2020, most significant at week 10 (-64.4 cases, CI=-91.8, -35.9). There was no significant difference in severity of CPA during the pandemic. The authors conclude that declines in physical abuse may be due to overall declines in hospital visits. They also cannot rule out that a greater proportion of children suffered less severe abuse that did not require a hospital visit. The authors assert that longer timeframes and larger national samples should be studied.	In a retrospective study using data from 52 USA hospitals, authors find that instances of child physical abuse in children ≤5 years has changed during the course of the COVID-19 pandemic. Overall, cases are lower, but the severity of encounters remains unchanged.	Kaiser SV, Kornblith AE, Richardson T, et al. Emergency Visits and Hospitalizations for Child Abuse During the COVID-19 Pandemic. Pediatrics. 2020. doi:10.1542/peds.2020-038489
COVID-19; Coronavirus Disease 2019; Nutrition; Pandemic; Public Health; SARS-CoV-2; Weight Gain	29-Dec-20	<a href="#">COVID-19-Related Weight Gain in School-Aged Children</a>	International Journal of Endocrinology and Metabolism	Letter to the Editor	This letter describes a proposed method to prevent children in Iran from gaining weight due to school absenteeism caused by the COVID-19 pandemic. Children experience an increase in unhealthy weight not within the school year but generally in the summer months when they do not attend school, and the pandemic aggravates all risk factors for abnormal weight gain normally only seen during summer breaks. It is worth noting that previous research indicates that the weight increased during the summer months remains throughout the school year and accumulates from summer to summer. Abnormal weight gain in childhood is a long-standing problem as another study showed that childhood obesity is	This letter describes a proposed method to prevent children in Iran from gaining weight due to school absenteeism caused by the COVID-19 pandemic. The proposed method to prevent weight gain for children in Iran is the implementation of technology-based exercises such as active video games that	Rezaei Pour M. COVID-19-Related Weight Gain in School-Aged Children. Int J Endocrinol Metab. 2020;19(1):e110634. Published 2020 Dec 29. doi:10.5812/ijem.110634

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					related to adulthood weight gain. Not attending school, staying at home, and shelter-in-place orders affect children's nutrition and physical exercise. Children are faced with higher-calorie diets as a response to the panic and food insecurity associated with the pandemic. Decreases in physical activity due to dual sedentary problems of increased screen time and increased snacking affect all children, but it is likely to have the greatest influence on urban children who lack access to places where they can sustain social distancing. The proposed method to prevent weight gain for children in Iran is the implementation of technology-based exercises such as active video games that require bodily mobility to perform them. These active video games supply some activities in the field of muscle-building, fitness, dance, martial arts, and various sports. In theory, these proposed technology-based exercises will give an incentive for children to stimulate more physical activity while staying safe at home.	require bodily mobility to perform them. In theory, these proposed technology-based exercises will give an incentive for children to stimulate more physical activity while staying safe at home.	
Children, disease severity, hospitalization, pediatrics	29-Dec-20	<a href="#">Wide spectrum of clinical picture of COVID-19 in children — From mild to severe disease</a>	Journal of Infection and Public Health	Original Research	This article assessed the frequency, clinical course, and outcomes of COVID-19 in children at a tertiary care center in Poland from February 15-May 31, 2020. 6115 children were tested (ages 3-months-17 years) for SARS-CoV-2 by PCR in the region during the study period at both inpatient and outpatient testing sites. 106 were positive (1.73%), with a mean age 9.27 ± 4.89 years [range not provided]. Of the positive cases, 12 required hospitalization. The most common symptoms for those detected in the outpatient setting were anosmia/dysgeusia (75%) and headaches (49%), while the most common symptom for those requiring hospitalization was fever (75%). Of the hospitalized patients, the course of the disease was mild in 3 patients (25%), moderate in 6 patients (50%), and severe in 3 cases (25%). Chest x-ray results were normal for 5 children, showed disseminated consolidations in 2 cases, and interstitial pneumonia in 2 cases. Children with a severe progression of disease developed higher inflammatory markers and D-dimer, and lower hemoglobin levels [significance not noted]. No child required mechanical ventilation and there were no fatalities. The authors conclude that the clinical course of COVID-19 is generally mild, although severe disease can develop.	The authors assessed the clinical spectrum of COVID-19 in children 0-17 years of age in Poland, and found that of 106 positive cases, 12 required hospitalization and 3 had severe illness. None required mechanical ventilation and there were no deaths. The authors conclude that the clinical course of COVID-19 is generally mild, although severe disease can develop.	Mania A, Mazur-Melewska K, Lubarski K, et al. Wide spectrum of clinical picture of COVID-19 in children - From mild to severe disease. J Infect Public Health. 2020;14(3):374-379. doi:10.1016/j.jiph.2020.12.029
epidemiology; virology; SARS-CoV-2; COVID-19; France; children	29-Dec-20	<a href="#">Assessment of SARS-CoV-2 infection by Reverse transcription-PCR and serology in the Paris area: a cross-sectional study</a>	British medical Journal (BMJ) Paediatrics Open	Original Research	To examine the spread of SARS-CoV-2, the authors combined both RT-PCR testing and serology in children in the most affected region in France, Paris, during the COVID-19 epidemic. The authors conducted a cross-sectional prospective, multi-center study of 605 children (mean 4.9±3.9 years [range not provided]), 322 of whom were asymptomatic and 283 symptomatic, from April 14-May 12, 2020. A nasopharyngeal swab was taken for detection of SARS-CoV-2 by RT-PCR and a micro-sample of blood for micro-method serology. RT-PCR and serology results were positive for 1.8% and 10.7% of children, respectively, with no significant difference between asymptomatic and symptomatic children. Only 3 children were RT-PCR-positive without any antibody response detected. The frequency of RT-PCR SARS-CoV-2 positivity was significantly higher for children with positive than negative serology results (12.3% vs 0.6%, p<0.001). Contact with a person with confirmed COVID-19 increased the odds of RT-PCR positivity (OR 7.8, 95% CI 1.5-40.7; p=0.015) and serology positivity (OR 15.1, 95% CI	To examine the spread of SARS-CoV-2, the authors combined both RT-PCR testing and serology in children in the most affected region in France, Paris, during the COVID-19 epidemic. Among a large cohort of children (>600), 1.8% had positive RT-PCR SARS-CoV-2 results and 10.7% had antibodies to SARS-CoV-2. The only factor associated with RT-PCR SARS-CoV-2 or serology positivity was the presence of a	Cohen R, Jung C, Ouldali N, et al. Assessment of SARS-CoV-2 infection by Reverse transcription-PCR and serology in the Paris area: a cross-sectional study. BMJ Paediatr Open. 2020;4(1). Published 2020 Dec 29. doi:10.1136/bmjpo-2020-000887

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					6.6-34.6; p<0.001). The authors determined that the rate of children with RT-PCR SARS-CoV-2 positivity was very low (1.8%), but that of serology positivity was higher (10.7%). The only factor associated with RT-PCR SARS-CoV-2 or serology positivity was the presence of a household contact with COVID-19.	household contact with COVID-19.	
extracorporeal membrane oxygenation, COVID-19, multisystem inflammatory syndrome in children, pediatrics, critical care	29-Dec-20	<a href="#">Extracorporeal Membrane Oxygenation for COVID-19-Associated Multisystem Inflammatory Syndrome in a 5-year-old</a>	The American Surgeon	Case Report	This is a case of a 5-year-old girl who presented with 5 days of fever, abdominal pain, sore throat, and dysuria in the United States. A day prior to presentation, she was seen in an emergency department, where she was treated for a presumed urinary tract infection with cephalexin and discharged home. The next day, she developed a new papular rash with ongoing abdominal pain, nausea, emesis, headaches, and improving dysuria. Vital signs showed tachypnea, tachycardia, and hypotension. She tested positive for SARS-CoV-2 PCR, and her chest X-ray revealed bilateral multifocal pneumonia. She was admitted to the pediatric ICU due to acute respiratory failure and fluid-refractory shock. She was diagnosed with MIS-C based on her positive SARS-CoV-2 IgG assay. She was given epinephrine, oxygen via high-flow nasal cannula, remdesivir, convalescent plasma, and broad-spectrum antibiotics. Echocardiography demonstrated worsening left ventricular function with an ejection fraction of 31%. Due to severe cardiogenic shock and myocarditis, veno-arterial extra-corporeal membrane oxygenation (ECMO) was performed with the initiation of milrinone, methylprednisolone, IV immunoglobulin, and a recombinant interleukin-1 antagonist. Cardio-respiratory status improved on day 6, and the patient was decannulated on day 7. She was discharged on day 23 (post-ECMO day 15). This case demonstrates the success of ECMO for cardiopulmonary support in MIS-C patients. Further studies are needed to determine the most effective treatment strategy.	This is a MIS-C case in a 5-year-old girl in the United States. Based on her rapidly declining left ventricular function and cardiogenic shock, the patient was started on extra-corporeal membrane oxygenation (ECMO) and other empirical treatments. The patient was discharged with good cardio-pulmonary function after 23 days of hospitalization.	Schwartz SP, Walker TC, Kihlstrom M, et al. Extracorporeal Membrane Oxygenation for COVID-19-Associated Multisystem Inflammatory Syndrome in a 5-year-old [published online, 2020 Dec 29]. <i>Am Surg</i> . 2020. doi:10.1177/0003134820983198
adolescents; SARS-CoV-2; COVID-19; enteritis; abdominal pain	29-Dec-20	<a href="#">Severe enteritis as the sole manifestation of novel coronavirus disease (COVID-19) in adolescent patients</a>	Case Reports in Infectious Diseases	Case Report	The authors present 2 case studies of adolescents, a 14-year-old male, and a 20-year-old pregnant female, presenting to US tertiary care centers with enteritis as the only manifestation of COVID-19. The 14-year-old male presented to the emergency department (ED) with severe epigastric and lower abdominal pain, nausea, and one episode of vomiting. A nasopharyngeal swab for SARS-CoV-2 RT-PCR was positive. A computed tomography scan showed a very thickened bowel loop in the right lower quadrant with ascites, suggestive of enteritis/ileitis. The patient had one episode of vomiting frank blood and was admitted to the pediatric ICU. On the 2nd day of admission, his total bilirubin level was 4.3mg/dL. Stool testing was negative for bacterial cultures. The patient was treated with cefoxitin, metronidazole, and methylprednisolone (40mg/day) and was discharged after 6 days with no recurring symptoms. A 20-year-old previously healthy pregnant patient presented (at 22 weeks, Gravida 1, Para 0) to the ED with severe lower abdominal pain, vomiting, and bloody diarrhea for 1 day. She was admitted to the ICU, and a nasopharyngeal swab for SARS-CoV-2 RT-PCR was positive. Abdominal ultrasound and stool cultures were unremarkable. She was diagnosed with acute hemorrhagic colitis associated with SARS-CoV-2 and was treated with IV fluids and dexamethasone (6mg/day). The patient was discharged after 2 days, with	The authors present 2 case studies of adolescents, a 14-year-old male, and a 20-year-old pregnant female, presenting to US tertiary care centers with enteritis as the only manifestation of COVID-19.	Gupta S, Kaushik A, Kest H, et al. Severe Enteritis as the Sole Manifestation of Novel Coronavirus Disease 2019 (COVID-19) in Adolescent Patients. <i>Case Rep Infect Dis</i> . 2020;2020:8823622. Published 2020 Dec 23. doi:10.1155/2020/8823622

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					no further symptoms and no complications. The authors stress the need to recognize non-respiratory symptoms as potential presenting features for SARS-CoV-2, even in previously healthy adolescents.		
covid-19; integrated behavioral health; pediatric emergency department; psychiatric emergency.	29-Dec-20	<a href="#">A Three-Step, Single Session Therapy Intervention for COVID-Related Anxiety in a Pediatric Emergency Department</a>	Cureus	Case Report	This report is a case of a 10-year-old American Indian female who presented to the ED with chest pain, abdominal pain, nausea, and decreased appetite for the last several weeks. Her vital signs and laboratory examinations were normal, and the patient had no significant medical or psychiatric history. The patient's mother expressed concern with her daughter's anxiety and distress related to COVID-19. The patient reported increases in irritability, loss of pleasure, crying, racing thoughts, and worrying during an integrated behavioral health session. She had been struggling with social isolation and feared family members contracting COVID-19. Cognitive-behavioral therapy was implemented in three steps: 1) psychoeducation including providing information on the patient's symptoms, addressing her concerns, and identifying goals 2) coping skills and mindfulness training to help the patient manage her anxiety 3) behavioral activation by increasing the frequency of healthy and enjoyable behaviors. This case reflects a common presentation of COVID-19 related anxiety that is more compliant to single-session intervention than medication. Catastrophization (assuming the worst possible outcome), fortune-telling (predicting negative outcomes), and black-and-white thinking (thinking exclusively in extremes) were the most common cognitive distortions in this case. Adopting a validating statement and reframing technique will be important when managing these distortions.	This report is a case of a 10-year-old American Indian female's somatization of anxiety during the COVID-19 pandemic. Cognitive-behavioral therapy was implemented in three steps: 1) psychoeducation, 2) coping skills, and 3) behavioral activation. Adopting a validating statement and reframing technique will be important when managing these distortions.	Lee DP, Simpson SA. A Three-Step, Single Session Therapy Intervention for COVID-Related Anxiety in a Pediatric Emergency Department. Cureus. 2020;12(12):e12371. Published 2020 Dec 29. doi:10.7759/cureus.12371
Coronavirus; COVID-19; pregnancy; anxiety; posttraumatic Stress Disorder (PTSD)	29-Dec-20	<a href="#">Anxiety and Post-Traumatic Stress Disorder Symptoms in Pregnant Women during the COVID-19 Pandemic's Delay Phase</a>	Psychiatra Danubina	Original Research	From May 11-May 28, 2020, 283 women (mean age 29.20, mean gestation 23.82 weeks) were recruited for a cross-sectional study that aimed to evaluate anxiety and post-traumatic stress disorder (PTSD) during the COVID-19 pandemic in Croatia. Anxiety at that point in time was assessed by the Spielberger State-Trait Anxiety Inventory (STAI-S), overall anxiety was assessed by the Spielberger State-Trait Anxiety Inventory overall (STAI-T) and PTSD was measured with Impact of Events Scale-Revised (IES-R). STAI-S and STAI-T scores range from 20-80 with higher scores indicating higher anxiety levels, and a cut off score of 39-40 detects clinically significant anxiety symptoms for STAI-S. IES-R total scores range from 0-88 from normal (0-23), mild (24-32), moderate (33-36), and severe psychological impact (>37), and a cut-off score of 24 was used to define PTSD of a clinical concern. The STAI-S (mean=39.52) indicates high anxiety at this point in time, and STAT-T (mean=42.74) indicates high anxiety overall and IES-R (mean=36.60), indicating moderate psychological impact. Multivariate regression analysis revealed that pregnancy complication (p=0.01) and employment status of husband (p=0.04) were the best predictors of state anxiety. Additionally, the presence of COVID-19-related symptoms (p=0.01) and educational level (p=0.01) were found to predict PTSD symptoms. The findings indicated that pregnant women would be likely to experience high levels of anxiety and PTSD symptoms during the COVID-19 pandemic. The authors conclude that health professionals should be aware of increased anxiety and PTSD symptoms of pregnant women	The aim of this study was to determine anxiety and post-traumatic stress disorder (PTSD) symptoms in pregnant women during the COVID-19 pandemic in Croatia. The findings indicated that pregnant women would be likely to experience high levels of anxiety and PTSD symptoms during the COVID-19 pandemic. The authors conclude that health professionals should be aware of increased anxiety and PTSD symptoms of pregnant women during the pandemic in order to prevent negative outcomes for women and their fetuses.	Hocaoglu M, Ayaz R, Gunay T, Akin E, Turgut A, Karateke A. Anxiety and Post-Traumatic Stress Disorder Symptoms in Pregnant Women during the COVID-19 Pandemic's Delay Phase. Psychiatr Danub. 2020;32(3-4):521-526. doi:10.24869/psyd.2020.521

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					during the pandemic in order to prevent negative outcomes for women and their fetuses.		
COVID-19, SARS-CoV-2, pregnancy, pregnant women	29-Dec-20	<a href="#">The Effects of COVID-19 on Pregnancy and Implications for Reproductive Medicine</a>	Fertility and Sterility	Review	The authors of this review summarized knowledge regarding SARS-CoV-2 in pregnancy and reviewed gaps in literature. The authors looked at SARS-CoV-2 disease severity in pregnant women compared to nonpregnant women, and found that pregnant women were more likely to be admitted to the ICU, require mechanical ventilation or ECMO and to die, compared with to nonpregnant women. Gaps in literature remain regarding how risk is modified by timing of the infection during pregnancy. Among a study of Swedish women, obstetric complications such as pre-eclampsia were more likely to occur in SARS-CoV-2 positive pregnant women compared to SARS-CoV-2 negative pregnant women (7.7% vs 4.3%; prevalence ratio, 1.84; 95% CI, 1.0-3.4). There was no difference noted in rates of postpartum hemorrhage and mode of delivery. Additionally, there was no difference in neonatal outcomes including birth weight for gestational age and 5-minute Apgar scores. The rate of preterm birth was found to be increased among SARS-CoV-2 infected pregnant women compared to historical rates of preterm birth prior to the pandemic. Pregnant women with SARS-CoV-2 were noted to be more likely to deliver via C-section, however the indication for C-section delivery was unclear. The authors concluded that pregnancy appears to be an independent risk factor for severe SARS-CoV-2 associated complications. Further research is needed to understand the full effects of SARS-CoV-2 on maternal and infant outcomes.	The authors of this review summarized knowledge regarding SARS-CoV-2 in pregnancy and reviewed gaps in literature. They concluded that severe SARS-CoV-2 in pregnancy is associated with increased rates of cesarean delivery and preterm birth.	Joseph NT, Rasmussen SA, Jamieson DJ. The effects of COVID-19 on pregnancy and implications for reproductive medicine. Fertil Steril. 2021. doi: <a href="https://doi.org/10.1016/j.fertnstert.2020.12.032">https://doi.org/10.1016/j.fertnstert.2020.12.032</a> .
COVID-19; children; transmission; MIS-C	29-Dec-20	<a href="#">Severe acute respiratory syndrome-Coronavirus-2 infection: A review of the clinical-pathological correlations of Coronavirus disease-19 in children</a>	The Malaysian Journal of Pathology	Review	The authors present an overview of SARS-CoV-2 infection, clinical presentation, laboratory tests, and the current understanding of the pathological basis of COVID-19 in the pediatric population. Children are relatively spared of this disease that can culminate in acute respiratory distress syndrome, multi-organ failure, and death. SARS-CoV-2 infection induces exuberant release of pro-inflammatory mediators, causing a "cytokine storm" and hyper-coagulable states that underlie these complications. Median incubation period for the virus is 5.1 days, with most patients developing symptoms by 11.5 days. It is highly infectious, spreading via the horizontal mode of transmission. There is very limited evidence of vertical transmission to the fetus/infant occurring either trans-placentally or through breastfeeding. Various immune factors during childhood may modulate the expression of COVID-19, with MIS-C at the severe end of the disease spectrum. All children diagnosed with MIS-C have fever, with other organ involvement that could include the gastro-intestinal (abdominal pain, nausea/vomiting, diarrhea), dermatological (rash, swollen hands/feet), mucocutaneous (conjunctivitis, mucosal changes) and cardiovascular (chest pain) systems.	The authors present an overview of SARS-CoV-2 infection, clinical presentation, laboratory tests, and the current understanding of the pathological basis of COVID-19 in the pediatric population. There is very limited evidence of vertical transmission to the fetus/infant occurring either trans-placentally or through breastfeeding. Although most children present mild to no symptoms, some may succumb to MIS-C, which is at the severe end of the disease spectrum.	Teo JTR, Abidin NH, Cheah FC. Severe acute respiratory syndrome-Coronavirus-2 infection: A review of the clinical-pathological correlations of Coronavirus disease-19 in children. Malays J Pathol. 2020;42(3):349-361.
COVID-19; viral transmission; school closure	29-Dec-20	<a href="#">Unexpected lessons from the COVID-19 lockdowns in France: Low impact of school</a>	Clinical Infectious Diseases	Letter to the Editor	The authors conducted a study to determine the impact of keeping schools open on the circulation of different airborne viruses during the two COVID-19 lockdown periods in March and October 2020 in France. The first lockdown included all schools closed, while during the second lockdown, all schools up to high school remained open with strict social distancing and mandatory masking in place. The study population (n=972,642) was	The authors conducted a study to determine the impact of keeping schools open on the circulation of different airborne viruses during the two COVID-19 lockdown periods in March and	Skurnik D, Rybak A, Yang DD, et al. Unexpected lessons from the COVID-19 lockdowns in France: Low impact of school

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		<a href="#">opening on common communicable pediatric airborne diseases</a>			obtained from a multicenter prospective French surveillance database, including pediatric emergency department visits and related hospital admissions from 6 university hospitals between January 1, 2017-November 30, 2020. The authors found that the second lockdown saw a major reduction in the number of pediatric patients hospitalized for bronchiolitis, as well as the total number of pneumonia and acute otitis media (AOM) diagnosed. They found that the annual seasonal bronchiolitis outbreak caused by the respiratory syncytial virus was not observed during the lockdown compared to 2017, 2018, and 2019. Additionally, social distancing and mandatory mask use were associated with a reduction in acute asthma exacerbation (AAE) and the common cold after the start of the second lockdown. They also noted that ongoing health measures such as handwashing were associated with a low rate of acute gastroenteritis even before the lockdown. The authors' findings suggest low respiratory virus transmissions in children in France, despite the decision to keep the schools open during the second COVID-19 lockdown.	October 2020 in France. They found low rates of respiratory virus transmissions and pediatric admissions in children, despite the decision to keep the schools open during the second lockdown.	opening on common communicable pediatric airborne diseases [published online, 2020 Dec 29]. Clin Infect Dis. 2020;ciaa1899. doi:10.1093/cid/ciaa1899
COVID-19; women's health; health promotion; technology; mhealth; prenatal care	29-Dec-20	<a href="#">"Alexa, Am I pregnant?": A content analysis of a virtual assistant's responses to prenatal health questions during the COVID-19 pandemic</a>	Patient Education and Counseling	Original Research	The authors describe a study to elucidate whether Amazon's virtual assistant, Alexa, provides evidence-based support as a supplement to provider-facilitated prenatal care, during the COVID-19 pandemic. Using a conceptual content analysis approach, a query of 40 questions, relating to all phases of pregnancy, was collected from Alexa by 2 independent investigators using 2 unique devices from 20-27 May 2020. Conceptual content analysis was conducted employing explicit coding and dichotomous categorization of all 40 responses for accuracy (accurate or inaccurate) and completeness (complete or incomplete). Alexa's responses were matched to the evidence-based content from the American College of Obstetricians and Gynecologists (ACOG) and reviewed by a Certified Nurse Midwife for completeness and accuracy. Of the 40 questions asked of Alexa, it was unable to answer 14 questions (35%). A total of 21 of the 40 responses (52%) were not evidence-based, and 1 response was incomplete. The 3 COVID-19-specific questions were answered incorrectly or insufficiently. 4 questions (10%) were answered accurately. Alexa was largely unable to provide evidence-based answers to commonly asked pregnancy questions and, in many cases, supplied inaccurate, incomplete, or completely unrelated answers that could further confuse health consumers. This has serious implications, considering the increasing public reliance on technology and mobile health (mhealth) tools.	The authors describe a study that uses conceptual content analysis to elucidate whether Amazon's virtual assistant, Alexa, provides evidence-based support as a supplement to provider-facilitated prenatal care, during the COVID-19 pandemic. Alexa was unable to provide evidence-based answers to commonly asked pregnancy questions and, in many cases, supplied inaccurate, incomplete, or completely unrelated answers that could further confuse health consumers. This has serious implications, considering the increasing public reliance on technology and mobile health (mhealth) tools.	Schindler-Ruwisch J, Palancia Esposito C. "Alexa, Am I pregnant?": A content analysis of a virtual assistant's responses to prenatal health questions during the COVID-19 pandemic. Patient Educ Couns. 2020:S0738-3991(20)30690-X. doi:10.1016/j.pec.2020.12.026.
COVID-19; Depression; Puerperium; Sexual dysfunction	29-Dec-20	<a href="#">Correlation between depressive symptoms and sexual dysfunction in postpartum women during the COVID-19 pandemic</a>	European Journal of Obstetrics and Gynecology and Reproductive Biology	Original research	This study aimed to evaluate the relationship between sexual function and depressive symptoms in puerperal women during the COVID-19 pandemic in Brazil. 50 women were enrolled in a prospective cohort from November 2019 - March 2020, in which their sexual function and depression were evaluated at 3 time points: 48 hours postpartum (for all participants this was before the first confirmed COVID-19 case in Brazil), and 3 and 6 months postpartum. Sexual function was assessed using the Female Sexual Function Index (FSFI), and depression was assessed by the Edinburgh Postnatal Depression Scale (EPDS). FSFI score <=26.55 was considered to indicate sexual dysfunction, and EPDS >=10 was considered positive	This prospective cohort study of 50 puerperal women in Brazil evaluated sexual function and depression starting prior to the COVID-19 pandemic (November 2019) through the beginning of the COVID-19 lockdown in March 2020. The authors report that depression scores increased over the follow-up	Lorentz, M. S., Chagas, L. B., et al. (2020). Correlation between depressive symptoms and sexual dysfunction in postpartum women during the COVID-19 pandemic. European Journal of Obstetrics, Gynecology, and

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					depression. The average age was 25 years old (IQR 23-32 years) [full range not included] and 64% were unmarried, though 83% reported living with a partner, and 79% had a monthly family income below US\$ 570. The authors report an inverse correlation between sexual function and depression at the 3-month evaluation ( $r = -0.594$ ; $p < 0.001$ ) and the 6-month evaluation ( $r = -0.608$ ; $p < 0.001$ ). The depression scores increased across the 3 time periods as the COVID-19 pandemic lockdown began in Brazil. The authors conclude by stating that puerperal women are a susceptible group for sexual dysfunction and depression and that the stress of the pandemic is worsening these conditions.	period and that sexual function and depression were inversely correlated among these women.	Reproductive Biology, 258, 162–167. doi:10.1016/j.ejogrb.2020.12.039
NTDs, SARS-CoV-2, antiviral drugs, pregnancy	29-Dec-20	<a href="#">Risk of congenital birth defects during COVID-19 pandemic: Draw attention to the physicians and policymakers</a>	Journal of Global Health	Viewpoint	The authors outline the role of SARS-CoV-2, COVID-19, and anti-viral drugs on neural tube defects (NTDs). NTDs are the most common and severe malformations of the spinal cord and brain. Since little is known about COVID-19 and its neuro-developmental consequences, collecting data on clinical cases of COVID-19 in pregnancy should be prioritized to understand the role of COVID-19 on NTDs. The authors state that mother-to-fetus transmission of SARS-CoV-2 could occur through angiotensin-converting enzyme 2 (ACE2) receptors and S protein proteases in human embryos. SARS-CoV-2 seems to cross the placental barrier and blood-brain barrier and may induce neuro-developmental malformations. COVID-19-related maternal conditions, such as hyperthermia, and COVID-19 drugs can potentially disrupt fetal neuro-development. While many countries have been using anti-viral drugs such as favipiravir and dolutegravir to treat COVID-19, these drugs could induce birth defects. Recent findings reveal that the prevalence of NTDs is 3 times higher with dolutegravir, than without the medication. While the speed of clinical trials on COVID-19 therapeutics is impressive, researchers need to consider the effects of the virus and management strategy on pregnant women, particularly those in early pregnancy. Inter-departmental collaboration among obstetricians, gynecologists, virologists, and infectious disease specialists is essential to manage COVID-19 in pregnant women, while avoiding long-term repercussions for neonates.	COVID-19 may result in long-lasting congenital anomalies of infants due to infection or anti-viral drugs' effects. The use of anti-viral drugs should be regulated in COVID-19 pregnant patients, until their safety and efficacy for neonates are established.	Khan MSI, Nabeka H, Akbar SMF, et al. Risk of congenital birth defects during COVID-19 pandemic: Draw attention to the physicians and policymakers. J Glob Health. 2020;10(2). doi:10.7189/jogh.10.020378
persisting symptoms, children, SARS-CoV-2	29-Dec-20	<a href="#">Persistent clinical features in paediatric patients after SARS-CoV-2 virological recovery: A retrospective population-based cohort study from a single centre in Latvia</a>	British Medical Journal (BMJ) Pediatrics Open	Original Research	This article aimed to determine data on persistent COVID-19 symptoms after recovery in children in Latvia. The Children's Clinical University Hospital in Riga, Latvia, established a post-acute outpatient service for individuals recovering from COVID-19. 30 children with SARS-CoV-2 infection (mean age 9.2 years, range 3 months–17 years at time of infection) along with their parents were enrolled in the study through July 31, 2020. Most of the affected children had mild to moderate illness when acutely infected; however, 5 of the 30 children required hospitalization. The most common symptoms recorded during infection were fever (46%), rhinorrhea (26.7%), and cough (23.3%). Patients were again assessed a mean of 101 days after infection: 21 were completely free of illness, and 9 possessed at least one persisting symptom. None of the patients had symptoms of acute illness [not defined] at this time. The most common persisting symptom was prolonged low-grade fever (6.7%, $n=2$ ), with one patient each having joint pain, headache, anosmia, ageusia, and	Analysis of persisting symptoms in children infected with SARS-CoV-2 in Latvia revealed that ~30% reported prolonged symptoms, even though infection in children is generally milder than in adults.	Smare L, Stars I, Pucuka Z, et al Persistent clinical features in paediatric patients after SARS-CoV-2 virological recovery: a retrospective population-based cohort study from a single centre in LatviaBMJ Paediatrics Open 2020;4:e000905. doi: 10.1136/bmjpo-2020-000905

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					micro-hematuria. The authors state that this study identified that in patients recovering from SARS-CoV-2 infection, children may have prolonged symptoms, even though they are more likely to have mild infection.		
Patient centered care; Family centered care; NICU; Pandemic; Coronavirus; COVID-19; United States	29-Dec-20	<a href="#">Engaging parents of hospitalized neonates during a pandemic [Free Access to Abstract Only]</a>	Journal of Neonatal Nursing	Report	This report details innovative strategies employed in an academic hospital-based Level IV NICU in the United States for facilitating parent-infant bonding while limiting exposure to SARS-CoV-2 [time period not specified]. The patient- and family-centered care philosophy was used to guide strategy development, including treating patient and family with dignity and respect, sharing information, encouraging participation, and actively collaborating with the family. Strategies employed included virtual visits between parents and infants, virtual parent support groups, remote music therapy, creating diaries and photo albums, and fostering sibling and parent collaboration and participation. These strategies could be implemented in pediatric and neonatal care settings with visitation limitations during the COVID-19 pandemic.	The authors describe innovative strategies employed to facilitate parent-infant bonding in a Level IV NICU in the United States, during the COVID-19 pandemic. Strategies employed were structured using the patient- and family-centered care philosophy.	Duff J, Curnen K, Reed A, Kranz C. Engaging parents of hospitalized neonates during a pandemic. Journal of Neonatal Nursing. 2020. <a href="http://www.sciencedirect.com/science/article/pii/S1355184120301939">http://www.sciencedirect.com/science/article/pii/S1355184120301939</a> . doi: <a href="https://doi.org/10.1016/j.jnn.2020.11.013">https://doi.org/10.1016/j.jnn.2020.11.013</a> .
Public health policy; Public health practice; Quarantine; Qualitative research; Severe acute respiratory syndrome; COVID-19; Uruguay	29-Dec-20	<a href="#">The experience of social distancing for families with children and adolescents during the coronavirus (COVID-19) pandemic in Uruguay: Difficulties and opportunities</a>	Children and Youth Services Review	Original Research	The authors evaluated the experience of families during the COVID-19 pandemic by administering a survey to 1725 parents of children under 18 years old in Uruguay in March 2020. Questions were both closed-ended and open-ended and evaluated parents' feelings and changes to the families' and children's daily life, routines, eating patterns, relationships, and mood and behavior. Most parents reported negative feelings during the pandemic, including worry (26%), fear (21%), and anxiety (20%). Changes to daily life for the family included staying at home (47%), work-related changes (27%), increased hygiene measures (16%), disruption in education participation (11%), change in children's consumption of healthy foods (both an increase and a decrease), and lack of sufficient food (22%). Changes in children's mood and behavior during the COVID-19 pandemic were reported by most participants, including an increase in boredom (29%), fear (29%), and stress (24%). Of note, 35% of parents reported that the family is spending more quality time together. Overall, the findings demonstrate disruptions to children and families' daily habits in Uruguay during the COVID-19 pandemic and difficulties coping, particularly among those of lower socio-economic status.	This study describes the experience of families with children less than 18 years old in Uruguay during the COVID-19 pandemic. The authors observed changes to parents' feelings, families' and children's daily life, routines, eating patterns, relationships, mood, and behavior.	Ares G, Bove I, Vidal L, et al. The experience of social distancing for families with children and adolescents during the coronavirus (COVID-19) pandemic in Uruguay: Difficulties and opportunities. Children and Youth Services Review. 2020:105906. <a href="http://www.sciencedirect.com/science/article/pii/S0190740920323288">http://www.sciencedirect.com/science/article/pii/S0190740920323288</a> . doi: <a href="https://doi.org/10.1016/j.chilgyouth.2020.105906">https://doi.org/10.1016/j.chilgyouth.2020.105906</a> .
COVID-19; Health policy; Infectious diseases; Maternal medicine; Public health; Peru	29-Dec-20	<a href="#">Indigenous communities' responses to the COVID-19 pandemic and consequences for maternal and neonatal health in remote Peruvian Amazon: a qualitative study based on routine</a>	BMJ Open	Original Research	The authors examined programmatic monitoring reports collected March-May 2020 for a maternal and neonatal health program based in 68 communities in one department of the Peruvian Amazon. Information on the availability of maternal and neonatal health services, reasons for service suspension, and COVID-19-related access barriers to services were gathered. Findings indicated that most (n = 59) of the communities did not permit entry to foreigners due to the COVID-19 pandemic, but many permitted local travel of residents (n = 30). Social gatherings were not permitted in most communities (n = 40), though only one third (n = 27) of the communities reported that strict home isolation conflicted with their daily routine. The first suspected COVID-19 cases in the communities were reported in April 2020, but test kits, training, and face masks were not available in most communities. Availability of maternal and neonatal health	This article discusses findings related to the COVID-19 pandemic obtained from programmatic monitoring reports for a maternal and neonatal health program in the Peruvian Amazon. Enactment of preventative measures against SARS-CoV-2 infection is described, along with the disruption of maternal and neonatal health services and barriers to implementing	Reinders S, Alva A, Huicho L, Blas MM. Indigenous communities' responses to the COVID-19 pandemic and consequences for maternal and neonatal health in remote Peruvian Amazon: a qualitative study based on routine programme supervision. BMJ Open.

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		<a href="#">programme supervision</a>			services was affected, with 6 of the 7 participating facilities not conducting antenatal and postnatal consults, though most communities (n = 46) had community health workers conducting home visits to pregnant women and infants. The authors concluded that staying at home was not feasible in the communities due to lack of supplies, social support, and the realities of rural low-income settings, and emphasized the need for promotion of COVID-19 preventative measures and re-establishment of maternal and neonatal health services.	preventative measures against SARS-CoV-2.	2020;10(12):e044197. Published 2020 Dec 29. doi:10.1136/bmjopen-2020-044197
COVID-19; active play; movement behaviors; outdoor time; physical activity; sedentary behavior; sleep, Chile	29-Dec-20	<a href="#">Sociodemographic Predictors of Changes in Physical Activity, Screen Time, and Sleep among Toddlers and Preschoolers in Chile during the COVID-19 Pandemic</a>	International Journal of Environmental Research and Public Health	Original Research	This study sought to identify the sociodemographic predictors associated with changes in movement behaviors (physical activity, screen time, and sleep) among toddlers and preschoolers in Chile during the early stages of the COVID-19 pandemic. Caregivers of 1 to 5-year-old children completed an online survey between March 30 and April 27, 2020. Information about the child's movement behaviors before (retrospectively) and during the pandemic, as well as family characteristics, were reported. In total, 3157 participants provided complete data (mean children age: 3.1 ± 1.38 years). The results showed that during the early stages of the pandemic, time spent in physical activity decreased, recreational screen time and sleep duration increased, and sleep quality declined. Toddlers and preschoolers with space to play at home and living in rural areas experienced an attenuated impact of the pandemic restrictions on their physical activity levels, screen time, and sleep quality. Older children, those whose caregivers were aged ≥35-<45 years and had a higher educational level, and those living in apartments had more significant changes, mainly decreased total physical activity and increased screen time.	This study sought to identify the sociodemographic predictors associated with changes in movement behaviors (physical activity, screen time, and sleep) among toddlers and preschoolers in Chile during the early stages of the COVID-19 pandemic. Older children, those whose caregivers were aged ≥35-<45 years and had a higher educational level, and those living in apartments had more significant changes, mainly a decrease in total physical activity and increase in screen time.	Aguilar-Farias N, Toledo-Vargas M, Miranda-Marquez S, et al. Sociodemographic Predictors of Changes in Physical Activity, Screen Time, and Sleep among Toddlers and Preschoolers in Chile during the COVID-19 Pandemic. Int J Environ Res Public Health. 2020;18(1):E176. Published 2020 Dec 29. doi:10.3390/ijerph18010176
COVID-19; SARS-CoV-2; children; surgery; extubation; cough; laryngospasm; anesthesiology	28-Dec-20	<a href="#">Cough and laryngospasm prevention during orotracheal extubation in children with SARS-CoV-2 infection</a>	Brazilian Journal of Anesthesiology	Letter to the Editor	In this letter, the authors summarized current evidence to help avoid cough and laryngospasm during extubation in the operating room (OR) in pediatric patients with suspected or confirmed SARS-CoV-2 infection. The 2020 consensus guidelines on pediatric airway management in patients with COVID-19 from the Society for Pediatric Anesthesia's Pediatric Difficult Intubation Collaborative and the Canadian Pediatric Anesthesia Society recommend the use of closed in-line suction, deep extubation with techniques to minimize coughing and bucking (total IV anesthesia or dexmedetomidine), the use of protective barrier with a suction device under it to create negative pressure and emerging, and recovering of suspected COVID-19 patients in the OR, followed by direct transfer to the inpatient ward. The authors stated that deep extubation in children in lateral decubitus had better outcomes than extubation in supine decubitus. The use of intravenous lidocaine, propofol, and ketamine was demonstrated to be effective in preventing cough during extubation. Laryngospasm risk can be reduced by extubating the child at the end of spontaneous inspiration without suction or positive pressure. The authors concluded that it is safer for healthcare personnel to perform the extubation in a deeply anesthetized patient during spontaneous ventilation at the end of inspiration and in the lateral decubitus position.	In this letter, the authors summarized current evidence to help avoid cough and laryngospasm during extubation in the operating room in pediatric patients with suspected or confirmed SARS-CoV-2 infection. The authors concluded that it is safer for healthcare personnel to perform the extubation in a deeply anesthetized patient during spontaneous ventilation at the end of inspiration and in the lateral decubitus position.	Mejía AT, Isaza CF. Cough and laryngospasm prevention during orotracheal extubation in children with SARS-CoV-2 infection. Braz J Anesthesiol. 2021;71(1):90-91. doi:10.1016/j.bjane.2020.09.014
Seroprevalence, antibody,	28-Dec-20	<a href="#">Seroprevalence of SARS-CoV-2</a>	Pediatric Investigation	Original Research	In this retrospective study, the authors investigated the seroprevalence of SARS-CoV-2 antibodies within serum samples from 19,797 children in	In this retrospective study of children in Beijing, China, the	Wang R, Jin F, Cao S, et al. Seroprevalence of

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testing, children, screening		<a href="#">infections among children visiting a hospital</a>			Beijing, China from March-August, 2020. IgM/IgG antibody kits (colloidal gold) were used to conduct preliminary screening in children who presented to Beijing Children's Hospital with fever or requiring hospitalization (mean age 5.5 years, range 1 day-17 years). 2 children tested positive for SARS-CoV-2 nucleic acid test. The overall anti-SARS-CoV-2 IgM antibody seropositivity rate was 1.2% (24/19,797), while the corresponding IgG antibody seropositivity was 0.6% (12/19,797). IgM antibody seropositivity rate was higher in boys than in girls ( $\chi^2 = 6.171$ , $p = 0.014$ ) but IgG was not significantly different between sexes. The rate of anti-SARS-CoV-2 IgM antibody seropositivity was higher in children aged <1 year than in children aged $\geq 6$ years ( $\chi^2 = 4.318$ , $p = 0.048$ ) with no difference across other age groups and no differences for IgG. The rates of anti-SARS-CoV-2 IgM seropositivity was highest in August, but IgG seropositivity did not differ significantly across the study period. The authors conclude that the rates of anti-SARS-CoV-2 IgM/IgG antibody seropositivity were low among children who presented to Beijing Children's Hospital during this study period.	authors found a 1.2% seropositivity rate of anti-SARS-CoV-2 IgM antibody, while the corresponding IgG antibody seropositivity was 0.6%. IgM seropositivity was higher in boys than girls and higher in children aged <1 year than $\geq 6$ years, however IgG was not different across these groups. The authors conclude that the rates of anti-SARS-CoV-2 IgM/IgG antibody seropositivity were low among children who presented to Beijing Children's Hospital during this study period.	SARS-CoV-2 infections among children visiting a hospital. <i>Pediatr Investig.</i> 2020;4(4):236-241. Published 2020 Dec 28. doi:10.1002/ped4.12231
COVID 19; cancer; children; mental health; telemedicine; Saudi Arabia	28-Dec-20	<a href="#">The Impact of COVID-19 Pandemic in Children With Cancer: A Report From Saudi Arabia</a>	Health Services Insights	Original Research	This cross-sectional study assessed the impact of the COVID-19 pandemic on children 0-14 years of age [mean age not specified] with cancer in Saudi Arabia. 204 responses from cancer patients were collected via phone calls and telemedicine [date not specified]. The majority of patients were diagnosed with cancer prior to the pandemic 93%, and 60.4% of patients were receiving ongoing chemotherapy for leukemia/lymphoma and 39.6% for solid tumors. 68.7% of patients were receiving ongoing chemotherapy, and the remainder of patients were in remission or on regular follow-up. 63% of patients reported a delay in treatment received due to the COVID-19 pandemic. The majority of patients (53.3%) reported hospital appointment cancellations with pandemic precautions as the main reason for treatment or procedure delay. 30.8% of patients reported unavailability of adequate PPE, lack of cancer support, and shortage of medications as a major challenge faced during the pandemic. 65% preferred telemedicine and virtual clinic visits, of which 80% reported a fear of contracting the SARS-CoV-2 virus as the main reason for this preference. 55.3% of patients did not feel safe visiting the hospital during the outbreak primarily for fear of contracting the virus. 81.3% of patients experienced adverse effects on their quality of life due to limitations in social activities, social isolation, and feeling anxious, afraid, and alone. Although most patients reported treatment delays, none of the delays led to fatalities.	This cross-sectional study assessed the impact of the COVID-19 pandemic on children with cancer in Saudi Arabia. The majority of patients (53.3%) reported hospital appointment cancellations with pandemic precautions as the main reason for treatment or procedure delay. Many patients experienced adverse effects on their quality of life due to limitations in social activities, social isolation, feeling anxious, afraid, and alone.	Alshahrani M, Elyamany G, Sedick Q, et al. The Impact of COVID-19 Pandemic in Children With Cancer: A Report From Saudi Arabia. <i>Health Serv Insights.</i> 2020;13:1178632920984161. doi:10.1177/1178632920984161.
COVID-19; pediatric; dentistry; emergency; photograph triage; United Kingdom	28-Dec-20	<a href="#">Implementation of photographic triage in a paediatric dental, orthodontic, and maxillofacial department during COVID-19</a>	International Journal of Paediatric Dentistry	Original Research	The authors discussed the benefits of a photographic triage system initiated at Alder Hey Children's Hospital (AHCH) in the United Kingdom to facilitate the continued assessment of dental, orthodontic, and maxillofacial emergencies during the COVID-19 pandemic. Data were collected contemporaneously over 3 months from March 26 - June 26, 2020, during the lockdown. The data points recorded included patient age and gender, referral source, date of referral, presenting complaint, and outcomes. Possible outcomes were as follows: not to see, plan to see, and need to see. 220 photographic referrals were received from 190 children	The authors discussed the benefits of a photographic triage system initiated at Alder Hey Children's Hospital in the United Kingdom to facilitate the continued assessment of dental, orthodontic, and maxillofacial emergencies during the COVID-19 pandemic. Photographic	Davies A, Howells R, Lee SMG, et al. Implementation of photographic triage in a paediatric dental, orthodontic, and maxillofacial department during COVID-19. <i>Int J Paediatr</i>

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					(107 males, 83 females; average age=7 years, age range=3 months-21 years). Swelling (30%) and dental trauma (27%) were the most common presenting complaints. 57% of referrals were not seen, 23% were seen semi-urgently, and 20% were booked for outpatient review. 125 (57%) of 220 encounters were resolved by prescription of antibiotics or delivery of advice alone without the need for a face-to-face review. Of those seen, 7 children were seen elsewhere, and 44 were seen face-to-face at AHCH, with 8 being admitted. Photographic triage reduced physical encounters and proved useful in training junior staff, assessing new patient referrals, and first on-call from home. In the event of a COVID-19 resurgence or emergence of a new pandemic, photographic triage could facilitate physical distancing and service provision.	triage reduced physical encounters and proved useful in training junior staff, assessing new patient referrals, and first on-call from home. In the event of a COVID-19 resurgence or emergence of a new pandemic, photographic triage could facilitate physical distancing and service provision.	Dent. 2020. doi:10.1111/ipd.12773.
COVID-19; children; epidemiology; family cluster; China	28-Dec-20	<a href="#">Epidemiological and clinical characteristics of 35 children with COVID-19 in Beijing, China</a>	Pediatric Investigation	Original Research	The authors retrospectively determined the epidemiological and clinical characteristics of 35 children (51.4% male, age range=6 months-15 years) with SARS-CoV-2 infection from January-June 2020 in Beijing, China. All patients had a clear epidemiological history, with family clusters accounting for 28 cases (80%) and clear tracing of exposure to high epidemic areas in the remaining 7 cases (20%). 4 patients (11.4%) were classified as asymptomatic, 17 (48.6%) had an acute upper respiratory infection, and 14 (40%) had mild pneumonia, with no severe or critical cases. Clinical manifestations were mild, including fever in 18 (51.4%), cough in 14 (40%), and nausea and diarrhea in 7 (20%) patients. The time to negative viral nucleic acid testing was 2-42 days (mean=14 ± 9.4 days). Chest imaging examination revealed that 20 patients (57.1%) had different forms of lung inflammation. Treatment was mainly isolation and nutritional support. 11 patients were treated with interferon atomization inhalation. No patients required oxygen therapy. All 35 children recovered and were discharged. Length of hospital stay was 9-54 days (mean=25.4 ± 13.8 days). During regular follow-up after discharge, 5 children showed SARS-CoV-2 positivity again in the viral nucleic acid test and were re-hospitalized for observation and treatment. The mean length of re-hospitalization stay was 10.8 days. These findings suggest that children of all ages were susceptible and mainly became infected within their family. COVID-19 in children is mostly mild, and the prognosis is good.	The authors retrospectively determined the epidemiological and clinical characteristics of 35 children (51.4% male, age range=6 months-15 years) with SARS-CoV-2 infection from January-June 2020 in Beijing, China. The findings suggest that children of all ages were susceptible and mainly became infected within their family. COVID-19 in children is mostly mild, and the prognosis is good.	He M, Wang C, Xu L, et al. Epidemiological and clinical characteristics of 35 children with COVID-19 in Beijing, China. <i>Pediatr Investig.</i> 2020;4(4):230-235. doi:10.1002/ped4.1223 0.
COVID-19; Kawasaki-like disease; MIS-C	28-Dec-20	<a href="#">Severe acute respiratory syndrome coronavirus 2-induced multisystem inflammatory syndrome in children</a>	Pediatric Investigation	Review	The authors discussed SARS-CoV-2-induced multisystem inflammatory syndrome in children (MIS-C). MIS-C is a life-threatening illness that affects multiple organ systems and often requires patient admission to the ICU. Although some MIS-C features overlap with Kawasaki disease, MIS-C is more common among older children and adolescents, more often affects cardiovascular and gastrointestinal systems, and more frequently presents with elevated inflammatory markers. Rapid and complete clinical recovery is possible in nearly all patients following immunomodulation therapy. Thus far, MIS-C pathophysiology and long-term prognosis are not sufficiently clear. There is a need to further investigate its clinical characteristics, long-term prognosis, and the potential mechanistic link with SARS-CoV-2. This information will aid in treatment decisions with respect to multiple organ dysfunction and coronary aneurysms, which occur during the course of the	The authors discussed SARS-CoV-2-induced multisystem inflammatory syndrome in children (MIS-C). Thus far, MIS-C pathophysiology and long-term prognosis are not sufficiently clear. There is a need to further investigate its clinical characteristics, long-term prognosis, and the potential mechanistic link with SARS-CoV-2, which will aid in treatment decisions.	Feng Z, Bao Y, Yang Y, et al. Severe acute respiratory syndrome coronavirus 2-induced multisystem inflammatory syndrome in children. <i>Pediatr Investig.</i> 2020;4(4):257-262. doi:10.1002/ped4.1222 5.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					disease. Early blood pressure monitoring, electrocardiography, echocardiography assessments, and post-infection follow-up are important strategies for the early identification of MIS-C in children with SARS-CoV-2 infection.		
COVID-19; Only child; Anxiety symptoms; Depression symptom; Epidemic; Adolescent	28-Dec-20	<a href="#">The Role of Only-child Status in the Psychological Impact of COVID-19 on Mental Health of Chinese Adolescents</a>	Journal of Affective Disorders	Original Research	The authors assessed the impact of only-child status on the mental health of adolescents during the COVID-19 pandemic in 5 provinces in China from March 20-31, 2020. The findings of an online cross-sectional survey (n = 11,681, ages 12-18 years) demonstrated that adolescents with siblings (non-only) experienced a greater incidence of depression (38.8%) and anxiety (24.7%) during the COVID-19 pandemic compared to those without siblings (only child) (35.2% depression incidence, 20.5% anxiety incidence). The difference between anxiety and depression was significantly different between non-only and only-children (OR = 1.164, 95%CI: 1.064–1.273, p = 0.001). Exposure to SARS-CoV-2 was a risk factor for depression (OR = 2.284, 95%CI: 1.64 -3.18, p < 0.001) and anxiety (OR = 1.959, 95%CI: 1.402–2.737, p < 0.001) for non-only children, but not for only-children. Resilience and parent-child relationship were protective factors during the study period, and emotional abuse was a risk factor for anxiety and depression.	This article examined differences in the incidence of anxiety and depression in adolescents with siblings (non-only) and without siblings (only child) in China during the COVID-19 pandemic. Non-only children had a higher incidence of anxiety and depression during the study period. Resilience and parent-child relationships were protective factors for anxiety and depression.	Cao Y, Huang L, Si T, Wang NQ, Qu M, Zhang XY. The role of only-child status in the psychological impact of COVID-19 on mental health of chinese adolescents. <i>J Affect Disord.</i> 2021;282:316-321. doi: <a href="https://doi.org/10.1016/j.jad.2020.12.113">https://doi.org/10.1016/j.jad.2020.12.113</a> .
COVID-19; pediatric; parental perception; Romania	28-Dec-20	<a href="#">COVID-19 in the pediatric population and parental perceptions</a>	Germs	Editorial	The author discusses parental perceptions of the impact of COVID-19 on children in Romania. He states that, although adults have continued to go to work or socialize, they have been reluctant to re-open schools/kindergartens or engage children in educational/recreational activities. This disproportionate perception is due to care for their children, accompanied by frequently alarming news about the pandemic. Since the onset of the pandemic, the number of pediatric emergency department visits has decreased by almost half compared to similar periods in previous years, although there has been an increase in the number of severe reasons for care. Fear of contracting the virus in the hospital and the fear of a possible hospitalization has led to a change in the health-seeking behavior and attitude of parents, who are choosing to seek medical advice over the phone or self-treat instead of bringing children to health facilities. Parents need accurate information on the risks of SARS-CoV-2 infection in children, and should know that delaying access to hospital care may be dangerous. Social media can help medical staff effectively communicate with parents.	The author discusses parental perceptions of the impact of COVID-19 on children in Romania. Parents have been reluctant to re-open schools/kindergartens, engage children in education/recreational activities, and seek hospital care for children. Parents need accurate information on the risks of SARS-CoV-2 infection in children, and social media can help medical staff effectively communicate with them.	Miron VD. COVID-19 in the pediatric population and parental perceptions. <i>Germs.</i> 2020;10(4):294. doi:10.18683/germs.2020.1220.
COVID-19; food insecurity; inequalities; pandemic	28-Dec-20	<a href="#">High prevalence of food insecurity, the adverse impact of COVID-19 in Brazilian favela</a>	Public Health Nutrition	Original Research	The authors investigated food insecurity during the COVID-19 pandemic in 2 communities (n=909 householders) in Sao Paulo, Brazil from March- June 2020 using a cross-sectional online questionnaire. Overall, 47% of households experienced moderate or severe food insecurity during the study period. Specifically, 89% of householders noted concerns about uncertainty in food acquisition, 64% reported eating less than they should, 46% noted not being able to eat healthy, and 39% reported skipping a meal. Factors associated with food insecurity were low income (OR 1.81, 95% CI 1.35-2.41), receiving food assistance (OR 1.35, 95% CI 1.00-1.83), low education level (OR 1.87, 95% CI 1.44-2.44), and living in a household without children (OR 2.77, 95% CI 1.59-4.76). The effects of social	This study examined food insecurity during the COVID-19 pandemic in 2 communities in Brazil from March-June 2020. Overall, 47% of households surveyed experienced moderate or severe food insecurity, with social distancing and a reduction in financing for social programs as possible contributing factors.	Manfrinato CV, Marino A, Condé VF et al. High prevalence of food insecurity, the adverse impact of COVID-19 in Brazilian favela [published online ahead of print, 2020 Dec 28]. <i>Public Health Nutr.</i> 2020;1-14. doi:10.1017/S1368980020005261

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COVID-19; coronavirus; pandemic; pediatric; telehealth; telemedicine	28-Dec-20	<a href="#">On-Demand, Virtual Health Care During COVID-19: Clinician Redeployment and Telemedicine Utilization in a Children's Health System</a>	Telemedicine and e-Health	Research Article	This study described how one children's health system redeployed clinical health professionals to expand existing pediatric, urgent care, on-demand telemedicine in the early months of the United States' pandemic response to COVID-19. Patient utilization and visit characteristics during the pandemic were contextualized relative to pre-pandemic, business-as-usual (BAU) operations. This descriptive, retrospective analysis described the clinician redeployment process and shift in physician workflow. The authors conducted a retrospective data analysis of routine patient and visit characteristics for urgent care, on-demand telemedicine services received January-May 2020, compared to BAU encounters between January-May 2019. 28 redeployed pediatricians and advanced practice registered nurses were trained and credentialed to assist the on-demand pediatrician team on the existing telemedicine platform. During 2020, providers completed 5,055 telemedicine visits, a 168% increase over the same timeframe in 2019. Pre-pandemic visit wait time was 6.29±5.4 min, which increased to 23.25±34.30 min during 2020. Chief complaints included skin-related concerns (27.9%) and upper respiratory infections (20.2%) and were consistent across years. Patient satisfaction with providers and platform were high. By engaging and training redeployed clinicians during the pandemic response, health care access was maintained for thousands of patients. Clinical health professionals can be trained and redeployed rapidly to on-demand telemedicine platforms to successfully meet spontaneous increases in demand for virtual care.	This study described how one children's health system redeployed clinical health professionals to expand existing pediatric, urgent care, on-demand telemedicine in the early months of the United States' pandemic response to COVID-19. Clinical health professionals can be trained and redeployed rapidly to on-demand telemedicine platforms to successfully meet spontaneous increases in demand for virtual care.	Murren-Boezem J, Solo-Josephson P, Zettler-Greeley CM. On-Demand, Virtual Health Care During COVID-19: Clinician Redeployment and Telemedicine Utilization in a Children's Health System [published online 2020 Dec 28]. <i>Telemed J E Health</i> . 2020. doi:10.1089/tmj.2020.0461
SARS-CoV-2; children; endotracheal intubation; simulation program; guidelines	28-Dec-20	<a href="#">Simulation to Train Pediatric ICU Teams in Endotracheal Intubation of Patients with COVID-19</a>	Pediatric Quality and Safety	Individual quality improvement project	The authors conducted a quality improvement study in a tertiary referral pediatric ICU (PICU) in the US after developing guidelines for modified intubation of suspected SARS-CoV-2 pediatric patients and implementing a simulated training program. The authors state that the highest risk for aerosol-generating procedures is during endotracheal intubation and that they adapted guidelines to ensure staff safety. The guidelines were established by reviewing evidence and expert recommendations with refinements during simulations by the PICU team and creating a training video showing intubation using the new guidelines. A training program was then established using simulation sessions and debriefing to practice the new guidelines. A questionnaire was given pre-simulation and post-simulation to assess preparedness to intubate a suspected or confirmed SARS-CoV-2 patient. Staff confidence increased from a Simulation Effectiveness Tool-modified score of 0.9 to 2.0 (p<0.001) (Likert scale range 0: do not agree to 2: strongly agree regarding statements of confidence). 50 PICU staff members participated in the simulations, and teams improved in executing the 9 recommended procedures during the 1st and 2nd simulation attempts (p=0.024). The PICU staff agreed that the simulation program increased their learning, confidence, and comfort to intubate a SARS-Cov-2 patient effectively and safely.	The authors conducted a quality improvement study in a US pediatric ICU in after developing guidelines for modified intubation of suspected SARS-CoV-2 pediatric patients and implementing a simulated training program. PICU staff reported that the program increased their learning, confidence, and comfort in safely and effectively intubating a SARS-CoV-2 patient.	Balikai SC, Badheka A, Casey A, et al. Simulation to Train Pediatric ICU Teams in Endotracheal Intubation of Patients with COVID-19. <i>Pediatr Qual Saf</i> . 2020;6(1):e373. Published 2020 Dec 28. doi:10.1097/pq9.0000000000000373
Parents; Routine	28-Dec-20	<a href="#">Parents' and guardians' views</a>	PLoS ONE	Original Research	The authors examined parents' and guardians' experiences accessing general practices for childhood vaccinations during April - May 2020, during	This study examined parents' and guardians' experiences with	Bell S, Clarke R, Paterson P, Mounier-

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vaccination; Children; Mixed methods; COVID-19		<a href="#">and experiences of accessing routine childhood vaccinations during the coronavirus (COVID-19) pandemic: A mixed methods study in England</a>			the COVID-19 pandemic in the United Kingdom. Parents and guardians with children <18 months old completed a survey (n = 1252), and 19 of those respondents participated in semi-structured interviews. 95.0% of survey respondents were women (n = 1190), 97.0% were raising a child with a partner (n = 1214), 94.1% (n = 1178) identified as white, and the age range of respondents was 18-45 years (mean = 32.95, SD = 4.565). Of the respondents with a child due for a vaccination, 44.8% (n = 291) reported having a vaccination appointment booked. 85.7% (n = 1073) reported that it was important for their children to receive vaccinations on schedule during the COVID-19 pandemic. Barriers to vaccination that were noted included lack of clarity on the operating status of vaccination clinics, difficulty organizing vaccination appointments, and fears of SARS-CoV-2 infection during vaccination visits. Parents described having to balance concerns over COVID-19 versus vaccine-preventable diseases, and many felt that the risk of their child contracting a vaccine-preventable disease was low due to physical distancing measures. The need for sustained communication from health authorities was noted in order to raise awareness of the importance of receiving vaccines on schedule, the availability of vaccine clinic services, and the measures implemented in vaccination clinics to prevent SARS-CoV-2 transmission.	accessing vaccines for children <18 months old during the COVID-19 pandemic in the United Kingdom. Respondents reported some barriers to vaccination, including not knowing the operating status of vaccinating clinics, difficulty organizing a vaccination appointment, and fear of SARS-CoV-2 infection during the vaccination appointment.	Jack S. Parents' and guardians' views and experiences of accessing routine childhood vaccinations during the coronavirus (COVID-19) pandemic: A mixed methods study in England. PLoS One. 2020;15(12):e0244049. Published 2020 Dec 28.
COVID-19; childbirth; pregnancy; post-traumatic stress disorder; maternal bonding; breastfeeding; peripartum care	28-Dec-20	<a href="#">COVID-19 is associated with traumatic childbirth and subsequent mother-infant bonding problems</a>	Journal of Affective Disorders	Short Communication	In this study, the investigators highlighted the challenges faced by women during childbirth in the COVID-19 pandemic (primarily March-April 2020) (n =1,611), comparing them to pre-pandemic deliveries (n =640). They used an anonymized survey to determine birth-related traumatic stress (CB-PTSD), maternal bonding, and breastfeeding status of respondents, and matched them to pre-pandemic controls. On average, participants were 32 years old [range not included], were 2 months post-partum, resided in the USA (86%), delivered a healthy neonate at term (85%), and had a vaginal delivery (72%), with none having suspected/confirmed SARS-CoV-2 infection. For women matched on background characteristics, those giving birth during the pandemic reported higher acute stress responses to childbirth compared to controls (OR = 1.38, 95% CI: 1.01–1.89), which was also associated with CB-PTSD ( $\beta$ =0.42, p <0.001), problems with bonding ( $\beta$ =0.26, p <0.001), and breastfeeding problems ( $\beta$ =0.10, p <0.01). Therefore, the authors suggested the significant exacerbation of childbirth-related stress during the COVID-19 pandemic, that may interfere with maternal postpartum adjustment and long-term health outcomes of mother and child. They recommended mental health screenings and breastfeeding support, among other measures, to reduce stress and improve peripartum care.	Upon comparing women who gave birth before and during the COVID-19 pandemic, the authors found a significant increase in the odds of acute stress responses amongst the latter. The acute stress responses were associated with impaired maternal-infant bonding and birth-related post-traumatic stress. Thus, the authors recommended implementing measures such as breastfeeding support and mental health screenings for women at risk.	Mayopoulos GA, Ein-Dor T, Dishy GA, et al. COVID-19 is associated with traumatic childbirth and subsequent mother-infant bonding problems. J Affect Disord. 2020 Dec 28;282:122-125. doi: 10.1016/j.jad.2020.12.101. Epub ahead of print. PMID: 33412491.
multisystem inflammatory syndrome, children, vaccine, COVID-19, SARS-CoV-2	28-Dec-20	<a href="#">Complexities of the COVID-19 vaccine and multisystem inflammatory syndrome in children</a>	Pediatric Investigations	Editorial	Vaccinating children against SARS-CoV-2 will be difficult for a myriad of reasons. Studies on the efficacy of vaccines in children will not begin until current development of vaccines for adults occurs. After that, getting child volunteers is difficult because children cannot consent to participate in studies where there is a significant risk of harm. Further, given that children are less affected by the virus, this necessitates higher enrollment in these trials to achieve statistical significance. It has been shown that the	The authors point out various obstacles of creating a SARS-CoV-2 vaccine that is effective in children. Children cannot consent on their own and a large number will be required to achieve statistical significance in	Blumenthal JA, Burns JP. Complexities of the COVID-19 vaccine and multisystem inflammatory syndrome in children. Pediatric Investigation.

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					rare but serious post-viral syndrome MIS-C has occurred. Children who are at highest risk for MIS-C are those with higher antibody response, especially against spike protein. Given this, if the vaccine induces such an immune response in children, this could place healthy children at risk for MIS-C. Thus, understanding MIS-C including its risk factors and links to causes will help us create a better safety profile for a future pediatric SARS-CoV-2 vaccine.	a population largely unaffected by the virus. MIS-C is also a cause for concern when evaluating the safety of pediatric vaccine candidates.	2020;4(4):299-300. doi:10.1002/ped4.12232
SARS-CoV-2, COVID-19, children	28-Dec-20	<a href="#">One Year Later, How Does COVID-19 Affect Children?</a>	Journal of the American Medical Association (JAMA) Pediatrics	Letter	This letter gives a brief summary of our understanding of how SARS-CoV-2 affects children. Most children are at lower risk for less severe disease, while in rare cases children can become very sick. Children who are obese, or have asthma, neurologic disorders, heart disease, or are immunodeficient are at greater risk for severe disease. In rare cases, children develop MIS-C 2-4 weeks after exposure, even if their disease course was asymptomatic. This syndrome has been fatal in rare cases. Thus, the author reminds parents of children to continue following CDC health guidelines and keep social distancing, wearing a mask, and washing hands well. They also assert that families should avoid closed spaces with poor ventilation, crowded areas, and close-contact settings. Further, the authors state that getting a flu shot should be a priority, since getting the flu and COVID-19 simultaneously is possible.	This letter to parents outlines the basic understanding of how SARS-CoV-2 affects children, and outlines the risk factors that make some children more susceptible to severe disease and/or multi-system inflammatory syndrome. It reminds caregivers to continue following CDC health guidelines to mitigate risk and slow viral transmission.	Thompson LA, Rasmussen SA. One Year Later, How Does COVID-19 Affect Children? JAMA Pediatrics. 2020. doi:10.1001/jamapediatrics.2020.5817
Vertical transmission, neonate, infant, breastfeeding	28-Dec-20	<a href="#">Authors' reply re: Maternal transmission of SARS-COV-2 to the neonate, and possible routes for such transmission: a systematic review and critical analysis</a>	British Journal of Obstetrics and Gynecology (BJOG)	Letter	In this response, the authors reply to a letter by Dr. Xue from Shanghai Jiao Tong University on their article "Maternal transmission of SARS-COV-2 to the neonate, and possible routes for such transmission: a systematic review and critical analysis" by Walker, et al. The authors agree there were weaknesses in the data they reviewed, including the incomplete reporting of infant feeding and mother-child interactions and the frequent lack of infant testing to confirm or refute the possibility of vertical transmission of COVID-19. Finally, although they simply provided summary totals, they feel it would have been statistically preferable to combine series using the Mantel-Haenszel method and calculate a relative risk for their data. However, in light of the uncertainties around the data which Dr. Xue identified, they felt it might give a false precision to their results. More work is needed on this topic, and the authors conclude that they continue to believe it is in the best interest of the mother and infant not to regard COVID-19 itself as an indication for caesarean delivery, artificial infant feeding or mother-infant separation.	The authors reply to a letter by Dr. Xue regarding their article "Maternal transmission of SARS-COV-2 to the neonate, and possible routes for such transmission: a systematic review and critical analysis." Despite the challenges identified in often-incomplete data, lack of infant testing, and lack of relative risk calculations, the authors conclude that for now they continue to believe COVID-19 itself is not an indication for C-section delivery, artificial infant feeding, or mother infant separation.	Walker KF, O'Donoghue K, Grace N, Dorling J, Comeau JL, Li W, Thornton JG. Authors' reply re: Maternal transmission of SARS-COV-2 to the neonate, and possible routes for such transmission: a systematic review and critical analysis. BJOG. 2020 Dec 28. doi: 10.1111/1471-0528.16436.
mental health, pregnant women, pregnancy, COVID-19, anxiety, depression	28-Dec-20	<a href="#">Psychological effects caused by COVID-19 pandemic on pregnant women: A systematic review with meta-analysis</a>	Asian Journal of Psychiatry	Systematic Review	This systematic review aimed to investigate and monitor the mental health status of pregnant women during the COVID-19 pandemic. The authors conducted a search of literature up until September 27, 2020, limiting their search to literature from 2020; of 198 unique publications, 24 articles were included in the systematic review and 19 were included in the final meta-analysis. The meta-analysis resulted in an overall anxiety prevalence of 42% (95%CI 26%-57%) and the overall depression prevalence of 25% (95%CI 20%-31%), both with substantial heterogeneity of results. 2 studies showed that anxiety symptoms increased and 1 study showed that depression symptoms increased in pregnant women during the COVID-19 pandemic.	A systematic review of the mental health status of pregnant women during the COVID-19 pandemic reported an overall anxiety prevalence of 42% and an overall depression prevalence of 25%, with some studies reporting increased anxiety and depression during the COVID-19. Age, family	Fan S, Guan J, Cao L, et al. Psychological effects caused by COVID-19 pandemic on pregnant women: A systematic review with meta-analysis. Asian Journal of Psychiatry. 2020:102533.

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					Pregnant women in these studies were frequently more concerned about the health of others than themselves. Younger pregnant women tended to exhibit more anxiety symptoms, while social support and physical activity were negatively associated with anxiety and depression. Pregnant women who worry about their finances were more likely to have higher clinical depression scores (adjusted OR: 2.23, 95%CI = 1.80,2.77, p<0.001). Stress scores were also significantly correlated with household income (p<0.05). Among studies that gathered information on obstetric plans, most pregnant women reported changed obstetric decisions due to COVID-19. In a study from Italy, 89% of pregnant women changed prenatal care 35% changed their birth plan. In another study from China, only 16.3% scheduled prenatal care and 25.2% scheduled hospitalized delivery as planned.	economic status, social support, and physical activity seem to correlate with the mental health status of pregnant women.	doi:10.1016/j.ajp.2020.102533.
South Africa, USA, SARS-CoV-2, pregnancy, neonates, infants	28-Dec-20	<a href="#">Effect of SARS-CoV-2 Infection in Pregnancy on Maternal and Neonatal Outcomes in Africa: An AFREhealth Call for Evidence through Multicountry Research Collaboration</a>	The American Society of Tropical Medicine & Hygiene	Perspective Piece	The authors review current knowledge on the maternal and neonatal effects of SARS-CoV-2 infections in pregnancy in this perspective. To date, there have been very few maternal and infant SARS-CoV-2 studies in sub-Saharan Africa (SSA). In one small observational cohort of pregnant women hospitalized with SARS-CoV-2 infections in Cameroon, 4 of 18 women died (case fatality rate: 22%). Among 13 women who delivered during the study, 8 underwent cesarean section mostly due to maternal distress, and 4 newborns of the 13 deliveries died in the hospital. However, neonatal outcomes could not be irrefutably attributed to SARS-CoV-2. In a second small scale study from Senegal, 9 pregnant women were admitted with SARS-CoV-2 infections, all of whom recovered within 14 days, and none of whom died. In a third study from the Democratic Republic of the Congo, 12 pregnant women were admitted with SARS-CoV-2 infections, of whom 3 had severe disease, and none of whom died. There were no significant differences in severity of disease between pregnant and nonpregnant women. Of note, the last two studies did not report data on postpartum or neonatal outcomes. Most surveillance regarding maternal and neonatal outcomes are from high-income countries. Further surveillance must be done in the SSA to evaluate the effects of SARS-CoV-2 on pregnant women and their neonates. Additionally, evaluating the effect of other infectious diseases such as malaria, HIV, and tuberculosis co-infection with SARS-CoV-2 is needed in SSA to determine their impact on maternal and neonatal outcomes.	The authors review current knowledge on the maternal and neonatal effects of SARS-CoV-2 infections in pregnancy in this perspective. They highlight the need to conduct multi-country surveillance and further studies across sub-Saharan Africa. They also recommend evaluating malaria, HIV, and tuberculosis coinfections with SARS-CoV-2 and their impact on maternal and neonatal outcomes.	Nacheha JB, Sam-Agudu NA, Budhram S, et al. Effect of SARS-CoV-2 Infection in Pregnancy on Maternal and Neonatal Outcomes in Africa: An AFREhealth Call for Evidence through Multicountry Research Collaboration [published online, 2020 Dec 28]. Am J Trop Med Hyg. 2020;10.4269/ajtmh.20-1553. doi:10.4269/ajtmh.20-1553
Pediatrics, hospital medicine, advanced practice providers, acute care, surge	27-Dec-20	<a href="#">Ramping Up a Pediatric Hospital Medicine Advanced Practice Provider Team Rapidly</a>	Hospital Topics	Original Research	This article describes the role of advanced practice providers (APPs) in a Pediatric Hospital Medicine (PHM) program in the USA to accommodate a surge in acute care patient volumes during the COVID-19 pandemic. The hospital partnered with Pediatric Critical Care and Emergency Medicine within the institution to build an APP team utilizing existing experience from within those departments. The APPs worked 2-3 consecutive day shifts while the attending physician remained on the team for 7 days to provide continuity. The APP served as the frontline provider (with supervision from the attending physician) and assisted with admissions during resident educational times. During the 3-month pilot period, the APP team carried an average of 16.4% of the overall morning patient	In this article, the authors share their experience developing a team of advanced practice providers within the Pediatric Hospital Medicine program at their USA institution to accommodate a surge in acute care patient volumes during the COVID-19 pandemic. They utilized APPs with existing experience in the institution and	Nelson A, Fox J, Toth H, Stephany A. Ramping Up a Pediatric Hospital Medicine Advanced Practice Provider Team Rapidly. Hosp Top. 2020;1-4. doi:10.1080/00185868.2020.1848397

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					census. There was no statistically significant difference in the average length of stay for patients admitted to the APP team vs traditional PHM teams (63 vs 84 hours, P=0.056). Additionally, residents reported better balance and nurses remarked on the efficiency of the APP team. There were no adverse patient outcomes. The authors conclude that other pediatric hospital medicine groups that do not currently have an APP team could replicate this model to accommodate a surge in acute care census by using experienced APPs within their own institutions.	received positive feedback from both residents and nurses.	
Vertical transmission, intra-uterine transmission, neonatal outcomes, pregnancy	27-Dec-20	<a href="#">Vertical Transmission of SARS-CoV-2 from COVID-19 Infected Pregnant Women: A Review on Intrauterine Transmission</a>	Fetal and Pediatric Pathology	Original Article	This study was conducted to assess and summarize the currently available evidence on vertical transmission of SARS-CoV-2 from COVID-19 infected pregnant women to their newborns and the perinatal consequences. The primary outcome of the study was vertical transmission (confirmed by positive test of SARS-CoV-2 RT-PCR and/or IgM antibodies during early hours/days of life). 16 articles of 498 pregnant women with COVID-19 from 15-45 years of age were included from December 2019-October 2020. Gestational age at the onset of maternal symptoms ranged from 25-41 weeks gestation. 4/16 studies reported no vertical transmission. The total vertical transmission (probable and confirmed) rate across all studies was 4.883% (23/471). Of 17 affected newborns with information on outcomes available, 8 required neonatal ICU admission, 4 developed pneumonia, and 4 required mechanical ventilation. None of the SARS-CoV-2 positive infants died. 2 studies reported SARS-CoV-2 IgM antibodies in newborns of COVID19 infected mothers, which suggest that there may be in utero transmission of SARS-CoV-2. The authors conclude that based on this evidence, vertical transmission of SARS-CoV-2 cannot be excluded. However, few serious adverse fetal outcomes have been associated with intra-uterine transmission.	In this summary of evidence regarding vertical transmission for 498 pregnant women with COVID-19, the probable and confirmed transmission rate across 16 studies was 4.883%. 2 studies reported SARS-CoV-2 IgM antibodies in newborns of COVID-19 infected mothers. None of the infants who tested positive for SARS-CoV-2 died.	Naz S, Rahat T, Memon FN. Vertical Transmission of SARS-CoV-2 from COVID-19 Infected Pregnant Women: A Review on Intrauterine Transmission. Fetal Pediatr Pathol. 2020 Dec 27:1-13. doi: 10.1080/15513815.2020.1865491.
COVID-19; pediatric; myositis; rhabdomyolysis ; complications	27-Dec-20	<a href="#">Adolescent COVID-19-Associated Fatal Rhabdomyolysis</a>	Journal of Primary Care and Community Health	Case Report	The authors highlight the case of a 16-year old male who presented o a healthcare facility in Oman with fever, sore throat, and myalgia, clinical symptoms of myositis in September 2020. The child had been involved in an exercise class the previous day. He was evaluated by a general practitioner and discharged with symptomatic treatment. However, 2 days later, his symptoms worsened with new onset of shortness of breath. He tested positive for SARS-CoV-2 and died within 3 days of admission. In January 2019, he had reported to a tertiary care center with limb weakness, fever, inability to walk, and was diagnosed with viral myositis complicated by rhabdomyolysis, and appeared stable until he contracted SARS-CoV-2. This case was a rare manifestation of SARS-CoV-2 infection in a pediatric patient associated with rhabdomyolysis; hence, the authors recommend clinicians to be cognizant for prompt diagnosis and management. Additionally, they highlight this case to implore proper documentation and comprehensive medical history taking alongside detailed physical examination, particularly in neurological involvement, indicating the critical role of early intervention to prevent deterioration and fatal complications.	The authors present the case of a 16-year old male who died 3 days after admission after presenting with COVID-19 related rhabdomyolysis. He had a history of viral myositis complicated by rhabdomyolysis in 2019. The authors implore proper documentation and detailed clinical evaluation to ensure early intervention and prevent clinical deterioration and fatal complications.	Anwar H, Al Lawati A. Adolescent COVID-19-Associated Fatal Rhabdomyolysis. <i>J Prim Care Community Health</i> . 2020;11:2150132720985641. doi:10.1177/2150132720985641

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
COVID-19; SARS-CoV-2; behavioral problems; child psychology; neuropsychiatric features; mental health	27-Dec-20	<a href="#">Psychological and Behavioral Impact of Lockdown and Quarantine Measures for COVID-19 Pandemic on Children, Adolescents and Caregivers: A Systematic Review and Meta-Analysis</a>	Journal of Tropical pediatrics	Systematic Review	During the COVID-19 pandemic, psychological problems like anxiety, depression, irritability, mood swings, inattention and sleep disturbance are fairly common among quarantined children in several studies. The authors performed a systematic review of articles published 1 December 2019 - 15 August 2020 describing psychological and behavioral complications related to the COVID-19 pandemic in children ≤18 years old and their caregivers. Only original articles with a minimum sample size of 50 were included. 15 studies describing 22,996 children/adolescents fulfilled the eligibility criteria from a total of 219 records. Overall, 34.5%, 41.7%, 42.3% and 30.8% of children were found to be suffering from anxiety, depression, irritability and inattention respectively. 79.4% of children had their behavior or psychological state negatively impacted by the pandemic and quarantine, at least 22.5% had a significant fear of COVID-19, and 35.2% had boredom, and 21.3% had sleep disturbance. Similarly, 52.3% and 27.4% of caregivers developed anxiety and depression, respectively, while being in isolation with children. Furthermore, children with pre-existing behavioral problems like autism and attention deficit hyperactivity disorder are likely to exhibit worsening behavioral symptoms. The authors propose the following interventions to mitigate these effects: educational interventions (psychosocial support and healthy lifestyle motivation); information dissemination (accurate information, limited news exposure, discussion with children about what they heard or saw); behavioral therapy complemented with sleep hygiene, exercise and healthy eating; utilizing telehealth to provide counseling/support to children at risk and to help parents cope with family issues and ensure positive parenting.	This systematic review included articles published 1 December 2019 - 15 August 2020 describing psychological and behavioral complications related to the COVID-19 pandemic in children ≤18 years old and their caregivers. Results indicate anxiety, depression, irritability, boredom, inattention and fear of COVID-19 are predominant new-onset psychological problems in children during the COVID-19 pandemic and while confined in quarantine. Intervention strategies are proposed by the authors.	Panda PK, Gupta J, Chowdhury SR, et al. Psychological and Behavioral Impact of Lockdown and Quarantine Measures for COVID-19 Pandemic on Children, Adolescents and Caregivers: A Systematic Review and Meta-Analysis [published online, 2020 Dec 27]. J Trop Pediatr. 2020;fmaa122. doi:10.1093/tropej/fmaa122
USA, SARS-CoV-2, ectopic pregnancy, New York City, COVID-19	27-Dec-20	<a href="#">Change in ectopic pregnancy presentations during the COVID-19 pandemic</a>	The International Journal of Clinical Practice	Perspective	In this letter, the authors report on the prevalence of ectopic pregnancies at their university-affiliated community-based hospital in New York City, USA, during the COVID-19 pandemic. They reported 51 ectopic pregnancies treated between 2019-2020 (pre-pandemic), of which 76% were treated with methotrexate and monitored with serial b-hCG, and 23.5% were treated surgically with laparoscopic salpingectomy. Between March 15-May 17, 2020, there were 12 ectopic pregnancies at their hospital, with 83% presenting with hemodynamically unstable conditions requiring urgent surgical management, of which 2 had failed to be treated with methotrexate. The authors identified a dramatic increase in the diagnosis and management of ectopic pregnancies at their institution, highlighting that the rate of annual ruptured ectopic pregnancies from the previous year was reached over 2 months during the pandemic. A key part of this finding was women presenting with ruptured ectopic pregnancies, being unaware of their diagnosis. Hence, the authors recommended that obstetricians and gynecologists schedule visits with their newly pregnant patients to determine the site of implantation.	In this article, the authors presented an increase in ectopic pregnancies presenting at their hospital in New York City, USA. They reported 12 ectopic pregnancies from March 15-May 17, 2020, which had already surpassed the rate of annual ruptured pregnancy from the previous year (51 ectopic pregnancies in 2019-20). Hence, they recommended that obstetricians and gynecologists evaluate their newly pregnant patients to diagnose the implantation site during the COVID-19 pandemic period.	Werner S, Katz A. Change in ectopic pregnancy presentations during the covid-19 pandemic. Int J Clin Pract. 2020 Dec 27:e13925. doi: 10.1111/ijcp.13925. Epub ahead of print. PMID: 33368867.

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USA; COVID-19; pediatric dermatology; access to care	27-Dec-20	<a href="#">Disparities in telemedicine access for Spanish-speaking patients during the COVID-19 crisis</a>	Pediatric Dermatology	Brief Report	In this article, the authors discussed the disparities in care provided by pediatric dermatologists via telemedicine to Spanish-speaking patients during the COVID-19 pandemic, compared to in-person visits in previous years. They conducted a retrospective analysis of pediatric dermatology scheduling data for patients <18 years old at their outpatient clinic in Massachusetts, USA, between March 18-July 31, 2020, comparing it with the same period in 2019. They noted the decrease in pediatric dermatology appointments scheduled by Spanish speakers in 2020 (5% vs 9% in 2019; p<0.001). Spanish-speaking patients were also less likely to have an email address documented in the electronic medical record compared to non-Spanish speakers (45% vs 62%; p=0.017) or have activated an online patient portal account before their telemedicine visit (23% vs 66%, p<0.001). Additionally, they found that the median income was lower in the Spanish-speaking population compared to the non-Spanish speaking population (\$65,196 vs \$94,712; p<0.001). Hence, the authors suggested care providers be cognizant of the communication preferences of their patients, which, in conjunction with consistent and efficient language-congruent interactions, could aid in greater equitability in digital care delivery.	In this article, the authors highlight the disparities in care provided via telemedicine compared to in-patient visits for Spanish-speaking patients by pediatric dermatologists. They determined that there was a significant decrease in the number of appointments scheduled by Spanish-speakers during the COVID-19 pandemic in 2020 compared to 2019, identifying that they were less likely to have an email address in the electronic medical record as well as an activated patient portal. The authors underscored the importance of determining patient communication preferences to enhance equitable digital care delivery.	Blundell AR, Kroshinsky D, Hawryluk EB, Das S. Disparities in telemedicine access for Spanish-speaking patients during the COVID-19 crisis. <i>Pediatr Dermatol.</i> 2020 Dec 27. doi: 10.1111/pde.14489. Epub ahead of print. PMID: 33368668.
teleconsultation, maternal mental health, Pakistan, COVID-19	27-Dec-20	<a href="#">Maternal mental health amidst the COVID-19 pandemic [Free access to abstract only]</a>	Asian Journal of Psychiatry	Letter to the Editor	Pregnancy puts women in an immune-compromised state and makes them susceptible to viral infections. Aside from a physical health concern, the COVID-19 pandemic also threatens their psychological/mental health. This pandemic may increase mental disorders due to social distancing and limited access to mental health services. The SARS-CoV-2 related stigma and the deluge of imprecise and inaccurate information have led to the underutilization of healthcare services and induced anxiety and panic among pregnant women. A study identified that more than half of the pregnant women were anxious about their well-being (50.7%), their unborn child (63.4%), and their other children's health (66.7%). Rigorous efforts such as careful antenatal anxiety and depression screening are needed to deal with pregnant women's long-term mental health repercussions during the pandemic. Teleconsultation might be helpful to give psychosocial support remotely. The authors suggest future research to assess the impact of the COVID-19 pandemic on pregnant women and their offspring in developing countries such as Pakistan, where mental health services are limited. International collaboration is critical to address gaps in information about COVID-19 and its impact on maternal mental health.	This article addresses maternal mental health concerns due to the COVID-19 pandemic in Pakistan, a developing country with limited mental health resources.	Ali NA, Shahil Feroz A. Maternal mental health amidst the COVID-19 pandemic. <i>Asian J Psychiatr.</i> 2020;54. doi:10.1016/j.ajp.2020.102261
COVID-19, pediatric; MIS-C, PIMS-TS	26-Dec-20	<a href="#">SARS-CoV-2 paediatric inflammatory syndrome</a>	Paediatrics and Child Health (Oxford)	Article	This article reviewed the knowledge gained from the first surge of COVID-19 cases about PIMS-TS and how it affects children. PIMS-TS is a novel condition, part of the constellation of inflammatory conditions seen in children. The pathogenesis is not yet understood, neither is it known which are effective treatments. In general, outcomes of PIMS-TS are good. Mortality is low: even amongst pediatric ICU mortality is <3%, with stays of around 5 days. Although multi-organ problems are common initially, with careful supportive treatment these generally improve. The major, and most	This article reviewed the knowledge gained from the first surge of COVID-19 cases about PIMS-TS and how it affects children. Although multi organ problems are common initially, with careful supportive	Evans C, Davies P. SARS-CoV-2 paediatric inflammatory syndrome. <i>Paediatr Child Health (Oxford).</i> 2021;31(3):110-115. doi:10.1016/j.paed.2020.12.003.

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					worrying outcome of PIMS-TS are coronary artery aneurysms. Careful supportive care and close follow-up is important. Collaboration between specialists, as with any such complex condition, is important.	treatment these generally improve.	
COVID-19; Caesarian section; Cesárea; Embarazo; High-flow oxygen; Oxígeno de alto flujo; Pregnancy	26-Dec-20	<a href="#">Anesthetic planning and management for a caesarian section in a pregnant woman affected by SARS-COV-2 pneumonia</a>	Revista Española de Anestesiología y Reanimación	Case Report	This case describes a 43-year-old woman in the 37th week of pregnancy who was admitted to the resuscitation unit for severe respiratory failure due to COVID-19 and required an urgent C-section in Spain [dates not given]. Chest X-ray showed diffuse bilateral perihilar opacities, and PCR was positive for SARS-CoV-2. Laboratory results showed acidosis and increased inflammatory markers. She was transferred to the operating room with COVID-19 protocol. Spinal anesthesia and standard C- section were performed. The intervention lasted 60 minutes, and the patient remained stable without the need for vaso-active support. A bag-mask covered by a surgical mask was used to reduce the risk of aerosolization. The infant had an Apgar score of 7/9 at 1 min/5 min and saturation of 96% at 15 min with oxygen. The infant's blood gas analysis showed respiratory acidosis, and the infant tested negative for SARS-CoV-2. Both the mother's and infant's conditions improved. The infant was separated from the mother until her PCR turned negative. This case demonstrates the importance of detailed planning by the surgical team and anesthesiologists to protect both mother's and infant's wellbeing and prevent disease transmission.	This is the case of a 43-year-old woman in the 37th week of pregnancy who was admitted to the resuscitation unit for severe respiratory failure due to COVID-19 and underwent an urgent C-section in Spain. Careful planning including personnel protection, additional personnel, and general anesthesia anticipation is essential for successful management.	Martínez Santos L, Olabarrieta Zarain U, García Trancho A, et al. Anesthetic planning and management for a caesarian section in a pregnant woman affected by SARS-COV-2 pneumonia. Planificación y manejo anestésico para cesárea en gestante con neumonía por SARS-CoV-2. Rev Esp Anestesiol Reanim. 2021;68(1):46-49. doi:10.1016/j.redar.2020.08.006
IVF; COVID-19; vertical transmission; pregnancy	26-Dec-20	<a href="#">Outcomes of an In Vitro Fertilization Pregnancy with COVID-19 and the Perinatal Outcome in Riyadh, Saudi Arabia</a>	Cureus	Case Report	The authors report a case of a 27-year old woman pregnant by in-vitro fertilization (IVF), who was admitted to the hospital at 38 +5 weeks gestation following interaction with a confirmed COVID-19 case. The patient received two consecutive positive SARS-CoV-2 tests and remained asymptomatic. All of her basic blood tests, electrocardiogram, and chest X-ray with an abdominal shield were unremarkable. The patient's physical exam was unremarkable, and she was clinically and hemodynamically stable. She received no treatment for COVID-19, and 2 consecutive SARS-CoV-2 negative nasopharyngeal swabs confirmed her recovery. At 41 +5 weeks gestation, the patient began labor and underwent a Cesarean section to deliver a 3.9 kg boy with no complications and APGAR scores of 7 and 9 at 1 and 5 minutes, respectively. All providers took extreme precautions and used PPE extensively to limit transmission risk. Both the newborn and mother were both confirmed SARS-CoV-2 negative via 2 consecutive RT-PCR tests and discharged from the hospital after delivery. The authors concluded that there is no evidence to suggest a higher risk of SARS-CoV-2 vertical transmission in IVF pregnancies.	The authors report the case of a 27-year-old woman pregnant by in-vitro fertilization (IVF) who tested positive for SARS-CoV-2 infection but remained asymptomatic throughout her admission. Three weeks after recovering from SARS-CoV-2 infection, the patient delivered a healthy newborn with no complications and tested negative for SARS-CoV-2. The authors concluded that there is no evidence to suggest a higher risk of SARS-CoV-2 vertical transmission in IVF pregnancies.	Alhamoud AH, Matary F, Bukhari S, Kelantan M, Bajahzer M. Outcomes of an In Vitro Fertilization Pregnancy With COVID-19 and the Perinatal Outcome in Riyadh, Saudi Arabia. <i>Cureus</i> . 2020;12(12):e12296. Published 2020 Dec 26. doi:10.7759/cureus.12296
COVID-19, Switzerland, school, student, children, teacher, PCR, RDT	26-Dec-20	<a href="#">Surveillance of acute SARS-CoV-2 infections in school children and point-prevalence during a time of high community</a>	medRxiv	Pre-print (not peer-reviewed)	The authors evaluated the feasibility of a surveillance system to monitor SARS-CoV-2 infections and clustering in schools. The authors conducted an observational prospective study of 14 schools from the Ciao Corona cohort study in Switzerland between December 1–11, 2020. Rapid diagnostic testing (RDT) and PCR were performed for all participating children and teachers (T1), and were repeated 1 week later (T2). A questionnaire assessed demographics and symptoms during the past 5 days. 641 children (6-16 years old) from 67 classes and 66 teachers participated in at least 1 of the 2 tests. None of the teachers and only 1 child had a positive PCR at any	The authors conducted an observational prospective study of 14 schools in Switzerland between December 1–11, 2020 to evaluate the feasibility of a surveillance system to monitor acute SARS-CoV-2 infections and clustering in schools. Given the low point-prevalence of 0-0.2%	Kriemler S, Ulyte A, Ammann P, et al. Surveillance of acute SARS-CoV-2 infections in school children and point-prevalence during a time of high community transmission in

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		<a href="#">transmission in Switzerland</a>			of the 2 testing visits, corresponding to a point-prevalence of 0.2% (CI 0% to 1.1%) at T1 and 0% at T2. The child with positive PCR at T1 was negative on the RDT at T1, and PCR and RDT were negative at T2. There were 7 (1.1%) “false-positive” RDTs in children and 2 (3.0%) “false-positive” RDTs in teachers at T1 or T2 among 5 schools (overall point-prevalence 1.3%). All 9 initially positive RDTs were negative in a new buccal sample taken 2 hours to 2 days later, also confirmed by PCR. 35% of children and 8% of teachers reported mild symptoms within 5 days prior to testing. Given the low point-prevalence of 0-0.2% of SARS-CoV-2-infected children, the authors conclude that a targeted test, track, isolate and quarantine strategy for symptomatic children and school personnel adapted to school settings is likely more appropriate than surveillance on entire classes and schools.	of SARS-CoV-2-infected children, the authors conclude that a targeted test, track, isolate and quarantine strategy for symptomatic children and school personnel adapted to school settings is likely more appropriate than surveillance on entire classes and schools.	Switzerland. medRxiv. 2020. doi:10.1101/2020.12.24.20248558
COVID-19; school bus; transportation; children	26-Dec-20	<a href="#">Considerations for the transportation of school aged children amid the Coronavirus pandemic</a>	Transportation Research Interdisciplinary Perspectives	Article	The authors discuss anthropometric characteristics of children and the design of school bus cabins to identify potential concerns and countermeasures (immediate and long term) for their safe transportation during the COVID-19 pandemic. Physical distancing may not be feasible on school buses; moreover, face coverings are designed for specific user populations, which in most cases do not include children. Anthropometric differences in facial features of adults and children could result in misfit PPE, increasing the risk of exposure. Addressing the mismatch between child anthropometric features and the design of face masks would have the greatest impact on child safety during the pandemic. The risk of virus transmission among passengers may also be reduced by adhering to CDC guidelines and additional bus specific considerations such as structured loading and unloading criteria, face coverings guidelines, incorporation of a bus monitor, and potential modifications/design changes for existing/future school buses. Significant research efforts and funding are necessary to pursue a systematic approach of incorporating engineering controls on school buses; however, this may not be an immediate solution during the pandemic. These include an improved ventilation system such as incorporating a HEPA filter or installing passenger cocooning shields to reduce viral spread.	The authors discuss anthropometric characteristics of children and the design of school bus cabins to identify potential concerns and countermeasures (immediate and long term) for their safe transportation during the COVID-19 pandemic. Adherence to CDC guidelines, structured loading/unloading criteria, use of fitted PPE, incorporation of a bus monitor, and design changes to include engineering controls such as a HEPA filter or passenger cocooning shields can help reduce viral spread.	Abulhassan Y, Davis GA. Considerations for the transportation of school aged children amid the Coronavirus pandemic. TRIP. 2020;9:100290. doi:10.1016/j.trip.2020.100290.
COVID-19; maternal health services; telemedicine	26-Dec-20	<a href="#">Restructuring maternal services during the covid-19 pandemic: Early results of a scoping review for non-infected women</a>	Midwifery	Review	In this review, the authors investigate different attempts to reshape maternal health services during the COVID-19 pandemic. Following the PRISMA guidelines for reviews, a literature search was carried out to assess different approaches that combine maternal care quality with the imposed social-distancing rules. 9 studies were included in the scoping review. Findings indicate that reduction of in-person visits is the preferred overall solution. Integrating fewer consultations with telemedicine may be the solution to guarantee essential services and appropriate maternal care. Referral to epidemic-free community centers is an alternative option, and new paths need to include the interdisciplinary contribution of medical consultants and IT experts, among others. In this context, delaying access for symptomatic expectant mothers is still debated since it carries the potential risk of untimely detection of pregnancy complications. These new	In this review, the authors investigate different attempts to reshape maternal health services during the COVID-19 pandemic. Integrating fewer consultations with telemedicine may be the solution to guarantee essential services and appropriate maternal care. These new health strategies apply to women with low-risk pregnancies, while hospital centered assistance is	Montagnoli C, Zanonato G, Ruggeri S. Restructuring maternal services during the covid-19 pandemic: Early results of a scoping review for non-infected women. Midwifery. 2020;94:102916. doi:10.1016/j.midw.2020.102916.

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					health strategies apply to women with low-risk pregnancies, while hospital centered assistance is maintained for complicated obstetric cases.	maintained for complicated obstetric cases.	
Midwife practice; Health services research; Survey study; France	26-Dec-20	<a href="#">Adaptation of independent midwives to the COVID-19 pandemic: A national descriptive survey</a>	Midwifery	Original Research	The authors administered a survey March 16-23, 2020 to 1517 independent midwives in all districts and territories of France to assess how they had adapted their practices during the initial phase of the COVID-19 pandemic. A majority (n = 1375) reported postponement or cancellation of non-essential consultations, including for pelvic floor rehabilitation (n = 1270), birth preparation (n = 1188), preventative gynecology (n = 976), early prenatal interview (n = 170), and postnatal follow-up (n = 158). Most (n = 1465) reported adaptations to their office to prevent the spread of SARS-CoV-2, including increased phone use to answer questions (n = 1199), children not allowed in waiting room (n = 1188), and having masks available (n = 1136). These changes occurred without issuance of national guidance on adapting services, and may have implications for care safety, continuity, and outcomes.	This study assessed French midwives' practice adaptations to the COVID-19 pandemic in March 2020, absent the issuance of national guidance. Most adapted services by postponing or cancelling non-essential consultations and implementing measures in their practice to prevent the spread of SARS-CoV-2.	Baumann S, Gaucher L, Bourgueil Y, Saint-Lary O, Gautier S, Rousseau A. Adaptation of independent midwives to the COVID-19 pandemic: A national descriptive survey. Midwifery. 2020:102918. <a href="http://www.sciencedirect.com/science/article/pii/S0266613820302904">http://www.sciencedirect.com/science/article/pii/S0266613820302904</a> . doi: <a href="https://doi.org/10.1016/j.midw.2020.102918">https://doi.org/10.1016/j.midw.2020.102918</a> .
Sweden, seropositivity, herd immunity, pregnant women, healthy adults	26-Dec-20	<a href="#">Seropositivity in blood donors and pregnant women during 9-months of SARS-CoV-2 transmission in Stockholm, Sweden</a>	medRxiv	Preprint (not peer-reviewed)	This study sought to establish the prevalence of seropositivity of SARS-CoV-2 in healthy, active adults in Stockholm, Sweden. In this prospective cross-sectional study, otherwise-healthy blood donors (n=2,100) and pregnant women (n=2,000) were sampled at random for consecutive weeks (at three intervals) between March 14 and December 11, 2020, at Karolinska University Hospital in Stockholm, Sweden. All individuals (n=200/sampling week) were screened for anti-SARS-CoV-2 spike (S)trimer-and RBD-specific IgG responses with highly sensitive and specific ELISA assays, and the results were compared with those from historical blood donor controls from Spring 2019 (n=595). No study subject was hospitalized for COVID-19 or symptomatic at sample collection. The results showed similar SARS-CoV-2 seroprevalence in blood donors and pregnant women. After a steep rise at the start of the COVID-19 pandemic, the seroprevalence trajectory increased steadily as the second-wave of infections began in the winter, reaching 15% of all individuals surveyed by December 11, 2020. Notably, 96% of antibody-positive healthy donors screened (n=56) developed neutralizing antibody responses at titers comparable to or higher than those observed in clinical trials of SARS-CoV-2 spike mRNA vaccination, supporting that asymptomatic/mild infection engenders a competent B-cell response. These data demonstrate that the metropolitan Stockholm area was far from herd immunity 9 months after the outbreak, with approximately 1 in 6 persons in the examined cohort seropositive for SARS-CoV-2.	This study sought to establish the prevalence of seropositivity to SARS-CoV-2 in healthy, active adults in Stockholm, Sweden. Blood donors and pregnant women showed similar seroprevalence. The metropolitan Stockholm area was far from herd immunity 9 months after the outbreak, with approximately 1 in 6 persons in the examined cohort seropositive for SARS-CoV-2.	Xaquín CD, Sandra M, Murray C, et al. Seropositivity in blood donors and pregnant women during 9-months of SARS-CoV-2 transmission in Stockholm, Sweden. medRxiv 2020.12.24.20248821; doi: <a href="https://doi.org/10.1101/2020.12.24.20248821">https://doi.org/10.1101/2020.12.24.20248821</a>
MMR, Measles, Mumps, Rubella, Diphtheria, Tetanus, Pertussis, Polio,	26-Dec-20	<a href="#">Childhood vaccinations: hidden impact of COVID-19 on children in Singapore</a>	Vaccine	Short Communication	To measure the impact of COVID-19 on childhood vaccination rates, this multi-center retrospective cohort study compared childhood vaccine uptake January - April 2020 to the same period in 2019 in 3 types of healthcare facilities in Singapore: 5 public primary care clinics (polyclinics), 1 pediatric hospital clinic, and 3 private pediatrician clinics. [No age data or age criteria were reported]. All 3 types of facilities showed a drop in	This multi-center retrospective cohort study evaluated the impact of the COVID-19 pandemic on childhood vaccine uptake in 3 types of healthcare facilities in Singapore. All types	Zhong Y, Eleanor Clapham H, Aishworiya R, et al. Childhood vaccinations: hidden impact of COVID-19 on children in Singapore

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Pneumococcal, vaccination, COVID-19, Singapore					Measles-Mumps-Rubella (MMR) uptake rates (polyclinics: -25.6%; hospitals: -57.3%; private: -73.16%), Diphtheria- Tetanus- Pertussis-inactivated Polio-Haemophilus influenza (polyclinics: -10.3%; hospitals: -0.4%; private: -47.8%), and Pneumococcal conjugate vaccine (polyclinics: -8%; hospitals: -12.9%; private: -67.8%). The authors note that the steepest drops were in private clinics, which the authors propose may have been due to reduced international patients who frequently utilize private clinics in Singapore. The authors estimate that if missed MMR doses are not eventually administered, the complete vaccine coverage in 1 to 2-year-olds will be estimated at 84%, well below WHO's 95% target required for herd immunity, and may drop further to 74% if reduced vaccine uptake rates persist for the remainder of 2020. Although social distancing, compulsory mask-wearing, and border closures in Singapore may help to mitigate the potential for a measles outbreak, the authors caution that a significant measles outbreak among children may occur if vaccination catch-up does not occur before IPC measures are relaxed in Singapore.	of facilities showed a drop in vaccine uptake for Measles-Mumps-Rubella (MMR), Diphtheria- Tetanus- Pertussis-inactivated Polio-Haemophilus influenza, and the Pneumococcal conjugate vaccine. The authors caution that a significant measles outbreak may occur in children if vaccination catch-up does not occur before IPC measured are relaxed in Singapore.	[published online, 2020 Dec 26]. Vaccine. 2020; doi:10.1016/j.vaccine.2020.12.054
Neonate, infant, pediatrics, ICU, contact tracing, India	26-Dec-20	<a href="#">Outcome of Covid-19 Positive Newborns Presenting to a Tertiary Care Hospital</a>	Indian Pediatrics	Research Letter	In this retrospective study, the authors assessed outcomes of neonates positive for SARS-CoV-2 admitted to a neonatal ICU at a tertiary hospital in India from April 1-August 31, 2020. Out of 423 admitted neonates, 18 (4.25%) tested positive for SARS-CoV-2 by RT-PCR of nasopharyngeal swabs. 4 positive neonates were born preterm and 9 were delivered by C-section. Clinical presentation was varied although all neonates were symptomatic at the time of NICU admission, with respiratory distress being the most common symptom and 6 neonates requiring ventilation. 15 neonates survived and were discharged home, and 3 died. 1 death was suspected to be attributable to MIS-C. Median (IQR) duration of hospital stay was 10 (9,16) days. Upon contact-tracing, 9 mothers and 1 caretaker (paternal aunt) tested positive. 3 of the positive mothers tested negative prior to delivery but tested positive after a re-test. No contact was identifiable for 8 neonates. The authors conclude that although the frequency of SARS-CoV-2-positive neonates is extremely low, affected neonates may require intensive care and have severe disease.	The authors assessed the outcomes of neonates admitted to the neonatal ICU with SARS-CoV-2 in India. Out of 18 infants, 4 were born preterm and 9 were delivered via C-section. There were 3 neonatal deaths, with one attributed to MIS-C.	Shah B, Dande V, Rao S, Prabhu S, Bodhanwala M. Outcome of Covid-19 Positive Newborns Presenting to a Tertiary Care Hospital. Indian Pediatr. 2020 Dec 26:S097475591600263.
Children, ADHD, lockdown, mental health, psychiatry, Italy	26-Dec-20	<a href="#">Journal Pre-proof Identifying the impact of the confinement of Covid-19 on emotional-mood and behavioural dimensions in children and adolescents with Attention Deficit Hyperactivity Disorder (ADHD)</a>	Psychiatry Research	Original Research	This study examined the impact of the COVID-19 lockdown on mood and behaviors of children and adolescents with Attention Deficit Hyperactivity Disorder (ADHD) in Italy. 992 parents of children and adolescents 6-18 years of age with ADHD filled out an anonymous online survey from June 4-June 21, 2020. The survey investigated the severity of 6 emotional and mood states (sadness, boredom, little enjoyment/interest, irritability, temper tantrums, anxiety) and 5 disruptive behaviors (verbal and physical aggression, argument, opposition, restlessness) based on their frequency before and during the lockdown. Important fluctuations were found in all dimensions during the lockdown but they varied by severity of baseline ADHD symptoms (before period). Subjects with previous low severity behaviors significantly worsened in almost all dimensions during the lockdown. On the contrary, ADHD patients with moderate and severe symptoms before lockdown showed improvement during the lockdown in opposition, restlessness, irritability, and argument. However, they also	The authors assessed the impact of COVID-19 lockdown on mood and behaviors for children and adolescents with ADHD in Italy. For those with mild ADHD symptoms at baseline, most behaviors worsened during the lockdown. However, for those with moderate or severe baseline symptoms, some behaviors such as opposition, restlessness, and irritability improved during the lockdown.	Melegari MG, Giallonardo M, Sacco R, et al. Identifying the impact of the confinement of Covid-19 on emotional-mood and behavioural dimensions in children and adolescents with Attention Deficit Hyperactivity Disorder (ADHD). Psychiatry Research. 2020. https://doi.org/10.1016

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					reported higher rates of little enjoyment/interest and boredom during lockdown. These 2 dimensions (little enjoyment/interests and boredom) were most negatively affected by the lockdown restrictions across all participants. The authors conclude that the lockdown in Italy had both negative effects and indirect benefits for children with ADHD, depending on severity of baseline symptoms.		/j.psychres.2020.113692
Children, therapy, disabilities, telehealth, parent satisfaction	25-Dec-20	<a href="#">The Impact of the Novel Coronavirus Disease 2019 on Therapy Service Delivery for Children with Disabilities</a>	Journal of Pediatrics	Original Research	This article assessed the impact of the COVID-19 pandemic on the delivery of therapy services for children with disabilities in the USA. Caregivers of children <22 years of age (range 0-21 years) with disabilities were recruited via social media to complete an online survey from May 11-July 31, 2020 about their child[ren]'s access to, and satisfaction with, therapy services during COVID-19. Parents also completed the Family-Provider Partnership Scale and the Telehealth Satisfaction Scale. 44% of the 207 parents who responded reported low satisfaction with their children's therapy services during the pandemic. Access to telehealth positively predicted overall satisfaction and satisfaction with the family-provider partnership (p<0.001), whereas receiving school-based therapies negatively predicted overall satisfaction and satisfaction with the family-provider partnership (p<0.001). Fewer than one-half of children receiving school-based therapies had access to telehealth (47%), which likely played into the overall dissatisfaction parents expressed with school-based services. The authors conclude that access to telehealth plays a large role in predicting parent satisfaction with services and could be a promising tool in service delivery both during and after the pandemic.	This article assessed the impact of the COVID-19 pandemic on the delivery of therapy services for children 0-21 years of age with disabilities in the USA. The authors found that access to telehealth positively predicted overall parent satisfaction with delivery of services, and conclude that this could be a promising tool in service delivery both during and after the pandemic.	Murphy A, Pinkerton LM, Bruckner E, Risser HJ. The Impact of the Novel Coronavirus Disease 2019 on Therapy Service Delivery for Children with Disabilities. J Pediatr. 2020;S0022-3476(20)31570-5. doi:10.1016/j.jpeds.2020.12.060
special education; early intervention; IEP; physical therapy; occupational therapy; therapeutic intervention; virtual therapy; telehealth; related services; coronavirus; outpatient therapy	25-Dec-20	<a href="#">The Impact of the Novel Coronavirus Disease 2019 on Therapy Service Delivery for Children with Disabilities</a>	Journal of Pediatrics	Original Research	This cross-sectional study examined how families of children with disabilities in the United States experienced changes in provided services due to the COVID-19 pandemic. 207 caregivers completed an online survey, providing information on 276 children with disabilities (mean age: 8 years; range: 0-21 years). 72% of respondents reported having access to telehealth services during lockdown. 44% of respondents reported low satisfaction with their child's therapeutic services during lockdown, 36% reported medium satisfaction, and 21% reported high satisfaction. Families who received only school-based services were more likely to report low satisfaction (73%) than respondents who received outpatient (29%), early intervention (29%), or multiple-setting services (29%); this association was significant (p<0.001). Families with only school-based services were also less likely to have access to telehealth than those receiving services from other settings (V=0.27; p=0.001). The researchers conclude that access to telehealth predicts caregiver satisfaction with their child's therapeutic services.	This cross-sectional study found that, among families of children with disabilities in the United States, access to telehealth predicted satisfaction with their child's therapeutic services during the COVID-19 pandemic.	Murphy A, Pinkerton LM, Bruckner E et al. The Impact of the Novel Coronavirus Disease 2019 on Therapy Service Delivery for Children with Disabilities. J Pediatr. 2020 Dec 25;S0022-3476(20)31570-5. doi: 10.1016/j.jpeds.2020.12.060.
COVID-19; lockdown; students; online education	25-Dec-20	<a href="#">COVID-19 and its impact on education, social life and mental health of students: A</a>	Children and Youth Services Review	Original Research	The authors examined the impact of the COVID-19 lockdown on students from different educational institutions in Delhi (India) from July 13-17, 2020, using a 19-point questionnaire. Of the 1182 participants (mean age: 20.16 years; 61.62% residents of Delhi-NCR region), they found higher dissatisfaction amongst students due to limited interactions and inefficient schedules, with the average time spent on online classes being higher in	In this study on the impact of the COVID-19 lockdown on students of different age groups in Delhi, India, the authors identified statistically significant differences in the average time	Chaturvedi K, Vishwakarma DK, Singh N. COVID-19 and its impact on education, social life and mental health of students: A

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		<a href="#">survey</a>			the 7-17-year age group (3.69 h/day) compared to those in the 18-22-year (2.98h/day) and 23-59-year age groups (2.66 h/day; p<0.00001). 38.3% had a negative outlook towards online studies, with 51.6% negative reviews from participants in the 18-22 age group. Additionally, 37.1% of respondents reported weight gain, and 17.7% reported weight loss. The authors also found statistically significant differences in the time spent on fitness, sleep duration, and coping measures (including social media use) by age group. Thus, the authors recommended strengthening the digital infrastructure and training of educators in digital skills and improved teacher-student interaction experience. Additionally, they suggested providing emotional support to students for coping with stress and anxiety and creating guidelines to address the concerns of vulnerable student populations.	spent on online classes, time spent on fitness, sleep duration, and coping strategies employed by age group. 38% reported a negative outlook towards online studies and over half reported weight changes. The authors recommended strengthening digital infrastructure and providing resources to enhance the educational experience and provide emotional support to vulnerable student populations.	survey. <i>Child Youth Serv Rev.</i> 2021;121:105866. doi:10.1016/j.childev.2020.105866
Receptor, ACE2, TMPRSS2, gametes, oocytes, assisted reproduction, susceptibility	24-Dec-20	<a href="#">Human eggs, zygotes, and embryos express the receptor angiotensin1-converting enzyme 2 and transmembrane serine protease 2 protein necessary for severe acute respiratory syndrome coronavirus 2 infection</a>	F&S Science	Original Research	This study characterized the presence of 4 proteins, ACE2, BSG (CD147), TMPRSS2, and CTSL, important for SARS-CoV-2 infection, in human follicular cells, mature oocytes, zygotes, and blastocysts. Oocyte, cumulus cell (CC), and granulosa cell (GC) samples were collected from fertility patients at the Colorado Center for Reproductive Medicine, USA [ages and dates not provided]. mRNA from cells was detected using RT-qPCR and proteins detected using capillary Western blotting. ACE2 transcript was present in both germinal vesicle- and metaphase II-stage human oocytes and was significantly reduced (p <0.05) in the blastocyst stage. ACE2 mRNA was also preferentially (p <0.05) expressed in the oocytes than in CCs and GCs. ACE2 receptor protein and TMPRSS2 protease protein were co-expressed in mature human oocytes, zygotes, and blastocysts. All the samples were positive for CD147 and CTSL mRNA expressions. However, only CCs and GCs showed co-expression of both CD147 and CTSL proteins in low abundance. The authors conclude that cumulus cells and granulosa cells are the least susceptible to SARS-CoV-2 infection because of lack of the required combination of receptors and proteases (ACE2/TMPRSS2 or CD147/CTSL) in high abundance. The co-expression of ACE2 and TMPRSS2 proteins in the oocytes, zygotes, and blastocysts demonstrated that these gametes and embryos are potentially susceptible to SARS-CoV-2 infection.	This study assessed the expression of ACE2, BSG (CD147), TMPRSS2, and CTSL in human follicular cells, mature oocytes, zygotes, and blastocysts. The authors observed that cumulus cells and granulosa cells are the least susceptible to SARS-CoV-2 infection because of lack of the required combination of receptors and proteases (ACE2/TMPRSS2 or CD147/CTSL) in high abundance. The co-expression of ACE2 and TMPRSS2 proteins in the oocytes, zygotes, and blastocysts demonstrated that these gametes and embryos are potentially susceptible to SARS-CoV-2 infection.	Rajput SK, Logsdon DM, Kile B, et al. Human eggs, zygotes, and embryos express the receptor ACE2 and protease TMPRSS2 protein necessary for SARS-CoV-2 infection. <i>F S Sci.</i> 2020; doi:10.1016/j.xfss.2020.12.005
COVID-19; mental health; adolescence; epidemiology; risk and resilience	24-Dec-20	<a href="#">Change in Youth Mental Health During the COVID-19 Pandemic in a Majority Hispanic/Latinx US Sample</a>	Journal of the American Academy of Child & Adolescent Psychiatry	Original Research	This cohort study investigated the impact of the COVID-19 pandemic on mental health for adolescents in a majority Hispanic/Latinx school in the urban Southwest United States. 185 participants (age range: 10-14 years, mean 11.99 years; 72.7% identified as Hispanic/Latinx) participated in a baseline self-report survey in January 2020, with follow-up conducted in April 2020. 59.6% scored below clinical cutoff in 4 mental health domains: internalizing problems, attention problems, externalizing problems, and total problems. 16.1% scored above the cutoff in one domain, 9.3% scored above in 2 domains, 9.6% in 3 and 5.3% in all 4. Among participants that scored above cutoff in at least one domain, there was a significant reduction in all problems between baseline and follow-up (p<0.001). Participants that scored below cutoff for each domain saw reductions in internalizing and total problems, but no change in attention or	This cohort study found that the COVID-19 pandemic had a positive impact across 4 mental health domains in adolescents from a majority Hispanic/Latinx school in the urban Southwest United States. The authors suggest that stay-at-home measures may have been beneficial for students reporting mental health problems before the pandemic began.	Penner F, Ortiz JH, Sharp C. Change in Youth Mental Health During the COVID-19 Pandemic in a Majority Hispanic/Latinx US Sample. <i>Journal of American Academy of Child &amp; Adolescent Psychiatry.</i> 24 Dec 2020. doi: https://doi.org/10.1016/j.jaac.2020.12.027

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					externalizing problems ( $p < 0.001$ ). In addition, better family functioning during the COVID-19 pandemic was correlated with lower levels of mental health problems at follow-up ( $p < 0.004$ ). Researchers suggest that stay-at-home measures may protect youth against mental health problems by increasing family relationship building, reducing peer and academic stressors, and increasing flexibility in routines.		
COVID-19; pediatric; celiac disease; Italy	24-Dec-20	<a href="#">Reply: Prevalence of COVID-19 in Italian Children With Celiac Disease: A Cross-Sectional Study</a>	Clinical Gastroenterology and Hepatology	Letter to the Editor	The authors addressed a study by Lionetti et al., regarding the prevalence of SARS-CoV-2 infection in 387 pediatric patients with celiac disease investigated through a telephone-based survey [doi:10.1016/j.cgh.2020.11.035]. The results were compared with data from the Italian National Institute of Health and the Marche regional government. The survey did not report any positive case of COVID-19 in pediatric patients with celiac disease. These results agree with a previously published multi-national study by the current authors, involving 18,000 participants with and without celiac disease from >10 different countries. This large study included >10,000 patients with celiac disease and evaluated the risk of contracting SARS-CoV-2, mainly in adult patients. Taken together, the results strongly support the notion that, in both pediatric and adult populations, there is no increased risk of contracting SARS-CoV-2 in patients with celiac disease. Although it is unclear whether the results from this pediatric survey can be generalized to other countries, the data provide a key starting point for future studies. More importantly, both studies followed a cross-sectional design in patients that had already developed celiac disease, and it will be therefore important in the future to investigate post-infective consequences in the general population, or in patients at risk of developing celiac disease.	The authors addressed a study by Lionetti et al., regarding the prevalence of SARS-CoV-2 infection in 387 pediatric patients with celiac disease investigated through a telephone-based study [doi:10.1016/j.cgh.2020.11.035]. The results agree with a previously published study and reinforce the notion that there is no increased risk of contracting SARS-CoV-2 in patients with celiac disease.	Pinto-Sanchez MI, Verdu EF. Reply. Clin Gastroenterol Hepatol. 2020;S1542-3565(20)31723-7. doi:10.1016/j.cgh.2020.12.027.
COVID-19; pediatric; Kawasaki-like disease	24-Dec-20	<a href="#">Clinico-epidemiological characteristics of Kawasaki-like disease in paediatric patients with COVID-19: a protocol for rapid living systematic review</a>	British Medical Journal (BMJ) Open	Protocol	The authors described a protocol for a systematic review to identify the clinical features, etiopathology, laboratory findings, treatment modes, and outcomes of Kawasaki-like disease among pediatric patients aged 0-19 years with SARS-CoV-2 infection. There is an urgent need to categorize Kawasaki-like disease, but the lack of standardized data does not permit this. This systematic review, being rapid and living, will help in overcoming this issue. A search will be conducted for articles from December 31, 2019-September 30, 2020, using databases such as PubMed, Embase, Ovid, Google Scholar, ProQuest EBSCO, and grey literature. Original articles reporting Kawasaki-like disease in pediatric patients with COVID-19 will be retrieved after screening by two independent reviewers. Data will be extracted in a specially designed form, and studies will be assessed independently for risk of bias. Data will be extracted for the following: author, journal title, publication year, study design, study setting, demographic characteristics, sample size, clinical features, etiopathology, laboratory findings, modes and doses of treatment given, and strength and weakness of studies. A descriptive and quantitative analysis will be completed, and the authors will publish the results in a peer-reviewed journal and present their findings at a conference.	The authors described a protocol for a systematic review to identify the clinical features, etiopathology, laboratory findings, treatment modes, and outcomes of Kawasaki-like disease among pediatric patients aged 0-19 years with SARS-CoV-2 infection. There is an urgent need to categorize this syndrome, but the lack of standardized data does not permit this. This systematic review, being rapid and living, will help in overcoming this issue.	Sinha A, Nayak S, Dehuri P, Kanungo S, Pati S. Clinico-epidemiological characteristics of Kawasaki-like disease in paediatric patients with COVID-19: a protocol for rapid living systematic review. BMJ Open. 2020;10(12):e041160. Published 2020 Dec 24. doi:10.1136/bmjopen-2020-041160

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postpartum depression, mental health, mood, COVID-19, restrictions, socioeconomic status	24-Dec-20	<a href="#">Postpartum mood among universally screened high and low socioeconomic status patients during COVID-19 social restrictions in New York City</a>	Nature, Scientific Reports	Original Research	The mental health effects of the COVID-19 pandemic on postpartum women increase concern among mental health practitioners. The authors aimed to determine any changes in postpartum mood symptomatology among patients who had given birth before and during the COVID-19 pandemic and assess the symptomatology between those living in high and low socioeconomic status (SES). This cohort study enrolled 516 postpartum patients (16-48 years) appearing at the Mount Sinai Health System, New York City, USA, for their postpartum appointment between January 2 - June 30, 2020. The patients were screened for mood symptomatology using the Edinburgh Postnatal Depression Scale (EPDS), and their SES was assessed. While no differences in EPDS scores were observed by SES prior to social restrictions (U = 7956.0, z = - 1.05, p = .293), a significant change in mood symptomatology was observed following COVID-19 restrictions (U = 4895.0, z = - 3.48, p < .001), with patients living in lower SES reporting significantly less depression symptomatology (U = 9209.0, z = - 4.56, p < .001). There was no change in symptomatology among patients of higher SES (U = 4045.5, z = - 1.06, p = .288). Postpartum depression is a prevalent, cross-cultural disorder with significant morbidity. The observed differences in postpartum mood between patients of different SES in the context of temporarily imposed COVID-19-related social restrictions present a unique opportunity to understand better the specific health and social support needs of postpartum patients living in urban economic poverty.	The authors observed that those in higher socio-economic status (SES) demonstrated no change in postpartum mood, while those living in lower SES expressed improved mood in the context of the temporarily imposed COVID-19-related social restrictions in New York City. These findings present a unique opportunity to understand better the specific health and social support needs of postpartum patients living in urban economic poverty.	Silverman ME, Burgos L, Rodriguez ZI, et al. Postpartum mood among universally screened high and low socioeconomic status patients during COVID-19 social restrictions in New York City. <i>Sci Rep.</i> 2020;10(1):1-7. doi:10.1038/s41598-020-79564-9
Adolescent; Descriptive survey study; Mental health; Nutrition; Physical activity	24-Dec-20	<a href="#">Mental health problems among Chinese adolescents during the COVID-19 [sic]: The importance of nutrition and physical activity</a>	International Journal of Clinical and Health Psychology	Original research	This study sought to assess the prevalence and correlates of insomnia and depressive and anxiety symptoms among Chinese adolescents during the COVID-19 pandemic. A cross-sectional, online survey was conducted in May 2020 to collect data on demographics, COVID-19-related fear, nutrition, physical activity (PA) levels, and symptoms of insomnia, depression, and anxiety. A total of 1794 adolescents (mean age 15.26 years, range 15-18 years) responded. 56.1% were boys and 74.6% lived in a rural area. The prevalences of insomnia and depressive and anxiety symptoms were 37.80%, 48.20%, and 36.70%, respectively, among respondents. Higher levels of symptoms were correlated with female adolescents (p<0.001), 9th graders (as opposed to 7th and 8th graders) (p<0.01), "left behind children" (whose parents have been gone for at least a year working elsewhere) (p<0.001), and those with more COVID-related fear (p<0.001). After adjusting for socio-demographic factors and COVID-fear, better nutritional status and moderate PA were both associated with lower levels of depressive and anxiety symptoms, while high PA was associated with lower levels of insomnia and depressive and anxiety symptoms. The authors conclude by recommending additional focus on the at-risk groups identified in this analysis, and state that healthy diet and PA should be promoted as a preventative strategy to maintain adolescent mental health.	This cross-sectional study reports on the prevalence of symptoms of insomnia, depression, and anxiety as well as associated factors among adolescents in China during the COVID-19 pandemic. The authors report depressive symptoms as the most prevalent, and found a positive correlation between symptoms and females, 9th graders, children with parents living elsewhere, and those with higher COVID-related fear, whereas healthy diet and physical activity were negatively correlated.	Chi, X., Liang, K., Chen, S. T., et al (2020). Mental health problems among Chinese adolescents during the COVID-19: The importance of nutrition and physical activity. <i>International Journal of Clinical and Health Psychology.</i> doi:10.1016/j.ijchp.2020.100218
COVID-19, child, adolescent, mental health	24-Dec-20	<a href="#">Editorial Perspective: Rethinking child and adolescent</a>	The Journal of Child Psychology and Psychiatry	Editorial	Prolonged social isolation due to national COVID-19 public health measures is a growing threat to the mental health of children and adolescents. A recent survey of the MILESTONE Consortium (Europe) reported a clear dissonance between the organization and distribution of mental health	This editorial outlines the current shortcomings of child mental health services in Europe--specifically that they	Raballo A, Poletti M, Valmaggia L, McGorry PD. Editorial Perspective: Rethinking

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services, Europe		<a href="#">mental health care after COVID-19</a>			services and the actual needs of users. Young people aged 12-25 have the highest incidence and prevalence of mental health illnesses across the life span, but have poorer access to and engagement with mental health services than younger people. It seems that current services are designed for identifying childhood neuro-developmental disorders, and provide restricted access to a small sub-group of people with overt, severe, or complex disorders. Because of this, mental health services lack the ability to deploy specific, planned, and timely responses to societal upheavals, which will likely cause widespread increases in those who require their services. The authors assert that small changes in policy and organizations can yield significant, long-term improvement in public health outcomes.	are not equipped to handle the impending mental health crises brought on by social isolation during the COVID-19 pandemic.	child and adolescent mental health care after COVID-19. Journal of Child Psychology and Psychiatry. 2020. doi:10.1111/jcpp.13371
COVID-19; school closure; children; sleep; lockdown	24-Dec-20	<a href="#">School closure during the coronavirus disease 2019 (COVID-19) pandemic- Impact on children's sleep</a>	Sleep Medicine	Article	The authors conducted a survey of 593 parents (aged ≥21 years) with children 3-16 years old [no mean age reported] attending pre-school, primary (7-12 years) or secondary school (13-16 years) in Singapore on the children's sleep habits before and during the national lockdown (called circuit breaker [CB] in Singapore) to stop the spread of SARS-CoV-2. School closures were in effect from April 8, 2020, to the CB's end on June 1, 2020. Overall, the mean sleep duration of the population pre-CB was 9.29 hours, which is the average of sleep from weekdays and weekends; during the CB, this average was 9.63 hours. Sleep times were greater across all school groups during CB, with an increase of 0.09 hours for preschoolers, 0.51 hours for primary school, and 0.20 hours for secondary school students. Children in private schools, regardless of the age group, all had longer sleep times than their public-school counterparts pre-CB and during CB. According to the authors, half of the parents (50.6%) felt that their children slept better during CB and based this on removing school start times, no traveling to school, and increased internet times. The authors state that this study during the COVID-19 pandemic lockdown (CB) has shown that delaying school start times can help children achieve the required sleep duration.	The authors conducted a survey to determine children's sleep schedules during the Circuit Breaker (CB) (lockdown to control SARS-CoV-2) and pre-CB in Singapore. The CB was shown to lengthen the overall sleep times for all children.	Chung Lim MT, Ramamurthy MB, Aishworiya R, et al. School closure during the coronavirus disease 2019 (COVID-19) pandemic – impact on children's sleep. Sleep Med. 2020. doi: https://doi.org/10.1016/j.sleep.2020.12.025.
COVID-19; misinformation; social media	24-Dec-20	<a href="#">Pediatric Infectious Disease Specialists - An Answer to Social Media Misinformation on COVID-19</a>	Journal of the Pediatric Infectious Diseases Society	Commentary	In this article, the authors highlight the importance of social media engagement for pediatric infectious disease specialists in combating misinformation. They argue that disseminating accurate information can increase trust in reliable sources and inform families to make better health decisions for their children. Identifying the wide reach of anti-science and “troll bots,” the authors underscore the importance of pediatric disease infectious expert presence on social media, due to their specialized training and knowledge. The authors also emphasize one-on-one interaction and transparency about knowledge gaps to address disinformation in a non-confrontational manner. They highlight the advantages of having a social media presence, including the ability to answer questions about diseases, report malicious content, compile trustworthy sources for readers, network, and promote others' work. This article also discusses social media toolkits designed for the medical community (e.g., by the CDC). The authors suggest support groups (e.g., C.I.C.A.D.A) to defend individuals and counter misinformation in the event of cyberbullying. The authors	In this article, the authors underscore the importance of the presence of pediatric infectious disease experts on social media, to counter misinformation and provide/promote correct information for optimal public health. They highlight the advantages of social media in disseminating correct information, dispelling myths, answering questions, and networking. The authors also promote toolkits (such as those made by the CDC) and support groups to help the medical	Scaggs Huang F, Spearman P, et al. Pediatric Infectious Disease Specialists - An Answer to Social Media Misinformation on COVID-19. J Pediatric Infect Dis Soc. 2020 Dec 24; pii:169. doi: 10.1093/jpids/piaa169. Epub ahead of print. PMID: 33367773.

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					emphasize that the promotion of inaccuracies may result in suboptimal health care and challenge ongoing public health efforts.	community be pro-active on social media.	
Obstetrics, maternal morbidity and mortality, critical care, USA	24-Dec-20	<a href="#">Critical Care in Obstetrics: A Strategy for Addressing Maternal Mortality</a>  <a href="#">[Free Access to Abstract Only]</a>	American Journal of Obstetrics and Gynecology	Clinical Opinion	In light of rising maternal morbidity and mortality in the United States and the challenges presented by the COVID-19 pandemic, the authors provide recommendations for critical care focused obstetric interventions, aimed at addressing an increasingly complex obstetric patient population. The authors highlight several key concepts: 1) The development of screening tools that focus on identifying end-organ dysfunction and comorbidities have shown promise in predicting clinical deterioration in the obstetric setting, including the obstetric comorbidity index (OB-CMI), a validated tool which is used to identify women at risk of severe maternal morbidity. 2) Levels of Maternal Care guidelines emphasize the equitable distribution of resources across geographic regions. This may include leverage of telemedicine and surveillance programs such as the COSMIC (consultation, surveillance, monitoring, and intensive care) to increase delivery of timely, targeted multi-disciplinary care, as well as timely referral to higher levels of care. 3) Integration of standardized educational pathways for basic critical care concepts and skills, including point-of-care ultrasonography, will help provide obstetricians with the skillset to diagnose and stabilize a critically ill patient for transfer. The growing need for critical care skills in the evolving contemporary obstetric landscape serves as an opportunity to redefine the concept of the delivery of care for high-risk obstetric patients.	In this clinical opinion, the authors share perspective on critical care focused interventions in the United States aimed at addressing an increasingly complex obstetric patient population while providing an educational foundation for the training of future obstetric providers.	Padilla C, Markwei Scm M, Rae Easter S, Fox KA, Shamshirsaz AA, Foley MR. Critical Care in Obstetrics: A Strategy for Addressing Maternal Mortality, American Journal of Obstetrics and Gynecology (2021), doi: <a href="https://doi.org/10.1016/j.ajog.2020.12.1208">https://doi.org/10.1016/j.ajog.2020.12.1208</a> .
Vertical transmission, placenta, antibodies, pregnancy, neonate	24-Dec-20	<a href="#">Comprehensive analysis of COVID-19 during pregnancy</a>	Biochemical and Biophysical Research Communications	Original Article	In this article, the authors examine key aspects of pregnancy impacted by COVID-19 and summarize the current literature on SARS-CoV-2 infection of the placenta and in utero vertical transmission. They highlight recent studies exploring the role of the maternal antibody response to SARS-CoV-2 during pregnancy and the passive transfer of maternal antibodies from mothers with COVID-19 to their neonate. Evidence of SARS-CoV-2 in the human placenta has been observed through multiple laboratory techniques, however negative sense RNA has not yet been detected in the placenta, indicating a lack of viral replication. There are several noteworthy case reports considered “confirmed” or “possible” cases of vertical transmission, however the authors conclude that larger studies are needed to provide a more convincing view of the rate of SARS-CoV-2 vertical transmission. For the passive transfer of maternal antibodies, IgG for the SARS-CoV-2 S protein has been detected in neonates in the absence of IgM or a PCR positive nasopharyngeal swab, indicating that they received the IgG passively from the exposed mother. The durability of SARS-CoV-2 specific IgG passively transferred during pregnancy remains unclear. The authors call for future research on antibody transplacental transfer and the role of antibody mediated vertical transmission.	In this article, the authors highlight key aspects of pregnancy impacted by COVID-19 and summarize the current literature on SARS-CoV-2 infection of the placenta and in utero vertical transmission. Although there have been cases of probable vertical transmission, the authors conclude that larger studies are needed to understand the rate.	Moore KM, Suthar MS. Comprehensive analysis of COVID-19 during pregnancy, Biochemical and Biophysical Research Communications (2021), doi: <a href="https://doi.org/10.1016/j.bbrc.2020.12.064">https://doi.org/10.1016/j.bbrc.2020.12.064</a> .
China, mental health, anxiety, depression, insomnia, physical	24-Dec-20	<a href="#">Mental health problems among Chinese adolescents during the [sic] COVID-19: The</a>	International Journal of Clinical and Health Psychology	Original Research	This study sought to assess the prevalence and correlates of insomnia and depressive and anxiety symptoms among Chinese adolescents during the COVID-19 pandemic. A cross-sectional study of 1794 adolescents (mean age = 15.26 [range not included]) was conducted in May 2020. An online survey was used to collect socio-demographic data, COVID-related fear (COVID-fear), nutrition, physical activity (PA) level, and symptoms of	This study sought to assess the prevalence and correlates of insomnia and depressive and anxiety symptoms among Chinese adolescents during the COVID-19 pandemic. After	X. Chi, K. Liang, S.-T. Chen et al. Mental health problems among Chinese adolescents during the COVID-19: The

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
activity, exercise		<a href="#">importance of nutrition and physical activity</a>			insomnia, depression, and anxiety. The prevalence of insomnia, depressive symptoms, and anxiety symptoms was 37.80%, 48.20%, and 36.70%, respectively, among Chinese adolescents during the pandemic. Generalized linear models revealed that females, “left behind” children (those children whose parents have been absent for > 1 year to work in other cities), and students with greater COVID-fear tended to report more symptoms of insomnia, depression, and anxiety. After adjusting for socio-demographic factors and COVID-fear, better nutritional status and moderate PA levels were both associated with lower levels of depressive and anxiety symptoms, while high levels of PA were associated with lower levels of insomnia, and fewer depressive and anxiety symptoms. Physical activity and good nutrition may mitigate the negative mental health effects of the pandemic in children.	adjusting for socio-demographic factors and COVID-fear, better nutritional status and moderate physical activity (PA) were both associated with lower levels of depressive and anxiety symptoms, while high levels of PA were associated with lower levels of insomnia and fewer depressive and anxiety symptoms. PA and good nutrition may mitigate the negative mental health effects of the pandemic in children.	importance of nutrition and physical activity, International Journal of Clinical and Health Psychology, <a href="https://doi.org/10.1016/j.ijchp.2020.100218123">https://doi.org/10.1016/j.ijchp.2020.100218123</a> 456789101112131415161718192021222324252627282930313233343536
COVID-19; children; cardiovascular system	23-Dec-20	<a href="#">Research Status of SARS-CoV-2 on Cardiovascular System Injury in Children</a>	Brazilian Journal of Cardiovascular Surgery	Review	The authors discussed the possible damage by SARS-CoV-2 to children's cardiovascular system and related mechanisms. To date, the number of children infected with SARS-CoV-2 is relatively small. However, SARS-CoV-2 can cause cardiovascular system injury in children, and its pathogenesis is complex. The latest version of the diagnosis and treatment plan for novel coronavirus in China indicates that some infected patients have increased myocardial injury markers such as serum creatine kinase (CK) and troponin. The authors also review several studies describing SARS-CoV-2 injury to the cardiovascular system in children. Progressive increase of myocardial enzyme and lactate dehydrogenase often indicates aggravation or deterioration of SARS-CoV-2 infection, and troponin is increased in some children. Severe and critical COVID-19 in children may be accompanied by elevated levels of inflammatory factors such as interleukin (IL)-6, IL-4, IL-10, and TNF- $\alpha$ . Studies have shown that inflammatory cell infiltration can aggravate myocardial cell apoptosis and even lead to malignant arrhythmia. Severe SARS-CoV-2 infection can cause the alveolar epithelium to form a transparent membrane, causing pulmonary ventilation and ventilation disorders, resulting in hypoxemia. Children with cardiovascular diseases will face greater risks after contracting SARS-CoV-2. Therefore, it is important to protect children from SARS-CoV-2 infection.	The authors discussed the possible damage by SARS-CoV-2 to children's cardiovascular system and related mechanisms. SARS-CoV-2 can cause cardiovascular system injury in children, and its pathogenesis is complex. Therefore, it is important to protect children from SARS-CoV-2 infection.	Zhang Y, Wang L, Wei S. Research Status of SARS-CoV-2 on Cardiovascular System Injury in Children. <i>Braz J Cardiovasc Surg.</i> 2020. doi:10.21470/1678-9741-2020-0192.
Parental stress; Child externalizing behaviors; Coparenting; Neurodevelopmental disorders; COVID-19 pandemic	23-Dec-20	<a href="#">Psychological impact of Covid-19 pandemic in Italian families of children with neurodevelopmental disorders</a>	Research in Developmental Disabilities	Original Research	This cross-sectional study explored how families in Italy with children with neuro-developmental disorders (NDD) adjusted to COVID-19 lockdown, versus those with typically developing (TD) children. 82 families with NDD children (mean age: 7.63 years) and 82 with TD children (mean age: 7.67 years; total sample age range: 3-17 years) participated [no date range given]. Both groups reported greater parental stress during lockdown ( $p < 0.001$ ), with parents of NDD children reporting greater stress than those of TD children ( $p = 0.036$ ). Children's externalizing behaviors were the main predictors of parental stress, regardless of children's diagnosis ( $\beta = .311$ , $p < 0.001$ ). Lockdown increased child externalizing behaviors overall ( $p < 0.001$ ), with NDD children displaying higher rates of externalizing behaviors ( $p = 0.001$ ). Interaction between lockdown and diagnosis was insignificant. Stable co-parenting relationships were a protective	This cross-sectional study found that among families with children with neurodevelopmental disorders (NDD) and those with typically developing (TD) children, parents in both family groups experienced greater stress during COVID-19 lockdown and more externalizing behaviors from children, with stable co-parenting as a protective moderator against stress. These	Bentvenuto A, Mazzoni N, Giannotti M, et al. Psychological impact of Covid-19 pandemic in Italian families of children with neurodevelopmental disorders. <i>Res Dev Disabil.</i> 2021 Feb;109:103840. doi: 10.1016/j.ridd.2020.103840.

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					moderator between the amount of time spent interacting with children and parental stress (p = 0.002). Qualitative data revealed 3 major categories of parent sentiments: positive experiences surrounding lockdown, experiences of excessive workload, and worrying for their child(ren). These results are consistent with other research linking increases in parental stress to decreased perception of social support.	results are consistent with other research linking increases in parental stress to decreased perception of social support.	
COVID-19; pediatric; congenital health surgery; social media; China	23-Dec-20	<a href="#">Application of Remote Follow-Up Via the WeChat Platform for Patients who Underwent Congenital Cardiac Surgery During the COVID-19 Epidemic</a>	Brazilian Journal of Cardiovascular Surgery	Article	The authors described a study investigating the effect of WeChat-based telehealth services on the post-operative follow-up of pediatric patients who underwent congenital heart surgery in a hospital in China during the COVID-19 pandemic. Clinical and family data of 108 eligible patients (median age=2.8 years, age range=1 month-9 years) were retrospectively analyzed from December 2019-March 2020. During the follow-up period, the WeChat platform was used to refer 8 children with respiratory infection symptoms to local hospitals for treatment. 2 children with poor incision healing were healed after WeChat was used to guide the parents in dressing the wounds on a regular basis at home. Nutritional guidance was given via WeChat to 13 patients with poor growth and development. Psychological evaluation results of the parents showed that the median (range) Self-Rating Depression Scale score was 43 (34-59), and 7 parents (6.5%) were classified as depressed (score <50 indicates normal, 50-59 indicates mild depression, 60-69 indicates moderate depression, and ≥70 indicates severe depression); the median (range) Self-Rating Anxiety Scale score was 41 (32-58), and 12 parents (11.1%) were classified as having mild anxiety (score <50 indicates normal, 50-59 indicates mild anxiety, 60-69 indicates moderate anxiety, and ≥70 indicates severe anxiety). The use of WeChat-based telehealth services was effective for remote post-operative follow-up of these patients. It can reduce the amount of travel required, which may help control and prevent viral spread.	The authors described a study to investigate the effect of WeChat-based telehealth services on the post-operative follow-up of pediatric patients who underwent congenital heart surgery in a hospital in China during the COVID-19 pandemic. The use of WeChat-based telehealth services was effective for remote post-operative follow-up of these patients. It can reduce the amount of travel required, which is helpful for controlling and preventing viral spread.	Zhang QL, Huang ST, Xu N, et al. Application of Remote Follow-Up Via the WeChat Platform for Patients who Underwent Congenital Cardiac Surgery During the COVID-19 Epidemic. Braz J Cardiovasc Surg. 2020. doi:10.21470/1678-9741-2020-0256.
COVID-19; pediatric; childhood cancer; United States	23-Dec-20	<a href="#">COVID-19 in pediatric survivors of childhood cancer and hematopoietic cell transplantation from a single center in New York City</a>	Pediatric Blood and Cancer	Article	The authors described a study to assess COVID-19-related symptoms, IgG seroprevalence, and rate of hospitalization among 321 asymptomatic survivors of childhood cancer or transplantation seen for routine long-term follow-up between 5 May-10 September 2020 in a tertiary cancer center in New York, United States. 227 (70.7%) patients were followed up in person and 94 (29.3%) via telehealth. Survivors were aged 1-18.6 years (median=6.9 years), after completion of all cytotoxic therapies. Most common diagnoses included leukemia/lymphoma (28.4%) and neuroblastoma (19%). 99 patients (30.9%) had history of prior hematopoietic cell transplantation. While 10.9% (n=35) reported possible COVID-19 symptoms, 7.8% (n=20) of those tested had positive SARS-CoV-2 IgG, and 1 patient (0.3%) required COVID-19-related hospitalization. Most common diagnoses among patients with positive serology included leukemia/lymphoma (25%, n = 5), non-malignant hematologic disorders (25%, n = 5), and sarcoma (15%, n = 3). History of pulmonary dysfunction, defined as abnormal pulmonary function test, restrictive lung disease, pulmonary fibrosis, sleep apnea, or asthma, was present in 15.6% (n=50) of all patients, 15% (n=3) of patients with positive SARS-CoV-2 IgG, and 20% (n=1) of patients with positive SARS-CoV-2 PCR. The findings suggested that	The authors described a study to assess COVID-19-related symptoms, IgG seroprevalence, and rate of hospitalization among 321 asymptomatic survivors of childhood cancer or transplantation seen for routine long-term follow-up in a tertiary cancer center in New York, United States. The findings suggested that childhood cancer survivors appear to be at relatively low risk for COVID-19 complications.	Jimenez-Kurlander L, Antal Z, DeRosa A, et al. COVID-19 in pediatric survivors of childhood cancer and hematopoietic cell transplantation from a single center in New York City. Pediatr Blood Cancer. 2021;68(3):e28857. doi:10.1002/pbc.28857.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					childhood cancer survivors appear to be at relatively low risk for COVID-19 complications.		
birth satisfaction, childbirth, depression, pandemic, postpartum, stress, SARS-CoV-2, COVID-19	23-Dec-20	<a href="#">Giving Birth during the COVID-19 Pandemic: The Impact on Birth Satisfaction and Postpartum Depression</a>	International Journal of Gynecology and Obstetrics	Clinical Article	The authors of this cross-sectional study aimed to understand how giving birth during the COVID-19 pandemic affected women based on birth parameters (gestational age, type of birth, and body weight at birth), satisfaction with childbirth, and development of postpartum depression. The study included 162 women (mean age 34.21 years): 82 who gave birth before the COVID-19 pandemic (from September 1, 2019, to March 1, 2020) and 75 who gave birth during the pandemic (from April 1 to July 1, 2020) in Spain. The participants were assessed using psychological instruments for postpartum childbirth satisfaction and postpartum depression. The results showed that women who gave birth during the pandemic suffered higher levels of stress during childbirth (U = 2652.50; P = 0.0040) and gave a worse rating of the quality of care received (U = 2703.50; P = 0.041). In addition, the percentage of postpartum depression was much higher in women who gave birth during the pandemic (X <sup>2</sup> = 4.31; P = 0.038). In conclusion, giving birth during the SARS-CoV-2 pandemic could have an impact on greater dissatisfaction with childbirth, as well as increasing the risk of postpartum depression. The study emphasizes the need for adequate health care, specialized care, and screening tests to rule out the presence of postpartum depression during the COVID-19 pandemic.	The authors of this cross-sectional study aimed to understand how giving birth during the COVID-19 pandemic affected women based on birth parameters (gestational age, type of birth, and body weight at birth), satisfaction with childbirth, and development of postpartum depression. This study's findings showed that women who gave birth during the pandemic suffered higher stress levels during childbirth, higher rates of postpartum depression, and poorer quality of care.	Mariño-Narvaez C, Puertas-Gonzalez JA, Romero-Gonzalez B, Peralta-Ramirez MI. Giving birth during the COVID-19 pandemic: The impact on birth satisfaction and postpartum depression [2020 Dec 23]. International Journal of Gynecology & Obstetrics. 2020;10.1002/ijgo.13565. doi:10.1002/ijgo.13565
SARS-CoV-2; pregnancy; placental transfer; antibodies; glycosylation	23-Dec-20	<a href="#">Compromised SARS-CoV-2-specific placental antibody transfer</a>	Cell	Original Research	In this cohort study, the authors used post-infection systems serology to investigate placental antibody transfer in SARS-CoV-2-infected pregnant patients (n=49) and healthy controls (n=34) in Boston, USA. SARS-CoV-2-specific antibody transfer was efficient in pregnant patients infected during the second trimester (n=29). In pregnant patients infected during the third trimester (n=28), SARS-CoV-2-specific antibody transfer was significantly reduced compared to antibodies specific for other pathogens (p<0.01), and cord titers and functional activity of these antibodies were lower than in maternal plasma. Immunoglobulin G (IgG) levels were also elevated during third-trimester infections. SARS-CoV-2-specific antibody transfer was linked to altered SARS-CoV-2-antibody glycosylation profiles, which influence antibody binding, but infection-induced increases in IgG partially returned glycosylation profiles to normal. The authors state that these results indicate unexpected maternal mechanisms for boosting neonates' immunity after SARS-CoV-2 maternal infection, which may provide insights for maternal vaccine designs.	This cohort study found that SARS-CoV-2-specific antibodies have decreased placental transfer and altered glycosylation profiles after third-trimester SARS-CoV-2 infection, yet infection-induced increases in immunoglobulin G partially return glycosylation profiles to normal. The results indicate a maternal mechanism for boosting neonates' immunity after SARS-CoV-2 maternal infection, which may provide insights for maternal vaccine designs.	Atyeo C, Pullen KM, Bordt EA, et al. Compromised SARS-CoV-2-specific placental antibody transfer. Cell. 2020; doi: 10.1016/j.cell.2020.12.027.
COVID-19; general anesthesia, caesarian section; delivery care; United Kingdom	23-Dec-20	<a href="#">COVID-19 pandemic reduces general anaesthesia rates for caesarean section</a>	Anaesthesia	Correspondence	The authors address comments presented [doi:10.1111/anae.15346] on their paper investigating if there was a change in the general anaesthesia rate for C-sections across 6 maternity units in England during the peak of the COVID-19 pandemic, 1 April-1 July 2020 [doi:10.1111/anae.15313]. The authors agree that the lack of data reported on decision-to-delivery intervals and neonatal outcomes at the time was a study limitation due to the delay that would have been incurred in assimilating and analyzing the additional data, when there was a need to expedite the reports of significantly lower general anaesthesia rates. Widespread data on maternal	The authors address comments presented [doi:10.1111/anae.15346] on their paper investigating if there was a change in the general anaesthesia rate for C-sections across 6 maternity units in England during the peak of the COVID-19 pandemic, 1 April-1	Bhatia K, Columb MO, Bewlay A, et al. COVID-19 pandemic reduces general anaesthesia rates for caesarean section. Anaesthesia. 2020. doi:10.1111/anae.15368.

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					morbidity from neuraxial anesthesia in the United Kingdom are lacking, although the practice has been widely adopted in enhanced recovery protocols for C-section, and is an area for further research. A number of other factors that could potentially impact decision-to-delivery time for category-1 (emergency) C-section (maternal comorbidities including COVID-19 status, time taken to transfer patient to theater, time taken for donning PPE by theater staff, presence of senior obstetric and anesthetic staff at the time of surgery) need to be considered before concluding that the anesthetic chosen was potentially responsible for a poor neonatal outcome. The authors are in the process of compiling the neonatal outcomes for category-1 C-sections across the surveyed hospitals and will present the findings in due course.	July 2020 [doi:10.1111/anae.15313]. The authors agree that the lack of data reported on decision-to-delivery intervals and neonatal outcomes at the time was a study limitation, and widespread data on maternal morbidity from neuraxial anesthesia in the United Kingdom are lacking. The authors are in the process of compiling the neonatal outcomes for category-1 (emergency) C-sections across the surveyed hospitals and will present the findings in due course.	
coronavirus disease 2019 pandemic (crisis); domestic violence; intimate partner violence; pregnant women	23-Dec-20	<a href="#">Intimate partner violence among antenatal care attendees amidst the COVID-19 crisis: The incidence in Ethiopia</a>	International Journal of Gynaecology and Obstetrics	Original Research	The authors examined the incidence and predictors of intimate partner violence (IPV) in pregnant women during the COVID-19 pandemic in Ethiopia. Pregnant women (n = 464) receiving services at the prenatal care clinic of Saint Paul's Hospital Millennium Medical College in Addis Ababa, Ethiopia, were interviewed from August 31 - November 2, 2020. The mean (±SD) age was 28.1 (4.8) years, and 219 (47.2%) women were in the age range 26–31 years. 33 (7.1%) participants reported IPV during pregnancy, of which 24 (72.7%) experienced emotional violence, 16 (48.5%) experienced sexual violence, and 10 (30.3%) experienced physical violence. Among the study participants, only 8 (1.7%) were screened for IPV at the prenatal clinic. 18.2% of pregnant women reported a perceived increase in IPV after the COVID-19 outbreak. IPV was reported 3.27 times more often by women who reported that their partner chewed Khat compared with those women whose partner did not (adjusted odds ratio [aOR] 3.27; 95% confidence interval [CI] 1.45-7.38), and 1.52 times more often by women who reported that their partner drank alcohol compared with those women whose partner did not (aOR 1.52; 95% CI 1.01-2.28). The authors suggest that screening for IPV should be included in the national management protocol for obstetric cases in Ethiopia.	This study examined the incidence and predictors of intimate partner violence for pregnant women presenting to a prenatal clinic during the COVID-19 pandemic in Ethiopia. Only a few (1.7%) pregnant women were screened for IPV at the prenatal clinic, and 7.1 % of pregnant women reported IPV. Alcohol use and chewing Khat among the pregnant women's partners were significantly associated with IPV.	Teshome A, Gudu W, Bekele D, Asfaw M, Enyew R, Compton SD. Intimate partner violence among prenatal care attendees amidst the COVID-19 crisis: The incidence in Ethiopia [published online, 2020 Dec 23]. Int J Gynaecol Obstet. 2020;10.1002/ijgo.13566. doi:10.1002/ijgo.13566
epidemiology, diagnoses, children, pediatric, emergency department, resource utilization	23-Dec-20	<a href="#">Pediatric Emergency Department Visits at US Children's Hospitals During the COVID-19 Pandemic</a>	Pediatrics	Article	The authors conducted a cross-sectional study using data from 27 US children's hospitals from March 15 – August 31, 2020; no age restrictions were applied; therefore, some adult patients ≥19 years were included. Emergency department (ED) visit rates, patient and visit characteristics, resource utilization, and ED charges were compared to the same period in 2017-2019. The median age of this cohort (n=495,052 including 31,107 adults ≥19 years) was 6 years (IQR 1, 13 years; range not indicated). Compared to previous years, ED visit rates decreased by 45.7% across all age groups [significance not reported] with an average of 911,026 ED visits [4.1% were ≥19 years] in 2017-2019 vs. 495,052 visits [6.3% were ≥19	This article describes the epidemiology of pediatric emergency department (ED) visits and resource utilization across 27 US children's hospitals during the COVID-19 pandemic. These EDs saw a dramatic decline in pediatric visits for both acute and non-acute	DeLaroché AM, Rodean J, Aronson PL, et al. Pediatric Emergency Department Visits at US Children's Hospitals During the COVID-19 Pandemic [published online, 2020 Dec 23]. Pediatrics. 2020;e2020039628.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					years]. Despite these declines, the authors note that the proportion of ED visits from children 15-18 years old increased from 10.3% (2017-2019) to 12.9% (in 2020) ( $p < 0.001$ ). The proportion of visits for children (0-18 years) with a chronic condition increased from 23.7% to 27.8% ( $p < 0.001$ ). Visits declined across a broad range of pediatric conditions, although declines for poisoning and mental health visits were the least pronounced. The greatest decrease was seen in the number of visits among children with respiratory illnesses (70.0%). The proportion of pediatric low-resource-intensity visits decreased by 7.0 percentage points, and total charges decreased by 20.0% during the pandemic period. While a decline in low-resource intensity visits may have been expected due to initiatives to encourage non-urgent visits to be seen by primary care providers, the authors express concern in light of evidence that private pediatric practices only saw 30% of their typical patient volume during the COVID-19 pandemic.	conditions during the COVID-19 pandemic.	doi:10.1542/peds.2020-039628
social interactions; COVID-19; emotional health; children's health	23-Dec-20	<a href="#">Children's emotion inferences from masked faces: Implications for social interactions during COVID-19</a>	PLoS ONE	Research Article	In this study, the authors examined the impact of COVID-19-related mask wearing on 7-13-year-old children's ability to identify emotions (sadness, anger, and fear) and navigate social interactions with a theoretical, digitized mask wearer. Researchers recruited 81 racially diverse children (53% Black, 41% white, mean age = 9 years) from publicly funded after-school programs in Wisconsin, United States. Children made inferences from facial configurations of 3 kinds of digital simulations that were either not covered, were obscured by wearing sunglasses, or were obscured by wearing surgical masks. Though children were best able to identify emotions in uncovered faces, children were able to successfully draw emotional inferences from the facial configurations of both mask wearers and sunglass wearers. This accuracy was no more impaired by mask wearing than it was by sunglass wearing ( $p > 0.25$ ). In real-life situations, the presence of both context clues and background knowledge further helps children of this age identify emotions and navigate social interactions. The authors conclude that masks are therefore unlikely to dramatically impair children's social interactions in their daily lives, and should be seamlessly incorporated without developmental concerns.	A study of 81 US children aged 7-13 presented participants with images of adults with uncovered faces, wearing masks, and wearing sunglasses to understand the impact of COVID-19-related mask wearing on the children's ability to identify emotions. Children were able to make accurate emotion inferences even when faces were obscured, so masks are unlikely to impair development and social interactions in children's daily lives.	Ruba AL, Pollak SD. Children's emotion inferences from masked faces: Implications for social interactions during COVID-19. <i>PLoS One</i> . 2020;15(12):e0243708. Published 2020 Dec 23. doi:10.1371/journal.pone.0243708
SARS-CoV-2; children; health-care workers; PPE; COVID-19	23-Dec-20	<a href="#">Risk of SARS-CoV-2 Transmission in Health Care Personnel Working in a Pediatric COVID-19 Unit</a>	Hospital Pediatrics	Brief report	The authors conducted an observational study from March 23- August 23, 2020, at a referral center for pediatric COVID-19 patients in Southern Italy to investigate the risk of SARS-CoV-2 transmission among healthcare workers (HCWs) caring for pediatric patients. The ward under study consisted of 23 HCWs (15 females (68%), median age 29 years (IQR 26-36 years; range not provided) caring for patients in a 5-bed unit with an area for triaging children suspected of having COVID-19 [no ages defined]. The ward had a contaminated area for patient care and a clean area for HCWs activities; use of PPE was required and is detailed in Table 1 for the differences used in each area. Patients able to wear masks were required to do so, as was the caregiver allowed for each patient. Data were collected via a registration form for every entry into a patient's room, including the length of time of exposure for the HCW and type and number of procedures performed. The median time spent on the unit was 18 days (IQR 15-18) and 186 hours (IQR 170-187) for each HCW, with a total of 302	The authors conducted an observational study from March 23- August 23, 2020, at a referral center for pediatric COVID-19 patients in Southern Italy to investigate the risk of SARS-CoV-2 dissemination among healthcare workers (HCWs) caring for pediatric patients. Despite the low prevalence of SARS-CoV-2 in the region, the results of no new transmissions on the unit suggest that strict application of PPE and prevention measures is	Lo Vecchio A, Pierrri L, Poeta M, et al. Risk of SARS-CoV-2 Transmission in Health Care Personnel Working in a Pediatric COVID-19 Unit [published online ahead of print, 2020 Dec 23]. <i>Hosp Pediatr</i> . 2020;hpeds.2020-003855. doi:10.1542/hpeds.2020-003855

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					aerosolizing procedures performed. Testing for HCWs was performed weekly using the rapid Lateral Immunofluorescence test for SARS-CoV-2 IgM/IgG; and, at baseline, 3 and 5 months using the Chemiluminescent Immunoassay testing. SARS-CoV-2 PCR testing was performed for symptoms or positive antibody tests and all at the end of the observation period. One nurse was IgG positive at baseline, and a housemate for this nurse later resulted IgG and IgM positive. Neither case was considered intra-hospital transmission of SARS-CoV-2. The authors suggest that despite the low prevalence of SARS-CoV-2 in the region, no new transmissions on the unit indicate that rigorous application of PPE and prevention measures are effective in pediatric healthcare settings.	effective in pediatric healthcare settings.	
breastfeeding; pandemic; social support; qualitative	23-Dec-20	<a href="#">Social Support during COVID-19: Perspectives of Breastfeeding Mothers</a>	Breastfeeding Medicine	Article	This cross-sectional phenomenological study utilized semi-structured interviews of 29 breastfeeding mothers from March-June 2020 to explore social support perceptions during the COVID-19 pandemic. Social support has been previously shown to affect breastfeeding positively and has been divided into four types: emotional, instrumental, informational, and appraisal. Average age of the mothers was 29.93 years (29.9 ± 5.28 years; range 19-42 years), 79% identifying as Caucasian (10% Hispanic), 31% reported working in healthcare, 24% unemployed, with 38% enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children. The women were asked to describe who provides them with each type of social support and how that support is provided. Impact on emotional support included increased stress and lack of in-person support from anyone other than their significant other; informational support was impacted by a heavy reliance on tele-support and concerns for returning to work; instrumental support was affected by lack of childcare; appraisal was affected by lack of in-person support and the need for reliance on tele-support. One positive influence noted in the study was that women were motivated to continue breastfeeding due to formula shortages and more time at home to establish breastfeeding practices. The authors suggest that health care providers continue to find innovative ways to support breastfeeding mothers and that organizations continue family-friendly practices to support breastfeeding mothers' post-pandemic.	The authors sought to explore perceptions of social support for breastfeeding during the COVID-19 pandemic. Social support has previously been shown to impact breastfeeding positively, and the COVID-19 pandemic has created unforeseen challenges, including accessing breastfeeding support.	Snyder K, Worlton G. Social Support During COVID-19: Perspectives of Breastfeeding Mothers [published online ahead of print, 2020 Dec 23]. <i>Breastfeed Med.</i> 2020;10.1089/bfm.2020.0200. doi:10.1089/bfm.2020.0200
child abuse and neglect; pandemic; prevention; public health; socioeconomic risk; COVID-19	23-Dec-20	<a href="#">The Perfect Storm: Hidden Risk of Child Maltreatment During the Covid-19 Pandemic</a>	Child Maltreatment	Research Article	Due to confinement and economic disarray caused by the COVID-19 pandemic, the authors warn of a rise in child abuse and neglect, which may be difficult to measure, given the disruption of mechanisms to track its incidence. The authors utilized 2 studies conducted in the US to evaluate child maltreatment risk early in the pandemic. In the 1st cross-sectional study conducted April 14-17, 2020, parents (n=405) with at least 1 child <12 years old reported increased physical and verbal conflict and neglect; financial concerns doubled the odds of verbal aggression (p<0.001); loneliness was associated with a 176% increase in odds of neglect (p<0.001); worries were associated with a 178% increase in odds of more conflict (p<0.001) and a 148% increase in odds of hitting their children more often (p<0.05). The 2nd study was conducted April 20-May 31, 2020 (part of a larger prospective longitudinal study) and included parents of children 5-6.5 years old at the time of the survey. 34.9% of 106 parents	This article summarizes the results of 2 US studies conducted early in the COVID-19 pandemic, to assess child maltreatment risk and associated risk factors. Results provide evidence of increased child abuse and neglect, as typical mechanisms for detecting, reporting, and tracking its incidence are disrupted by COVID-19 lockdowns.	Rodriguez CM, Lee SJ, Ward KP, Pu DF. The Perfect Storm: Hidden Risk of Child Maltreatment During the Covid-19 Pandemic [published online, 2020 Dec 23]. <i>Child Maltreat.</i> 2020;1077559520982066. doi:10.1177/1077559520982066

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					reported increased parent-child conflict, which was associated with concurrent child abuse risk ( $p < 0.01$ ), with several links to employment loss, food insecurity, and loneliness; findings also demonstrated increases in abuse risk and psychological aggression ( $p < 0.001$ ) relative to pre-pandemic levels. Findings are discussed in the context of a reactive welfare system, rather than a pro-active public-health-oriented approach to child maltreatment, which would connect with families through multiple avenues.		
COVID-19; pediatric health; cardiovascular health	23-Dec-20	<a href="#">COVID-19 and paediatric patient involvement (cardiovascular aspects)</a>	European Heart Journal Supplements: Journal of the European Society of Cardiology	Review	In this article, the authors discussed the cardiovascular involvement in children with SARS-CoV-2 infection. Identifying MIS-C and Kawasaki Disease (KD) as conditions associated with the severity of COVID-19, they highlighted studies reporting an increased incidence of children with KD-like diseases and MIS-C. KD is an acute febrile illness that primarily affects children younger than 5 years of age and the leading cause of acquired heart disease in high-income countries. Despite similarities between the two, MIS-C tends to affect older children more, with greater gastrointestinal involvement than KD. Hence, they highlighted the careful vigilance of pediatric patients with MIS-C and KD with COVID-19 involvement. Furthermore, they indicated that children with chronic conditions such as congenital heart defects, chronic lung disease, cirrhosis, renal disease, developmental delay, genetic anomalies, and those dependent on technological support for survival as being more susceptible to severe COVID-19. Additionally, they recommended greater care in the management of pediatric oncologic patients due to their susceptibility towards cardiac complications. They conclude by emphasizing the need to address the management needs of children with complex diseases and medical histories as the long-term cardiovascular impacts of COVID-19 are not well studied, and their clinical course may be more severe in children with chronic conditions.	The authors, discussing the importance of pediatric care in COVID-19 patients with MIS-C and KD-like diseases and comorbidities, highlight the importance of careful vigilance of this patient population despite the relative mildness of symptoms. Severity may increase, and there may be predisposing factors that make children more vulnerable to severe illness. Hence special care should be taken in their management.	Müller J, Oberhoffer R, Brudy L, Ewert AP. COVID-19 and paediatric patient involvement (cardiovascular aspects). <i>Eur Heart J Suppl.</i> 2020;22(Suppl Pt t):P19-P24. Published 2020 Dec 23. doi:10.1093/eurheartj/suaa168
COVID-19, eHealth, mHealth, telemedicine, neonatal, intensive care, NICU, U.K.	23-Dec-20	<a href="#">The use of eHealth technologies to support communication with parents in the neonatal unit; An updated literature review for the COVID-19 era.</a>  <a href="#">[Free Access to Abstract Only]</a>	Journal of Neonatal Nursing	Literature Review	In this systematic review, the authors investigated how electronic health care (eHealth) can facilitate care for pediatric populations during the COVID-19 pandemic in the U.K. A systematic search of MEDLINE and CINAHL was conducted for studies related to infants admitted to neonatal ICU (NICU) for any duration, and care during the period immediately following discharge. 6 studies from 2016-2019 were reviewed. In 2 studies, telemedicine visits reduced emergency attendances to hospital after discharge from the NICU, suggesting that improved communication and education can empower and reassure parents. 3 studies demonstrated that parents generally found the eHealth technologies useable, acceptable, and even preferable to telephone calls and standard home visits. The authors argued that eHealth may benefit infants post-discharge from NICU and was generally well-received by parents. However, technological and organizational adaptations may be necessary for wider application. The authors concluded that eHealth applications for pediatric populations are promising during the COVID-19 pandemic.	In this systematic review, the authors investigated how eHealth can facilitate care for pediatric populations during the COVID-19 pandemic in the U.K. In reviewed studies performed in 2016-2019, telemedicine visits reduced emergency attendances to hospital, suggesting that improved communication and education can empower and reassure parents. Most parents found the eHealth technologies useable, acceptable, and even preferable to telephone calls and standard home visits.	Norris C, Al-muzaffar I. The use of eHealth technologies to support communication with parents in the neonatal unit; an updated literature review for the COVID-19 era. <i>Journal of Neonatal Nursing.</i> 2020-12-23; <a href="https://doi.org/10.1016/j.jnn.2020.12.002">https://doi.org/10.1016/j.jnn.2020.12.002</a>

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USA, SARS-CoV-2, pregnancy, vaccine, COVID-19	23-Dec-20	<a href="#">Coronavirus Disease 2019 (COVID-19) Vaccines and Pregnancy: What Obstetricians Need to Know</a>	Obstetrics & Gynecology	Current Commentary	The authors review current information regarding COVID-19 vaccines and discuss vaccination guidance in pregnant women. To date, the COVID-19 vaccine clinical trials have excluded pregnant women due to concerns for effects on the fetus. In June 2020, the FDA recommended that pharmaceutical companies conduct developmental and reproductive toxicology studies before enrolling pregnant women who are not actively avoiding pregnancy in their trial. However, as of November 14, 2020, Pfizer reported 23 pregnant women inadvertently enrolled in their clinical trial, including 12 in the vaccine group. Moderna reported 13 pregnant women in their clinical trial, including 6 in the vaccine group. Those pregnancies that were exposed to the vaccine are currently ongoing. Issues to be considered when counseling pregnant persons include data from animal studies and inadvertently exposed pregnancies during vaccine clinical trials, potential risks of vaccine reactogenicity, the timing of vaccination during pregnancy, evidence for the safety of other vaccines during pregnancy, risk of COVID-19 complications, the pregnant person's underlying conditions, risk of exposure to SARS-CoV-2 and potential for risk mitigation. The US CDC, the American College of Obstetricians and Gynecologists, and the Society for Maternal-Fetal Medicine have issued guidance supporting offering the COVID-19 vaccine to pregnant persons. In conclusion, pregnant women and their obstetricians will need to use the limited available data and recommended considerations to weigh the benefits and risks of the COVID-19 vaccine during pregnancy.	In this commentary, the authors review current COVID-19 vaccine information and discuss important considerations for pregnant patients and their obstetricians regarding COVID-19 vaccination in pregnancy. The CDC, the American College of Obstetricians and Gynecologists, and the Society for Maternal-Fetal Medicine have issued guidance to support offering the COVID-19 vaccine to pregnant persons.	Rasmussen SA, Kelley CF, Horton JP, Jamieson DJ. Coronavirus Disease 2019 (COVID-19) Vaccines and Pregnancy: What Obstetricians Need to Know [2020 Dec 23]. <i>Obstetrics &amp; Gynecology</i> . 2020. 10.1097/AOG.0000000000004290. doi:10.1097/AOG.0000000000004290
India, SARS-CoV-2, stillbirths, COVID-19, pandemic, lockdown	23-Dec-20	<a href="#">Stillbirths and the COVID-19 pandemic: Looking beyond SARS-CoV-2 infection [Free Access to Abstract Only]</a>	International Journal of Gynecology & Obstetrics	Clinical Article	The authors conducted an analytical case-control study to identify the impact of the COVID-19 pandemic and subsequent lockdown on the incidence, associated causes, and modifiable factors leading to stillbirth. They compared the study group of stillbirths from March to September 2020 (n = 134) to the control group of stillbirths from March to September 2019 (n= 184) in a tertiary care center in India. Modifiable causes were defined as level 1 if the women arrived late due to not recognizing the need for care; level 2 if failure to reach the hospital for treatment due to lack of transport facilities; and level 3 due to inadequate care by the provider. The results showed a significant difference in the rate of stillbirths among cases (37.4/1000), and controls (29.9/1000), p-value = 0.045. Only 2/134 (1.5%) of cases tested positive for SARS-CoV-2, implying that COVID-19 did not contribute substantially to the increase in the rate of stillbirth in the study population. No significant difference in maternal age, gravidity, and number of abortions was observed between both groups. However, a statistically significant difference in modifiable causes of stillbirth was noted between cases (76.1%) and controls (59.6%). Level 2 delays were observed in 12.7% of cases compared to none in controls (p-value <0.006), while Level 3 delays were observed in 31.3% of cases and 11.5% of controls (p-value < 0.001). The authors concluded that although the causes of stillbirth were comparable between both groups, level 2 and level 3 delays were significantly impacted by the COVID-19 pandemic, leading to a higher rate of preventable stillbirths in pregnant women without COVID-19.	Findings from this study showed a higher rate of stillbirths during the COVID-19 pandemic compared to a similar period in 2019 in India. However, only 1.5% of pregnant women in the study group were positive for SARS-CoV-2, implying that the higher rate of stillbirth in the study population was not due to COVID-19 per se but more likely due to delays in care at all levels because of the COVID-19 pandemic.	Kumar M, Puri M, Yadav R, et al. Stillbirths and the COVID-19 pandemic: Looking beyond SARS-CoV-2 infection [2020 Dec 23]. <i>International Journal of Gynaecology &amp; Obstetrics</i> . 2020. 10.1002/ijgo.13564. doi:10.1002/ijgo.13564

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SARS-CoV-2, COVID-19, status epilepticus, USA	23-Dec-20	<a href="#">Convulsive Status Epilepticus in a Child With Controlled Epilepsy and Concurrent COVID-19 Infection: A Case Report and a Quick Review</a>	Clinical Medical Insights: Case Reports	Case Report	This case report describes an 8-year old boy (USA) with SARS-CoV-2 infection and epilepsy. He has had seizures since age 6 months and was diagnosed with focal epilepsy with focal to bilateral tonic clonic seizures of genetic etiology. Prior to this presentation, his seizures had been completely controlled for more than 3 years with levetiracetam (30mg/kg/day), divided over 2x per day, without any breakthrough activity. He had no prodromal symptoms with no fever, respiratory symptoms, or recent change in overall health. He did not have medication compliance concerns or recent medication changes. He was admitted for emergency services when he suffered an unprovoked seizure, consistent with convulsive status epilepticus for 20-25 minutes. He then had a loading dose of levetiracetam of 40/kg which resolved the seizure. Blood count showed mild leukocytosis and the boy tested positive for SARS-CoV-2 via PCR from nasopharyngeal swab specimen. Subsequently, the patient had a largely uncomplicated hospital course. He was discharged next day from the hospital with an adjusted dose of levetiracetam (40 mg/kg/day divided 2x a day) and no specific need for respiratory or systemic support measures. It was concluded the patient trigger of status epilepticus is possibly attributed to his concurrent SARS-CoV-2 infection.	An 8-year old boy with controlled focal epilepsy had an unprovoked status epilepticus seizure. During his hospital stay, he subsequently tested positive for SARS-CoV-2 and did not require intervention. Authors conclude that SARS-CoV-2 infection may be responsible for causing the seizure.	Khair AM, Husain S, Kaur G, Falchek S. Convulsive Status Epilepticus in a Child With Controlled Epilepsy and Concurrent COVID-19 Infection: A Case Report and a Quick Review. <i>Clinical Medicine Insights: Case Reports</i> . 2020;13:117954762098412. doi:10.1177/1179547620984126
Plasma therapy; children; COVID-19 pandemic; plasma; SARS-CoV-2	23-Dec-20	<a href="#">The use of convalescent plasma for pediatric patients with SARS-CoV-2: A systematic literature review</a>	Transfusion and Apheresis Science	Systematic Review	This paper presents a systematic review of the literature and ongoing clinical trials on convalescent plasma therapy in pediatric patients with COVID-19. The electronic databases Medline, PubMed, Scopus, and Web of Science were searched. Also, clinical trials registries were searched for potentially eligible studies. 8 studies were case reports of children treated with convalescent plasma therapy (14 children, age range 9 weeks - 18 years); 5 of the 8 children had a chronic disease. No convalescent plasma therapy-related adverse events were reported in 5 studies, and 3 made no mention of adverse events. 7 of the 8 studies concluded that convalescent plasma therapy is or could be a useful therapeutic option; one study made no claims. Only 3 of the 13 retrieved trials underway were planned exclusively for children. The authors found insufficient clinical information on the safety and efficacy of convalescent plasma therapy in children. Nevertheless, the positive outcomes of the few case reports published to date suggest that convalescent plasma therapy may be of potential benefit. Further research with well-designed and -powered clinical trials is needed.	This paper presents a systematic review of the literature and ongoing clinical trials on convalescent plasma therapy in pediatric patients with COVID-19. The authors found insufficient clinical information on the safety and efficacy of convalescent plasma therapy in children. Further research with well-designed and powered clinical trials is needed.	Zaffanello M, Piacentini G, Nosetti L, Franchini M. The use of convalescent plasma for pediatric patients with SARS-CoV-2: A systematic literature review. (2020). <i>Transfusion and Apheresis Science</i> . https://doi.org/10.1016/j.transci.2020.103043
COVID-19; child; health services; resource utilization; Singapore	23-Dec-20	<a href="#">Impact of COVID-19 on pediatric emergencies and hospitalizations in Singapore</a>	BioMed Central (BMC) Pediatrics	Research article	A retrospective analysis of pediatric ED visits (<18 years) at KK Women's and Children's Hospital in Singapore was undertaken to compare the lockdown phases against pediatric healthcare resource utilization. The phases were determined by a 4-tier color coded Disease Outbreak Response System Condition (DORSCON) system that has escalating green, yellow, orange, and red colors. The phases studied were pre-lockdown, which included pre-DORSCON orange from January 1- February 6, 2020, post-DORSCON orange from February 7- April 6, 2020, lockdown from April 7- June 1, 2020, and post-lockdown from June 2- August 8, 2020. A total of 58,367 children were seen in the ED during this time frame, with a mean age of 5.1 years (SD 4.6). There was a statistically significant decrease in the number of pediatric ED visits during the lockdown (p<0.001), and those	A retrospective analysis of pediatric ED visits (<18 years) during different phases of the COVID-19 pandemic lockdown in Singapore was undertaken. Overall pediatric infections were decreased during the lockdowns, but trauma cases and child-abuse cases were higher proportionally. This study can provide guidance in resource planning for future	Chong SL, Soo JSL, Allen JC Jr, et al. Impact of COVID-19 on pediatric emergencies and hospitalizations in Singapore. <i>BMC Pediatr</i> . 2020;20(1):562. Published 2020 Dec 23. doi:10.1186/s12887-020-02469-z

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					seen during the lockdown were younger than pre-lockdown (4.6 yrs, SD 4.4, p<0.001). Reductions in childhood infections were the most striking difference noted, with respiratory infection rates down -87.9% during the lockdown (95% CI -89.3, -86.3, p<0.001) and gastrointestinal infections down -72.4% (95% CI -75.9, -68.4, p<0.001). Trauma-related injuries decreased much slower due to injuries occurring at home. Child abuse cases represented a higher proportion of overall visits during the lockdown (0.5% during lockdown; 0.6% post-lockdown; and 0.2% pre-DORSCON orange; p<0.001). The authors highlight the overall decrease in pediatric infections due to the lockdown but acknowledge a higher proportion of traumas and child-abuse cases, which should guide planning resources for future pandemic lockdowns.	outbreak lockdowns to assist in keeping children safe.	
pre-existing conditions; comorbidities; pediatric COVID-19; Italy	22-Dec-20	<a href="#">Clinical course of COVID-19 in children with pre-existing medical conditions</a>	Acta Paediatrica	Brief Report	Children appear to have milder COVID-19 than adults and a more favorable clinical course. However, children with pre-existing conditions may face a higher risk from COVID-19 than healthy peers, but studies are scarce and detailed clinical information has been lacking. The authors briefly describe their prospective study of 167 pediatric patients diagnosed with COVID-19 presenting to a children's hospital in Italy between 21 March - 15 November 2020, including 37 with pre-existing medical conditions (median age 9.8 years; range 0-18 years). Of these 37 children, fever was the most frequent presenting symptom (51%); 4 patients had respiratory distress (11%) and 2 children with epilepsy had seizures. Most (81%) presented with minimal or absent respiratory symptoms. Blood tests were performed on 20 children (54%): 5 (25%) had lymphopenia and 8 (40%) had slightly increased C-reactive protein. 1 with repetitive seizures had transient respiratory acidosis, and a 2-year-old child had severe hypoglycaemia (18 mg/dL). Elevated liver enzymes found in 2 (10%) patients may have been due to concurrent liver pathology. 3 (8%) children had undergone chest CT scans due to thrombo-embolic risk associated with their underlying diseases. Bilateral ground glass areas were found in 2 cases, but neither required supplemental oxygen. Another 4 patients (11%) had chest X-rays and 2 of these showed pneumonia. Most patients (78%) were hospitalized, and the median length of stay was 9 days (range 2–33 days). Only 2 (5%) required oxygen support and none required ICU admission. The authors conclude that risk for severe COVID-19 was low in this cohort; however, children with underlying conditions should be carefully assessed and closely monitored.	This report briefly describes a prospective study of 167 pediatric patients diagnosed with COVID-19 in Italy, including 37 with pre-existing medical conditions. The authors conclude that risk for severe COVID-19 was low in this cohort; however, children with underlying conditions should be carefully assessed and closely monitored.	Brisca G, Mariani M, Andrea Rotulo G, et al. Clinical course of COVID-19 in children with pre-existing medical conditions [published online, 2020 Dec 22]. Acta Paediatr. 2020;10.1111/apa.15730. doi:10.1111/apa.15730
adolescents; COVID-19; Housing; Lockdown; mental health	22-Dec-20	<a href="#">Impact of housing conditions on changes in youth's mental health following the initial national COVID-19 lockdown: A cohort study</a>	medRxiv	Preprint (not peer-reviewed)	This cohort study examined how housing affected the mental health of young people in Denmark during the COVID-19 pandemic. Participants (n=7445) were drawn from the Danish National Birth Cohort (age range = 18-23 years). A questionnaire administered in April 2020 was compared to participants' reported wellbeing when they were 18. Decreases in mental well-being (measured on a 7-point scale) were associated with lack of access to outdoor facilities (mean difference: -0.83; 95% CI: [-1.19, -0.48]), living in denser households (mean difference: -0.30; 95% CI: [-0.43, -0.18]), and living alone (mean difference: -0.25; 95% CI: [-0.56, 0.05]). Decreases in quality of life (QoL) (measured on a 10-point scale) were associated with	This cohort study from Denmark found that youth living in dense households or alone with no access to outdoor facilities saw a negative impact on their mental wellbeing and quality of life.	Groot J, Keller AC, Joensen A, et al. Impact of housing conditions on changes in youth's mental health following the initial national COVID-19 lockdown: A cohort study. [pre-print] medRxiv. 2020 Dec 22. doi:

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					living in a denser household (mean difference: -0.21; 95% CI: [-0.30, -0.12]) and living alone (mean difference: -0.22; 95% CI: [-0.43, -0.00]). Youth living with a partner reported increased QoL (mean difference: 0.35; 95% CI: [0.18, 0.51]). Youth that reported incident loneliness were more likely to live alone (OR: 2.12; 95% CI: [1.59, 2.82]) or live in a dense household (OR: 1.30; 95% CI: [1.14, 1.48]). The researchers note that because of Denmark's low COVID-19 spread and mortality, it is likely that the observed mental health outcomes are because of housing conditions during lockdown.		<a href="https://doi.org/10.1101/2020.12.16.20245191">https://doi.org/10.1101/2020.12.16.20245191</a> .
Fear, COVID-19, food security, perceived stress, perceived social support	22-Dec-20	<a href="#">Is Fear of COVID-19 Higher among Food-Insecure Households? A Model-Based Study, Mediated by Perceived Stress among Iranian Populations</a>	medRxiv	Preprint (not peer-reviewed)	The authors examined fear associated with the COVID-19 pandemic among food-insecure households (n = 2871, mean age 32.99±8.31 years) in 31 provinces in Iran from August-September 2020. Of the households surveyed, 6.5% (n = 188) were food-insecure. Food insecurity was correlated with fear associated with the COVID-19 pandemic (p < 0.001), and this fear was mediated by stress. Perceived social support was correlated with less fear associated with the COVID-19 pandemic (p < 0.001). The association between fear related to the COVID-19 pandemic and food insecurity was stronger among women and households with children under age 5 years (p < 0.001). This study highlights the importance of incorporating measures to increase social resilience as part of strategies to address food insecurity.	This article examined the association between food insecurity and fear associated with the COVID-19 pandemic for households in Iran. Households with food insecurity experienced greater fear associated with the COVID-19 pandemic, particularly among women and households with children under 5 years old.	Ezzeddin N, Eini-Zinab H, Kalantari N, Ahmadi M, Beheshti Z. Is fear of COVID-19 higher among food-insecure households? A model-based study, mediated by perceived stress among Iranian populations. medRxiv. 2020: doi: 10.1101/2020.12.22.20248714.
vertical transmission, placenta, amniotic fluid, breast milk, vaginal secretions, SARS-CoV-2	22-Dec-20	<a href="#">Exploring the emergence of vertical transmission of SARS-CoV-2: A Rapid Review</a>	Acta Biomedica	Rapid Review	To study the plausibility of vertical transmission of SARS-CoV-2, the authors conducted a rapid review of available literature [time period not specified] using the keywords; "COVID-19 vertical transmission", "SARS-CoV-2 pregnancy", and "SARS-CoV-2 vertical transmission". Among all reported COVID-19 pregnancies only those cases with SARS-CoV-2 infection in the neonate confirmed by RT-PCR were studied in detail. While a review of 55 pregnancies did not show any evidence of vertical transmission, a total of 6 studies comprising 11 newborns presented strong arguments in favor of vertical transmission of SARS CoV-2; these cases are organized in a table detailing gestational age, clinical symptoms, testing details of mother and newborn (RT-PCR and antibody tests), cytokine IL-6 levels, RT-PCR results of amniotic fluid, placental tissue, vaginal secretions, and breast milk samples, prophylactic treatment, and the authors' conclusions. Of the cases that tested amniotic fluid for SARS-CoV-2 RNA (n=2), one sample obtained at the time of delivery was positive, which the authors consider a strong indicator of vertical transmission. Of the cases in which breast milk was tested (n=2), neither sample was positive for SARS-CoV-2 RNA. Only one included case involved testing of vaginal secretions, and only one involved testing of placental tissue and results were negative in both cases. The authors recommend a planned prospective approach to determine the possibility and risk of vertical transmission, utilizing repeated molecular testing of all the specimens enumerated above to rule out false negatives. Pregnancy with COVID-19 has been associated with preterm birth in >20% cases and perinatal death in 7% which suggests that fetal risk associated with maternal SARS-CoV-2 infection is also worth investigating.	This rapid review summarizes 6 studies comprising 11 newborns with possible vertical transmission of SARS-CoV-2. Details include gestational age, clinical symptoms, RT-PCR and antibody tests of mother and newborn, cytokine IL-6 levels, prophylactic treatment, and RT-PCR results of amniotic fluid, placental tissue, vaginal secretions, and breast milk samples. The authors consider all 11 cases to suggest vertical transmission.	Jain V, Kanchan T, Krishan K. Exploring the emergence of vertical transmission of SARS-CoV-2: A Rapid Review. Acta Biomed. 2020;91(4):e2020129. Published 2020 Dec 22. doi:10.23750/abm.v91i4.10852

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COVID-19; pandemic; displaced; forcibly displaced; children; families; psychosocial; mental health; support	22-Dec-20	<a href="#">Protecting the Global Mental Health of Forcibly Displaced Children from the COVID-19 Pandemic</a>	Pediatrics	Review	The author states that the COVID-19 pandemic is an opportunity to develop strategic relationships and collaborations in social services, health care, and policy reform to transform the environment in which the forcibly displaced are received to provide humane care for all children and their families. Forcibly displaced children were already vulnerable to mental health problems and psychosocial stressors, and now the stressors of the COVID-19 pandemic have worsened this further. The need to close schools, afterschool programs, religious and community gatherings has eliminated normal means of coping and social support for forcibly displaced children, putting them at greater risk for violence, abuse, and exploitation. Disrupted education, family stress, social isolation, increased abuse, and uncertainty about the future can exacerbate mental health problems for the most vulnerable, like the forcibly displaced. The United Nations Refugee Agency has implemented multi-lingual telephone lines, training in psychological first aid, and ensured access to medications for displaced families worldwide. Other approaches to strengthen mental health services for displaced children include disseminating positive parenting tips, stress management posters for parents, creating child-friendly spaces, and using community loudspeakers in displaced person camps to play messages opposing gender-based violence and to provide mental health and psychosocial support.	The author states that the COVID-19 pandemic is an opportunity to develop strategic relationships and collaborations in social services, health care, and policy reform to better serve forcibly displaced children and families. Specific strategies are provided.	Song SJ. Protecting the Global Mental Health of Forcibly Displaced Children From the COVID-19 Pandemic [published online ahead of print, 2020 Dec 22]. <i>Pediatrics</i> . 2020;e2020025346. doi:10.1542/peds.2020-025346
SARS-CoV-2; COVID-19; children; pediatric; antibodies	22-Dec-20	<a href="#">Epidemiological, Clinical and Serological Characteristics of Children with Coronavirus Disease 2019 in Wuhan: A Single-Centered, Retrospective Study</a>	Virologica Sinica	Letter to the Editor	The authors conducted a retrospective study to analyze the epidemiological, clinical and serological characteristics of 34 children (median 5 years; range 0-10 years) with suspected COVID-19 in Wuhan, China in the early stages of the outbreak from January 25-March 2, 2020. 14 were positive for SARS-CoV-2 infection and diagnosed as confirmed cases with COVID-19 (named group NP). 20 were negative for SARS-CoV-2 infection and positive for the antibody (named group AP). In group NP, most patients were tested positive within 12 days after onset, a small number of patients still tested positive from 18-30 days after onset. In group NP and AP, the 8 and 11 patients caught SARS-CoV-2 through their parents, grandparents, sister or relatives with COVID-19, respectively. In group NP and AP, the common symptoms were fever (71.4%; 70%, respectively) and cough (92.6%; 75%, respectively). The average neutrophil count in group NP was lower than that in group AP (p<0.05). Of the 26 patients with SARS-CoV-2 antibodies in both groups, 11.5%, 61.5%, and 26.9% of patients were positive for only IgM, only IgG, and both IgM and IgG, respectively. No significant differences were detected in the mean level of IgM and IgG at different age and genders. The duration of specific IgM positive was short, and the duration of the IgG positive was relatively long. Empirical antiviral therapy was administered to 13 (92.9%) in group NP and 11 (55.0%) patients in group AP, respectively (p<0.05). The authors determined that except for the neutrophil count, SARS-CoV-2 nucleic acid and specific IgG, and antiviral therapy, there were no significant differences between group NP and AP. The authors concluded that the detection of SARS-CoV-2 antibodies within 1-3 weeks after onset was of great value in diagnosing COVID-19, especially for SARS-CoV-2 nucleic acid false negative.	The authors conducted a retrospective study to analyze the epidemiological, clinical, and serological characteristics of 34 children (median 5 years; range 0-10 years) with suspected COVID-19 in Wuhan, China in the early stages of the outbreak from January 25-March 2, 2020. The authors determined that except for the neutrophil count, SARS-CoV-2 nucleic acid and specific IgG results, and antiviral therapy use, there were no significant differences between confirmed COVID-19 cases and patients negative for SARS-CoV-2 infection and positive for antibodies.	Luo D, Xia Z, Li H, et al. Epidemiological, Clinical and Serological Characteristics of Children with Coronavirus Disease 2019 in Wuhan: A Single-centered, Retrospective Study [published online 2020 Dec 22]. <i>Virolog Sin</i> . 2020;1-7. doi:10.1007/s12250-020-00333-z

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
child abuse, maltreatment, discipline, COVID-19, lockdowns, parents, violence prevention, Nigeria, Mongolia, Suriname	22-Dec-20	<a href="#">Modelling the Effect of the COVID-19 Pandemic on Violent Discipline Against Children</a>	Child Abuse and Neglect	Article	Although the COVID-19 pandemic could increase violence against children at home, collecting data on violence is challenging due to ethical, safety, and data quality concerns. This study estimated the anticipated effect of the COVID-19 pandemic on violent discipline at home against children 1-14 years old in Nigeria, Mongolia, and Suriname (mean age 9 years old in all 3 countries). Under a "high restrictions" scenario (a period of intense response measures), the authors estimated there would be a 35-46% increase in violent discipline scores in Nigeria, Mongolia, and Suriname, and under a "lower restrictions" scenario (easing of COVID-19 restrictions but with sustained economic impacts), there would be a 4-6% increase in violent discipline scores in these countries. Taken together, these results point to increases in severity of household violence during successive waves of lockdowns. The authors recommend that policymakers plan for increases in violent discipline against children; accordingly, violence prevention should be central to COVID-19 response measures. Offering parents and caregivers guidance to build positive relationships and to manage conflict and stress should be a central component of strategies to prevent violence against children during the pandemic and beyond. Measures to address families' immediate needs can include paid sick leave for caregivers and child feeding programs, as well as longer-term social protection policies that reduce social inequities.	This study estimated the anticipated effect of the COVID-19 pandemic on violent discipline at home against children in Nigeria, Mongolia, and Suriname under "high restrictions" and "lower restrictions" scenarios. Results estimated increases in the severity of violent discipline against children in all 3 countries, with greater increases estimated under the "high restrictions" condition.	Fabbri C, Bhatia A, Petzold M, et al. Modelling the effect of the COVID-19 pandemic on violent discipline against children. <i>Child Abuse Negl.</i> 2020:104897. doi: 10.1016/j.chiabu.2020.104897.
Suicide behaviors, France, COVID-19, lockdown	22-Dec-20	<a href="#">Association between suicide behaviours in children and adolescents and the COVID-19 lockdown in Paris, France: A retrospective observational study</a>	Archives of Disease in Childhood	Article	In this retrospective observational study from a French children's hospital, the authors examined the association between suicide-related hospital admissions before and during the COVID-19 pandemic. Using hospital admissions data from 234 patients 7-17 years old (mean age = 13.4 years) between January 2018 - May 2020, the authors found a 50% decrease in incidence of hospital admissions for suicide behaviors during the COVID-19 lockdown period (March - May 2020) compared to all times before March 2020. The authors suggest this reduction to be a result of reduced help-seeking, decreased hospital admission rates during the lockdown, and improved cognitive and environmental factors that may have reduced feelings of loneliness. The social environments and other factors that led to reduced suicide-related hospital admissions in children and adolescents may inform future preventative interventions.	This retrospective observational study examined the incidence of suicide-related admissions to a French hospital before (January 2018 - February 2020) and during the COVID-19 pandemic (March - May 2020) in a sample of 234 children. The incidence of hospital admissions for suicide behaviors decreased by 50% during the COVID-19 pandemic, likely due to reduced help-seeking and improved cognitive and environmental factors.	Mourouvy M, Botteman H, Bonny G, et al. Association between suicide behaviours in children and adolescents and the COVID-19 lockdown in Paris, France: a retrospective observational study. <i>Arch Dis Child.</i> 2020;archdischild-2020-320628.
Pediatric; mildly symptomatic; asymptomatic; children; COVID-19; SARS-CoV-2; Washington, DC; USA	22-Dec-20	<a href="#">Results of testing children for SARS-CoV-2 through a community-based testing site</a>	The Journal of Pediatrics	Original article	The authors conducted a retrospective study of children (≤22 years) tested for SARS-CoV-2 via PCR between March 21- May 16, 2020, at a community-based collection site in Washington, DC (USA). They described the demographics and clinical features and results of this group. Pediatricians referred patients presenting to this community collection site for reasons including having a high-risk family member (35%), needing to know for work (30%), respiratory complaint (41.6%), and fever (35%). A total of 1445 patients were referred and tested during the study period, with 408 testing positive (28.2%, 95%CI: 18.2, 23.3). The daily positivity rate started at 5.4% during the week of March 21-29, 2020 and peaked at 47.4% on May 5, 2020. The median age tested for SARS-CoV-2 was 8 years, with	The authors conducted a retrospective study of 1445 pediatric patients (≤22 years) presenting after referral to a community SARS-CoV-2 testing facility in the US. The authors argue it is essential to understand the spread of SARS-CoV-2 amongst the pediatric population to aid in recovery planning efforts.	Simpson JN, Goyal MK, Cohen JS, et al. Results of testing children for SARS-CoV-2 through a community-based testing site. <i>J Pediatr.</i> 2020. doi: https://doi.org/10.1016/j.jpeds.2020.12.030.

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					34.7% of Hispanic ethnicity, 28.3% non-Hispanic black, and 16.8% non-Hispanic white. Compared to white children, minority children had higher rates of SARS-CoV-2 infection (Hispanic adjusted (a)OR: 10.3; 95% CI 6.2, 17.3 and Non-Hispanic black aOR: 4.1; 95% CI 2.4, 7.0). When comparing reasons for testing, patients who tested due to known exposure were more likely to test positive (aOR: 1.6; 95% CI 1.0, 2.4) than those who needed to know for work or who had a high-risk family member. Those having a cough (aOR: 1.4; 95% CI 1.1, 1.9) or fever (aOR: 1.7; 95% CI 1.3, 2.3) were more likely to test positive for SARS-CoV-2 than those without symptoms.		
COVID-19; lockdown; neonatal outcomes; prematurity; NICU admissions; NYC; Electronic health records; USA	22-Dec-20	<a href="#">Neonatal outcomes during the COVID-19 pandemic in New York City</a>	medRxiv	Preprint (not peer-reviewed)	The authors used a quasi-experimental logistic regression to test for associations between New York City (NYC), USA lockdowns to curb the spread of SARS-CoV-2 from March 16- June 8, 2020, to the outcomes of prematurity (born at <37 weeks' gestation) and neonatal ICU (NICU) admission rates. The analysis compared 1-3 month periods before and during the lockdowns to similar periods in 2012-2019. Prematurity and NICU admissions were comparable during the lockdown to the same periods in previous years. However, statistically significant reductions in prematurity and NICU admissions were seen after re-opening began in NYC. Prematurity rates had a P difference-in-difference(did) from 0.0028-0.049 depending on how long (1-3 months) after re-opening began compared to time frames in 2012-2019. NICU admissions had similar decreases of Pdid from 0.0011- 0.27. The authors stress the significance of reductions in prematurity and NICU admissions but add that further research is needed to determine a cause.	The authors compared the SARS-CoV-2 lockdown time frame (March 16-June 8, 2020) to similar periods in 2012-2019 to determine changes in premature births and neonatal ICU admissions at Mt. Sinai Hospital in New York City, USA.	Felix Richter, Arielle S. Strasser, Mayte Suarez-Farinas, Shan Zhao, Girish N. Nadkarni, Ethylin Wang Jabs, Katherine Guttman, Benjamin S. Glicksberg. medRxiv 2020.12.20.20248583; doi: <a href="https://doi.org/10.1101/2020.12.20.20248583">https://doi.org/10.1101/2020.12.20.20248583</a>
breastfeeding, rooming-in, maternal-infant separation, skin-to-skin contact, international guidance, vertical transmission, SARS-CoV-2, COVID-19	22-Dec-20	<a href="#">Misalignment of global COVID-19 breastfeeding and newborn care guidelines with World Health Organization recommendations</a>	British Medical Journal (BMJ) Nutrition, Prevention, and Health	Original Research	The authors reviewed 68 COVID-19 guidance documents for maternal and newborn care from 33 countries (published 8 February-25 April 2020), assessing alignment with WHO recommendations and the extent to which each policy supported or undermined breastfeeding. Alignment to WHO recommendations was assessed in the following areas: (1) skin-to-skin contact; (2) early initiation of breastfeeding; (3) rooming-in; (4) direct breastfeeding; (5) provision of expressed breastmilk; (6) provision of donor human milk; (7) wet nursing; (8) provision of breastmilk substitutes; (9) psychological support for separated mothers; and (10) psychological support for separated infants. The authors found considerable inconsistency in recommendations. Recommendations against practices supportive of breastfeeding were common, even in countries with high infant mortality rates (IMR). 16/33 countries (48%) recommended against direct breastfeeding (either not recommended, recommended only with family preference, or only after mother and infant tested negative for SARS-CoV-2). Neither low country income nor high IMR predicted level of alignment with WHO recommendations. The most influential document, cited by 41% of examined country guidance, was the US CDC guidance published on 18 February 2020, which initially recommended isolation of mothers with COVID-19 from their infants before becoming more supportive of maternal-infant proximity and breastfeeding on 4 April 2020. The authors also note that international guidance rarely mentions psychological support for separated mothers and infants. None of the	This study reviewed international COVID-19 guidance documents for maternal and newborn care from 33 countries assessing alignment with WHO recommendations in the following areas: skin-to-skin contact; early initiation of breastfeeding; rooming-in; direct breastfeeding; provision of expressed breastmilk; provision of donor human milk; wet nursing; provision of breastmilk substitutes; and psychological support for separated mothers and infants. The authors note a lack of consistency in international guidelines, and an overall undervaluing of the importance of maternal proximity and breastfeeding to infant health.	Vu Hoang D, Cashin J, Gribble K, et al. Misalignment of global COVID-19 breastfeeding and newborn care guidelines with World Health Organization recommendations. BMJ Nutrition, Prevention & Health 2020;0. doi:10.1136/bmjnp-2020-000184

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					guidelines aligned with WHO guidance in all 10 areas, which the authors attribute to the early presence of influential guidance conflicting with WHO recommendations, lack of international consistency, and an overall undervaluing of the importance of maternal proximity and breastfeeding to infant health.		
Pregnancy, vertical transmission, placenta, ACE2, antibody, infant, USA	22-Dec-20	<a href="#">Assessment of Maternal and Neonatal SARS-CoV-2 Viral Load, Transplacental Antibody Transfer, and Placental Pathology in Pregnancies During the COVID-19 Pandemic</a>	Journal of the American Medical Association (JAMA) Open Network	Original Research	To quantify SARS-CoV-2 viral load in maternal and neonatal biofluids, transplacental passage of anti-SARS-CoV-2 antibody, and the incidence of fetoplacental infection, a prospective cohort study was conducted among pregnant women at 3 tertiary care centers in Boston, USA. Women with RT-PCR positive for SARS-CoV-2 were recruited from April 2-June 13, 2020 and a convenience sample from pregnant women with negative RT-PCR results were also enrolled. RNA was extracted from maternal and cord blood plasma and maternal respiratory specimens. For transplacental antibody transfer analyses, paired maternal-cord blood samples were used. Among 127 pregnant women, 64 were positive for SARS-CoV-2 (mean age 31.6 [±5.6] years) and 63 were negative (mean age 33.9 [±5.4] years). Maternal disease severity was significantly associated with detectable respiratory viral load (p= 0.04). Among 107 positive women, there was no detectable viremia in maternal or cord blood and no evidence of vertical transmission. Among 77 neonates in whom SARS-CoV-2 antibodies were quantified in cord blood, 1 had detectable immunoglobulin M to nucleocapsid. Among 88 placentas tested, SARS-CoV-2 RNA was not detected in any. Mother-to-neonate transfer of anti-SARS-CoV-2 antibodies was significantly lower than transfer of the positive control anti-influenza hemagglutinin A antibodies (P <0.001). Non-overlapping placental expression of SARS-CoV-2 receptors ACE2 and TMPRSS2 was noted.	In this cohort study at 3 tertiary care centers in Boston, USA, there was no evidence of placental infection or definitive vertical transmission of SARS-CoV-2.	Edlow AG, Li JZ, Collier AY, Atyeo C, et al. Assessment of Maternal and Neonatal SARS-CoV-2 Viral Load, Transplacental Antibody Transfer, and Placental Pathology in Pregnancies During the COVID-19 Pandemic. JAMA Netw Open. 2020 Dec 1;3(12):e2030455. doi: 10.1001/jamanetworkopen.2020.30455.
Pregnancy, antibody, placenta, infants, USA	22-Dec-20	<a href="#">Protecting Pregnant Women and Their Infants From COVID-19: Clues From Maternal Viral Loads, Antibody Responses, and Placentas</a>	Journal of the American Medical Association (JAMA) Open Network	Commentary	The authors provide commentary on "Assessment of Maternal and Neonatal SARS-CoV-2 Viral Load, Transplacental Antibody Transfer, and Placental Pathology in Pregnancies During the COVID-19 Pandemic" by Edlow et al. They report that a major strength was the inclusion of 2 comparison groups enrolled simultaneously at the same hospitals as the cases: pregnant women with RT-PCR results negative for SARS-CoV-2 infection, as well as non-pregnant women of reproductive age. In addition, Edlow et al included mother-to-neonate transfer of anti-influenza antibodies as a comparison for evaluation of mother-to-neonate transfer of anti-SARS-CoV-2 antibodies. Inclusion of appropriate control analyses allows for greater understanding of SARS-CoV-2 characteristics. The study found no evidence of vertical transmission of SARS-CoV-2, including no evidence of placental infection. This supports previous studies that have found that intra-uterine transmission is not common. This may be explained by low levels of maternal viremia, as well as reduced placental expression of the ACE2 receptor and TMPRSS2, both required for entry of SARS-COV-2 into host cells. The other major finding from the study by Edlow et al was the inefficient transfer of SARS-COV-2 maternal antibodies to the infant. This underscores the susceptibility of infants to infection even after maternal infection or vaccination.	The authors comment on the study by Edlow et al, highlighting the use of appropriate controls as a major strength of the study. The study supports findings that intra-uterine transmission is not common and that transfer of maternal antibodies to the infant is not efficient, which may leave infants vulnerable to SARS-CoV-2 even after maternal infection or vaccination.	Jamieson DJ, Rasmussen SA. Protecting Pregnant Women and Their Infants From COVID-19: Clues From Maternal Viral Loads, Antibody Responses, and Placentas. JAMA Netw Open. 2020 Dec 1;3(12):e2030564. doi: 10.1001/jamanetworkopen.2020.30564.

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Telemedicine, pregnancy, telehealth, postpartum, infrastructure	22-Dec-20	<a href="#">Challenges In Telemedicine Implementation For Pregnancy Care During The Covid-19 Pandemic</a>	Jurnal Keperawatan Global	Review Article	The aim of this literature review was to describe challenges in telemedicine implementation for pregnancy care during the COVID-19 pandemic. Literature published in 2020 was identified from PubMed, Scopus, and Elsevier and 18 articles were included in the review. Most countries decreased regulation for integration of telemedicine services in 2020. The USA allowed Medicare-enrolled Americans to use telemedicine without extra cost and removed many restrictions for the use of telemedicine (such as waiving state boundary regulations). Overall, telemedicine increased globally after the onset of the pandemic. Some of the challenges of implementation included establishing reimbursement rates, development of the infrastructure, ensuring confidentiality, and building familiarity among pregnant patients. The author proposes that suitable cases for telemedicine consultation include low risk pregnant patients in stable condition who can access a private place. Telemedicine can help reduce exposure to COVID-19 and reduce use of medical supplies. Postpartum care can also be safely delivered via telemedicine for many conditions including mental health problems. The author concludes that the benefits of reducing COVID-19 transmission outweigh the challenges presented by implementing telehealth services.	The author describes some of the challenges in expanding telehealth services for pregnant patients during the COVID-19 pandemic, including establishing reimbursement rates, developing the infrastructure, ensuring confidentiality, and increasing familiarity among pregnant patients.	Yuliana Y. Challenges In Telemedicine Implementation For Pregnancy Care During The Covid-19 Pandemic. JKG (JURNAL KEPERAWATAN GLOBAL). 2020 Dec 22;5(2):100-9.
COVID-19; Sexual health; Reproductive health; Intimate partner violence; Human rights; Nigeria; United Kingdom; United States	22-Dec-20	<a href="#">The effect of COVID-19 on the Sexual and Reproductive Health of Women</a>	Public Health in Practice	Review Article	This article describes how sexual and reproductive health rights (SRHRs) of women worldwide have been violated due to changing conditions during the COVID-19 pandemic. The authors note that the rate of intimate partner violence has increased around the world due to limited opportunities to move to safer environments during lockdown, financial difficulty, increased spousal dependence, stress, and less access to reproductive health services. Other SRHR violations described by the authors include unplanned pregnancies, lack of access to contraceptive services, and limited availability of maternal and child health care services. Lockdown measures, financial constraints, and transportation constraints are noted as contributing factors to SRHR violations. In order to address the SRHR violations, the authors suggest implementing innovative health care structures; organizing public awareness campaigns; implementing and enforcing policy related to SRHR; and improving access to transportation services, social services, and counselling.	The authors describe how sexual and reproductive health rights of women have been violated around the world during the COVID-19 pandemic. Violations include increased incidence of intimate partner violence, limited contraceptive services, and less access to maternal and child health care services. The authors outline potential strategies to address these sexual and reproductive health rights violations.	Ilesanmi O, Otolorin D, Afolabi A, Adebayo A. The effect of COVID-19 on the sexual and reproductive health of women. Public Health in Practice. 2020:100066. <a href="http://www.sciencedirect.com/science/article/pii/S2666535220300653">http://www.sciencedirect.com/science/article/pii/S2666535220300653</a> . doi: <a href="https://doi.org/10.1016/j.puhip.2020.100066">https://doi.org/10.1016/j.puhip.2020.100066</a> .
Japan; SARS-CoV-2; PCR test	22-Dec-20	<a href="#">Screening of COVID-19 polymerase chain reaction tests using saliva for pregnant women and their partners in Himeji city</a>	The Journal of Obstetrics and Gynecology Research	Report	The authors conducted a cohort study under a new project titled "Future Protection for Himeji against COVID-19" wherein saliva samples obtained from pregnant women and their partners were tested for SARS-CoV-2 by PCR at 12 maternity facilities (4 hospitals, 7 clinics, and 1 midwifery home) in Himeji City (Japan). Pregnant women at 37 weeks' gestation or more or who experienced threatened labor and their partners who cared for an infant between May 29 -Sept 5, 2020, were included in the analysis. Saliva samples were self-collected and submitted by 1475 pregnant patients, 1189 male partners, and 154 female partners. None of the pregnant women had COVID-19 symptoms, with all 1475 pregnant women and their partners testing negative for SARS-CoV-2 via RT-PCR and no cases of false positives or false-negative tests. Screening for COVID-19 with saliva PCR tests may have given a sense of security to pregnant women and their	The authors observed that the saliva specimens collected from pregnant women and their partners tested negative for SARS-CoV-2, and there were no false positive or false negative PCR tests. They suggest that using saliva PCR tests to screen for COVID-19 among asymptomatic pregnant women and their partners may help sustain perinatal medical care during Japan's pandemic period.	Okamura S, Akamatsu N, Kitajima T, et al. Screening of COVID-19 polymerase chain reaction tests using saliva for pregnant women and their partners in Himeji city. J Obstet Gynaecol Res. 2020 Dec 22. doi: <a href="https://doi.org/10.1111/jog.14591">10.1111/jog.14591</a> . Epub ahead of print. PMID: 33354868.

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					partners living in Himeji; therefore, perinatal medical care was sustained during the pandemic period. The authors recommend saliva PCR tests as a reliable method to screen for COVID-19, which may help sustain perinatal medical care during the pandemic period in Japan.		
India; COVID-19; hematopoietic stem cell transplant; SARS-CoV-2	22-Dec-20	<a href="#">Robust and sustained antibody response to SARS-CoV-2 in a child pre and post autologous hematopoietic stem cell transplant</a>	Pediatric Blood and Cancer	Letter to the Editor	In this letter, the authors characterize COVID-19 in pediatric cancer and hematopoietic stem cell transplant (HSCT) patients in India. They present the case of a 3-year-old male, with n-myc gene amplified, high-risk, stage III left-sided supra-renal neuroblastoma, who achieved complete remission after induction chemotherapy. 2 months after his last chemotherapy cycle, he was approved for autologous HSCT. Before admission, he was found to be positive for SARS-CoV-2 by NAAT, and he then tested negative after 2 weeks of self-isolation. His total serum SARS-CoV-2 antibody titers (IgG and IgM) were reactive with an index of >10 (with >1 labeled as reactive). 6 days later, the child was started on his HSCT-conditioning regimen consisting of busulfan and melphalan. He was infused with his pre-stored CD34+ stem cells on day 0. He developed complications of mucositis, febrile neutropenia, and Clostridium difficile colitis, which were managed by supportive care and antibiotics, in addition to rapid respiration, low-grade fever, and facial puffiness, which developed by day 16. He received low-dose oral steroids for his symptoms. Neutrophil engraftment (day 18) and platelet engraftment (day 24) were subsequently performed. His SARS-CoV-2 antibody titers were reactive on day 0 and on day 22, after which the child was discharged. Through this case study, the authors demonstrated the ability of a child with high-risk malignancy to mount a robust immune response against SARS-CoV-2, to clear the virus during the self-isolation period. Additionally, they also demonstrated sustained humoral immune response during and after HSCT. They recommended the usage of antibody level estimates (correlated with viral clearance) to formulate generalizable management guidelines.	The authors presented the case of a 3-year-old male who, despite a high-risk malignancy, was able to mount a robust immune response and achieve viral clearance for SARS-CoV-2 during a period of self-isolation. His antibody titers remained reactive during and after hematopoietic stem cell transplantation, causing the authors to recommend the usage of antibody level estimates to formulate management guidelines that could be generalizable to more patients.	Gupta AK, Ramachandran M, Meena JP, Dwivedi T, et al. Robust and sustained antibody response to SARS-CoV-2 in a child pre and post autologous hematopoietic stem cell transplant. <i>Pediatr Blood Cancer</i> . 2020 Dec 22:e28848. doi: 10.1002/pbc.28848. Epub ahead of print. PMID: 33351985.
Australia; COVID-19; SARS-CoV-2	22-Dec-20	<a href="#">Ventilation perfusion lung SPECT/CT in pregnancy during COVID-19</a>	Internal Medicine Journal	Letter to the Editor	In this letter, the authors highlight the case of a 31-year-old woman (29.7kg/m <sup>2</sup> ) who presented to the emergency department at 24 weeks' gestation, with dyspnea, dry cough, and fatigue, with a positive SARS-CoV-2 test 7 days prior to admission. Physical examination revealed increased respiratory effort, fine crackles on lung auscultation, and tachycardia without hypoxia. Her electrocardiogram depicted sinus tachycardia without other signs of pulmonary embolism (PE), while minor patchy opacities in the right upper and lower lobes were seen in her chest X-ray. The patient also had high D-dimer levels (572ng/mL; normal <500ng/mL). A 3D ventilation-perfusion scintigraphy scan (VQ SPECT scan) demonstrated small volume PE in bilateral lower lobes and right upper lobe posteriorly. A low-dose CT (ldCT) scan also revealed bilateral peripheral ground glass opacities with matched defects in the lower right lobe, consistent with COVID-19-related pneumonia. The patient was started on enoxaparin until 6 weeks post-partum, and discharged after 2 days of admission. The authors further discuss the usage of VQ SPECT scans in the absence of lower limb signs to detect PE, because of its diagnostic capabilities and lower breast radiation burden. They highlight the potential of using VQ	The authors report the case of a 31-year-old pregnant woman who presented to the emergency department with symptoms of COVID-19-related pneumonia. She underwent a VQ SPECT scan to exclude pulmonary embolism (PE) as a potential cause for her symptoms, and findings were consistent with COVID-19-related pneumonia. Thus, the authors recommend using VQ SPECT scans in conjunction with low-dose CT scans as a diagnostic tool to identify the changes associated with COVID-19 and PE.	Jewell KE, Lee ST, Trubiano J, et al. Ventilation perfusion lung SPECT/CT in pregnancy during COVID-19. <i>Intern Med J</i> . 2020 Dec;50(12):1588-1590. doi: 10.1111/imj.15089. PMID: 33354886.

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					scans in conjunction with IdCT to identify the dual pathology of COVID-19 and PE-related lung changes, the latter of which also involves negligible fetal absorption.		
USA; COVID-19; pancreatitis; SARS-CoV-2; pregnancy	22-Dec-20	<a href="#">Acute Pancreatitis in a Pregnant Patient With Coronavirus Disease 2019 (COVID-19)</a>	Obstetrics and Gynecology	Case Report	The authors present a case of acute pancreatitis in a 20-year-old pregnant patient admitted for COVID-19 pneumonia in Minnesota, USA. She presented at 33 0/7 weeks' gestation with tachycardia, tachypnea, hypoxia (90% oxygen saturation), and dyspnea. Her medical history was significant for obesity (BMI=36.1 kg/m <sup>2</sup> ) and laparoscopic cholecystectomy 2 years prior. She tested positive for SARS-CoV-2. Thoracic CT revealed patchy peripheral consolidative and ground glass densities bilaterally, consistent with COVID-19 pneumonia. Her D-dimer level was elevated. Her condition improved with dexamethasone, betamethasone, and remdesivir, but on day 3 of admission, she experienced sharp epigastric pains radiating to her back with vomiting and nausea. Laboratory results showed increased levels of amylase (396 units/L) and lipase (916 units/L), and a presumptive diagnosis of pancreatitis was made with subsequent administration of IV hydration and analgesics. On hospital day 5, the patient had worsening consolidation and left lung atelectasis, accompanied by increased leukocytes (22,000/uL) and amylase (1,168 units/L), and ongoing elevated lipase (859 units/L). The patient spontaneously went into labor and gave birth to a 2,500g male at 33 5/7 weeks' gestation, with an improvement in her clinical status and epigastric discomfort after birth, and her amylase and lipase levels declined. She was discharged on postpartum day 3. Her care team identified COVID-19 as the most plausible etiology for pancreatitis in the patient. Furthermore, the authors discuss the care and management of pregnant patients with viral pancreatitis, which involves additional steps for fetal monitoring and delivery timing considerations. They recommend personalization of management based on maternal status, gestational age, and resource availability, and discuss strategies proposed in the literature. They suggest planned delivery in a controlled environment before respiratory decompensation requiring intubation, since planned delivery can reduce the risk of neonatal compromise and provide the opportunity for vaginal deliveries.	The authors present a case of acute pancreatitis associated with SARS-CoV-2 infection in a pregnant woman at 33 0/7 weeks' gestational age. Using this case, they discuss the varied non-respiratory manifestations of COVID-19, with acute pancreatitis being an infrequent complication. In this case, there was also a significant increase in lipase and amylase levels associated with pancreatitis onset.	Narang K, Szymanski LM, Kane SV, Rose CH. Acute Pancreatitis in a Pregnant Patient With Coronavirus Disease 2019 (COVID-19). <i>Obstet Gynecol.</i> 2020 Dec 22; Publish Ahead of Print. doi: 10.1097/AOG.0000000000004287. Epub ahead of print. PMID: 33355431.
Switzerland, schools, transmission, closures	22-Dec-20	<a href="#">Clustering and longitudinal change in SARS-CoV-2 seroprevalence in school-children: Prospective cohort study of 55 schools in Switzerland</a>	medRxiv	Preprint (not peer-reviewed)	The aim of this study was to examine longitudinal change in SARS-CoV-2 seroprevalence in children and the evolution of clustering within classes and schools from June to November 2020, in a prospective cohort study of school children in the canton of Zurich, Switzerland. In Autumn 2020, Switzerland experienced one of the highest second waves of the SARS-CoV-2 pandemic in Europe while keeping schools open, thus offering a high-exposure environment to study SARS-CoV-2 infections in schools. Children from randomly selected schools and classes, stratified by district, were invited to participate in serological testing of SARS-CoV-2 in June-July and October-November 2020. Parents completed questionnaires on socio-demographic and health-related questions. 55 schools and 275 classes within them were enrolled, with 2603 children participating in the first, and 2552 in the second testing (age range 6-16 years). The authors evaluated longitudinal changes of seroprevalence in districts and investigated	The aim of this study was to examine longitudinal change in SARS-CoV-2 seroprevalence in children and the evolution of clustering within classes and schools from June to November 2020, in a prospective cohort study of school children in the canton of Zurich, Switzerland. Under a regimen of open schools with some preventive measures in place since August, clustering of seropositive cases occurred in very few classes and	Ulyte A, Radtke T, Abela I, et al. Clustering and longitudinal change in SARS-CoV-2 seroprevalence in school-children: prospective cohort study of 55 schools in Switzerland. <i>medRxiv</i> 2020.12.19.20248513; doi: <a href="https://doi.org/10.1101/2020.12.19.20248513">https://doi.org/10.1101/2020.12.19.20248513</a>

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					clustering of seropositive cases within classes and schools. Overall SARS-CoV-2 seroprevalence was 2.4% (95% CrI 1.4%-3.6%) in summer and 4.5% (95% CrI 3.2%-6.0%) in not previously seropositive children in late Autumn, leading to an estimated 7.8% (95% CrI 6.2%-9.5%) of ever seropositive children, without significant differences among lower, middle, and upper school levels. Among the 2223 children with serology tested twice, 28 (40%) of previously seropositive were negative, and 109 (5%) previously negative became seropositive. Seroprevalence was not different between school levels or sexes, but varied across districts (1.7% to 15.0%). Under a regimen of open schools with some preventive measures in place since August, clustering of seropositive cases occurred in very few classes and not across entire schools, despite a clear increase in seropositive children during a period of high transmission of SARS-CoV-2.	not across entire schools, despite a clear increase in seropositive children during a period of high transmission of SARS-CoV-2.	
Kidney transplant; children; doppler ultrasound; graft arterial stenosis	21-Dec-20	<a href="#">Arterial abnormalities identified in kidneys transplanted into children during the COVID-19 pandemic</a>	American Journal of Transplantation	Brief Communication	Graft artery stenosis can have a significant short- and long-term negative impact on renal graft function. From the beginning of the COVID-19 pandemic, the authors noticed an unusual number of graft arterial anomalies following kidney transplant (KTx) in children. In this article, the authors reviewed 9 children who received a KTx at a hospital in France between February-July 2020 (median age 10 years). Data is presented in 4 figures and tables detailing patient characteristics and diagnostics. 7 presented Doppler features suggesting arterial stenosis, with an unusual pattern. Over the previous 5-year period, persistent spectral Doppler arterial anomalies (focal anastomotic stenoses) following KTxs were seen in 5% of children in this hospital. The authors retrospectively evidenced SARS-CoV-2 infection in 5/7 children with arterial stenosis. The remaining 2 patients had received a graft from a deceased adolescent donor with a positive serology at D0. These data led the authors to suspect immune postviral graft vasculitis, triggered by SARS-CoV-2. The authors recommend pretransplant monitoring of graft recipients and their parents by monthly RT-PCR and serology. The authors suggest balancing the risk of postviral graft vasculitis against the risk of prolonged dialysis when considering transplantation in a child during the pandemic.	From the beginning of the COVID-19 pandemic, the authors of this study noticed an unusual number of graft arterial anomalies following kidney transplant (KTx) in children in France. The data led the authors to suspect immune postviral graft vasculitis, triggered by SARS-CoV-2. The authors recommend pretransplant monitoring of graft recipients and their parents by monthly RT-PCR and serology and risk/benefit analysis of KTxs in children during a pandemic.	Berteloot L, Berthaud R, Temmam S, et al. Arterial abnormalities identified in kidneys transplanted into children during the COVID-19 pandemic [published online, 2020 Dec 21]. Am J Transplant. 2020;10.1111/ajt.16464 . doi:10.1111/ajt.16464
COVID-19; coronavirus pandemic; interdisciplinary; pediatric; pediatric palliative care.	21-Dec-20	<a href="#">The Impact of the Coronavirus Pandemic on Pediatric Palliative Care Team Structures, Services, and Care Delivery</a>	Journal of Palliative Medicine	Original Research	The authors describe the impact of the COVID-19 pandemic on pediatric palliative care team structures, communication, workflow, roles, and wellbeing. Cross-sectional online surveys were posted on seven professional Listservs from May 2020-June 2020 to 207 palliative program professionals from 80 cities in the United States, including physicians, nurses, child life workers, social workers, clergy members, and psychologists. 60% of respondents noted that they were deemed essential workers during the pandemic, with one-third remaining in their typical work location. 61% of respondents reported a sense of distancing amongst the team, affecting team cohesion, which was associated with the physical separation of team members (p < 0.001) and less frequency of team meetings (p < 0.02). All participants surveyed reported that their team had a form of telehealth system in place for patient care, but 41% had not received telehealth training, and 73% perceived compromised care quality of virtual care compared to in-person care. Stressors noted by the	This article examined the impact of the COVID-19 pandemic on pediatric palliative care team structure, communication, workflow, roles, and wellbeing in the United States. Concerns over team cohesion, telehealth care quality, feelings of isolation and loneliness, health concerns, and financial stressors were noted by the respondents, highlighting the need for increased attention to the experience of healthcare teams during the COVID-19 pandemic.	Weaver MS, Rosenberg AR, Fry A, Shostrom V, Wiener L. The Impact of the Coronavirus Pandemic on Pediatric Palliative Care Team Structures, Services, and Care Delivery [published online, 2020 Dec 21]. J Palliat Med. 2020;10.1089/jpm.2020.0589. doi:10.1089/jpm.2020.0589

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					respondents included limited patient contact for family members and caregivers due to changes in visitation policies, feelings of isolation and loneliness, worries over the health of the palliative care team members, and concerns about the financial stability of their work unit. This study highlights the impact of the COVID-19 pandemic on healthcare teams' structures, services, communication, and wellbeing.		
Pregnancy, depression, maternal health, exercise, urban, metro	21-Dec-20	<a href="#">Exercise routine change is associated with prenatal depression scores during the COVID-19 pandemic among pregnant women across the United States</a>	PLoS One	Original Research	This cross-sectional study assessed whether changes in exercise routine among pregnant women in the USA during the COVID-19 pandemic was associated with depression. It also compared the likelihood of pandemic-related exercise changes between women living in metro areas and those in non-metro areas. Data was analyzed from the COVID-19 and Reproductive Effects (CARE) study, an online survey of 1,856 pregnant women (mean age 31 years, range 18–47 years), from April 16–June 16, 2020. Depression symptoms were assessed using the Edinburgh Postnatal Depression Survey (EDPS). Women who reported their exercise routine had changed during the pandemic demonstrated significantly higher depression scores (indicating worse symptoms) ( $B = 0.906$ , 95%CI: 0.423–1.39, $p < 0.001$ ). Compared to participants living in a non-metro area, those living in a metro area of 1 million or more people (OR = 1.99, 95%CI: 1.44–2.75, $p < 0.001$ ), a metro area of 250,000–999,999 people (OR = 1.75, 95%CI: 1.22–2.49, $p = 0.002$ ), or a metro area of < 250,000 people (OR = 2.06, 95%CI: 1.31–3.25, $p = 0.002$ ) demonstrated significantly higher odds of reporting exercise routine changes. The authors conclude that the ability to maintain an exercise routine during the pandemic may help support maternal mental health.	In this study, the authors assessed the association between exercise routine changes in pregnant women during the COVID-19 pandemic and depression, and compared changes in exercise routine between pregnant women living in metro and non-metro areas of the USA. Women who reported exercise changes during the COVID-19 pandemic exhibited significantly higher depression, and individuals living in metro areas of all sizes were significantly more likely to report exercise changes compared to women living in non-metro areas. The ability to maintain exercise routine during the pandemic may help support maternal health.	Gildner TE, Laugier EJ, Thayer ZM. Exercise routine change is associated with prenatal depression scores during the COVID-19 pandemic among pregnant women across the United States. <i>PLoS One</i> . 2020;15(12):e0243188. doi:10.1371/journal.pone.0243188
C-section, delivery, antibiotics, prophylaxis, shortage, neonatal outcomes	21-Dec-20	<a href="#">Clarithromycin use for adjunct surgical prophylaxis before non-elective cesarean deliveries to adapt to azithromycin shortages in COVID-19 pandemic</a>	PLoS One	Original Research	This multi-center, prospective cohort study evaluated safety and effectiveness of clarithromycin as adjunctive antibiotic prophylaxis for patients undergoing non-elective cesarean delivery in comparison with no macrolides, to adapt to azithromycin shortages during the COVID-19 pandemic in New York and New Jersey, USA. 240 patients (ages 13–41 years) were followed, with 133 patients receiving clarithromycin and 107 patients receiving no adjunct macrolide prophylaxis, from March 23–June 1, 2020. Patients receiving clarithromycin were noted to have significantly lower rates of postpartum endometritis as compared to those who did not receive adjunct prophylaxis (4.5% versus 11.2%, $p = 0.025$ ). Stratified analysis of demographic factors was performed. A significantly decreased risk of development of endometritis when taking clarithromycin was noted for Black race women (adjusted model: 91% decreased risk, 95% CI 0.06 to 0.79, $p = 0.026$ ) and for women aged 18–29 years (adjusted model: 75% decreased risk, 95% CI 0.06 to 0.94, $p = 0.028$ ). There was no significant difference in the neonatal composite outcome that included death and serious neonatal complications. This study suggests that administration of clarithromycin for adjunctive surgical prophylaxis for non-elective cesarean	This study compared the use of clarithromycin as adjunctive antibiotic prophylaxis for patients undergoing non-elective cesarean delivery to patients with no macrolide prophylaxis, given the shortage of azithromycin during the COVID-19 pandemic. Patients receiving clarithromycin were noted to have significantly lower rates of postpartum endometritis. The authors conclude that clarithromycin may be a safe and effective option for endometritis prophylaxis when azithromycin is unavailable.	Martingano D, Nguyen A, Nkeih C, Singh S, Mitrofanova A. Clarithromycin use for adjunct surgical prophylaxis before non-elective cesarean deliveries to adapt to azithromycin shortages in COVID-19 pandemic. <i>PLoS One</i> . 2020;15(12): doi:10.1371/journal.pone.0244266

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					deliveries may be a safe and effective option for endometritis prophylaxis in cases where azithromycin is unavailable.		
prenatal depression; COVID-19 pandemic; exercise; pregnancy	21-Dec-20	<a href="#">Exercise routine change is associated with prenatal depression scores during the COVID-19 pandemic among pregnant women across the United States</a>	PLoS One	Original Research	This cross-sectional study explored how the COVID-19 pandemic affected exercise routines among pregnant women in the United States. Participants were pregnant women recruited between April 16 - June 16, 2020, who completed a short online survey (n=1856; mean age = 31 years, range 18-47; mean gestation = 26 weeks, range 4-41). Higher depression scores were found among participants who were Hispanic/Latino (B = 1.32, 95% CI: 0.332–2.30, p=0.009), those with high-risk pregnancies (B = 0.573, 95% CI: 0.003–1.14, p=0.049), and those with financial stress due to COVID-19 (B = 2.29, 95% CI: 1.81–2.78, p<0.001). Women who reported their exercise routine had changed during the pandemic demonstrated significantly higher depression scores (B = 0.906, 95% CI: 0.423–1.39, p<0.001). Participants farther along in their pregnancies were less likely to report changes to their exercise routines (OR = 0.985, 95% CI: 0.974–0.997, p=0.010). Participants were more likely to report changes to their routines if their household income was >\$50,000 (p = 0.008), if they had a bachelor's (OR = 1.56, 95% CI: 1.19–2.06, p=0.002) or higher degree (OR = 2.05, 95% CI: 1.54–2.72, p<0.001), if they experienced financial stress due to COVID-19 (OR = 1.26, 95% CI: 1.03–1.54, p=0.024), or if they lived in a metro area of >1 million people (OR = 1.99, 95% CI: 1.44–2.75, p<0.001). The researchers conclude that the disruptions to exercise routines may be caused by shelter-in-place orders, especially for those living in urban areas with few outdoor green spaces. They warn that these routine changes may exacerbate risk of maternal depression.	This is the case of irritant contact dermatitis (ICD) in a 3-year-old male with bilateral palmar erythema for 2 weeks due to excessive hand sanitizer use in India. Careful history taking and advising the judicious use of hand sanitizer can resolve the symptoms without extensive investigations.	Gildner TE, Laugier EJ, Thayer ZM. Exercise routine change is associated with prenatal depression scores during the COVID-19 pandemic among pregnant women across the United States. <i>PLoS One</i> . 2020 Dec 21;15(12):e0243188. doi:10.1371/journal.pone.0243188.
hepatic encephalopathy; pneumonia; cirrhosis; COVID-19	21-Dec-20	<a href="#">COVID-19 pneumonia in a child with hepatic encephalopathy: A case study</a>	Iranian Journal of Child Neurology	Case Report	The authors report a fatal case of simultaneous pneumonia secondary to SARS-CoV-2 and acute liver failure in a 14-year-old boy with liver cirrhosis in Iran. The patient was first hospitalized due to prolonged proteinuria and abnormal liver function test results. He also developed ascites, icterus, and increased concentration of liver enzymes during hospitalization. A nasopharyngeal swab sample RT-PCR confirmed SARS-CoV-2 infection and COVID-19 pneumonia. The patient's chest CT scan also showed dyspnea and encephalopathy symptoms with pulmonary abnormalities. After treatment with non-invasive ventilation, hydroxychloroquine, and multiple other supportive drugs, the patient had an absolute indication for emergency liver transplantation. Despite an initial improvement, his condition soon worsened with symptoms of encephalopathy, lethargy, tremor, and respiratory distress. Unfortunately, the patient died 18 days after hospitalization with features of refractory pulmonary hemorrhage. The authors suggest a screening test be performed in pediatric cases of liver dysfunction to rule out this symptom as a probable sign of COVID-19 or associated MIS-C.	The authors present a fatal case of superimposed COVID-19 pneumonia on chronic liver cirrhosis with a dominant feature of encephalopathy and acute liver failure in a 14-year old boy in Iran. Despite treatment, the patient died 18 days after hospitalization. The authors suggest that liver dysfunction be considered as a probably sign of COVID-19 or MIS-C.	Dara N, Sharifi N, Ghanbari Boroujeni M, Hosseini A, Sayyari A. COVID-19 pneumonia in a child with hepatic encephalopathy: A case study. <i>Iran J Child Neurol</i> . 2021;15(1):113-118. doi:10.22037/ijcn.v15i1.30879

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Multisystem inflammatory syndrome in children (MIS-C); immune; SARS-CoV-2; immune profiling; Kawasaki disease	21-Dec-20	<a href="#">MIS-C: early lessons from immune profiling</a>	Nature Reviews Rheumatology	Review	In this review, the authors discuss current translational research with regards to immune profiling as a tool to better understand MIS-C, a rare complication of SARS-CoV-2 infection in the pediatric population. MIS-C has been characterized by common features of inflammation including fever and multi-organ dysfunction affecting skin, the cardiovascular system, mucous membranes, the gastro-intestinal system, and the nervous system. MIS-C occurs as a late manifestation of the infection and the majority of patients have neutralizing antibodies, IgG>IgM. The early phase of MIS-C is characterized by activated innate immune cells and the presence of T cell, B cell and natural killer cell cytopenias (decrease in blood cells). Additionally, it was shown that there is a shift in the immune landscape over the course of the illness. Other findings showed that compared to healthy individuals, patients with MIS-C had enrichment of both IgG and IgA auto-antibodies; these were directed towards peptides found in the endothelial, cardiac and gastrointestinal tissue as well as autoantibodies directed toward immune mediators. Further work is needed to better understand the immune response in MIS-C and studies will be enhanced with larger numbers of treatment-naive patients and appropriate controls. Additionally, greater investigation into genetic susceptibilities that predispose patients to MIS-C will aid in improving care and outcomes in these patients.	In this review, the authors discuss current translational research with regards to immune profiling as a tool to better understand MIS-C. Further work is needed to better understand the immune response in MIS-C and studies will be enhanced with larger numbers of treatment-naive patients and appropriate controls.	Henderson LA, Yeung RSM. MIS-C: early lessons from immune profiling. Nat Rev Rheumatol. 2021 Feb;17(2):75-76. doi: 10.1038/s41584-020-00566-y. PMID: 33349661; PMCID: PMC7750910
COVID-19; pediatrics; disaster simulation; emergency preparedness; telesimulation; pandemics	21-Dec-20	<a href="#">Readiness for and Response to Coronavirus Disease 2019 Among Pediatric Healthcare Providers: The Role of Simulation for Pandemics and Other Disasters</a>	Pediatric Critical Care Medicine	Original Research	The authors characterized COVID-19 pandemic simulation-based preparation among pediatric simulation participants globally. 234 representatives of pediatric simulation institutions from 19 countries responded to a survey conducted April-May 2020. Preparation strategies differed based on geography, with 79.3% of Anglo-American/Anglo-Saxon, 82.6% of Indian, and 47.1% of European respondents reporting having implemented COVID-19 simulation activities. Modifications to simulation programs deployed to maintain social distancing included using tele-simulation and virtual reality training. The most frequent topics of these simulations were cardio-pulmonary resuscitation and airway management, and the most common training mode was in situ simulation, allowing for immediate application of the concepts [frequencies not provided]. The increased focus on COVID-19 simulation coincided with discontinuation of simulation not related to COVID-19 for 49% of institutions. These findings could be considered in preparation for future public health emergencies.	This article provides information on the initiation of COVID-19-specific pediatric simulation activities globally, including the use of tele-simulation and virtual reality training modifications. The rates of implementing these activities varied by geographic region, and the findings could be applied to future public health emergency preparation efforts.	Wagner M, Jaki C, Löllgen RM, et al. Readiness for and Response to Coronavirus Disease 2019 Among Pediatric Healthcare Providers: The Role of Simulation for Pandemics and Other Disasters. Pediatr Crit Care Med. 2020. doi:10.1097/PCC.0000000000002649
doulas, maternal morbidity and mortality, racism, maternal health	21-Dec-20	<a href="#">Commentary: Systemic Racism in Maternal Health Care: Centering Doula Advocacy for Women of Color During COVID-19</a>  <a href="#">[Free Access to Abstract Only]</a>	Family and Community Health	Commentary	Systemic racism in the US health care industry has shaped unequal birthing experiences for women of color who face higher rates of induction, cesarean births, interventions, and prenatal issues. Consequently, Black women are 2-3 times more likely to die of pregnancy-related causes than white women. Studies have demonstrated that doulas help mitigate these poor birthing outcomes; however, efforts to integrate doula care into maternal health care settings have been complicated by the COVID-19 pandemic. Hospital restrictions for face-to-face contact during labor and postpartum care tend to allow no more than one person present during birth, forcing individuals to choose between a loved one or a trained doula for labor and birth support. There is a need to explore these new	This commentary emphasizes the importance of integrating doula care into maternal healthcare settings and discusses the ways in which these efforts have been complicated by the COVID-19 pandemic.	Salinas J, Salinas M. Commentary: Systemic Racism in Maternal Health Care: Centering Doula Advocacy for Women of Color During COVID-19 [published online, 2020 Dec 21]. Fam Community Health. 2020.

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					challenges to doula work, how to maintain current clients, and how to best perform doula work during birthing preparation, labor, and postbirth support. The authors emphasize that if healthcare settings want to seriously address racism and its impact on maternal health, partnerships with community-based doula networks are a necessary step to dismantle the embedded forms of racism in maternal health care.		doi:10.1097/FCH.0000000000000293
COVID-19; Pregnancy, Diagnosis; Signs and symptoms; meta-analysis	21-Dec-20	<a href="#">A systematic review and meta-analysis of pregnancy and COVID-19: Signs and symptoms, laboratory tests, and perinatal outcomes</a>	International Journal of Reproductive BioMedicine	Systematic Review	The authors investigated the clinical manifestations, laboratory results, and pre-natal outcomes in pregnant women infected with SARS-CoV-2 to fully understand the disease and its effects on newborns and their mothers. 10 articles were included in the meta-analysis, which analyzed 135 total pregnant women (sample size range: 3-41), all in the 3rd trimester of pregnancy (gestational ages range: 25-40 weeks), and all included studies were from China. The time frame of studies ranged from December 8, 2019-February 29, 2020, and the mean age range for the mothers was 22-42 years. Table III of the article reports signs and symptoms, laboratory tests, and the types of deliveries with the number of studies, event rate, and p-values for each variable. Fever was reported in all 10 studies, with an event rate of 66.8% (95% CI: 48.3, 81.2; p=0.002); decreased lymphocyte ratio was reported in 3 studies with an event rate of 71.4% (95% CI: 16.4, 96.9; p<0.001), and cesarean deliveries were reported in all 10 studies with an event rate of 84% (95% CI: 74.0, 90.7; p=0.370). Table IV lists perinatal outcomes per study, with one death noted. Forest plots of event rates are included in Figures 2 and 3 for all signs and symptoms (cough, diarrhea, dyspnea, fatigue, fever, myalgia, post-partum fever, and sore throat) and laboratory tests (lymphopenia, leukocytosis, elevated neutrophil ratio, elevated C-reactive protein, and decreased lymphocyte ratio). Overall, the main symptoms noted in pregnant women were fever and cough. Although one infant tested positive for SARS-CoV-2, it is unknown the cause of the transmission.	The authors aimed to investigate the clinical manifestations, laboratory results, and pre-natal outcomes in pregnant women infected with SARS-CoV-2 to fully understand the disease and its effects on newborns and their mothers.	Hassanipour S, Faradonbeh SB, Momeni K, et al. A systematic review and meta-analysis of pregnancy and COVID-19: Signs and symptoms, laboratory tests, and perinatal outcomes. <i>Int J Reprod Biomed</i> . 2020;18(12):1005-1018. Published 2020 Dec 21. doi:10.18502/ijrm.v18i12.8022
COVID-19, US, Telehealth, Pediatric Practices, United States of America	21-Dec-20	<a href="#">Use of Telehealth in Fellowship-Affiliated Developmental Behavioral Pediatric Practices During the COVID-19 Pandemic</a>  <a href="#">[Free Access to Abstract Only]</a>	Journal of Developmental Behavior	Original Research	This study aims to describe the use of telehealth in developmental behavioral pediatric (DBP) fellowship-affiliated practices during the COVID-19 global pandemic. 35 DBP fellowship-associated practice locations in the USA were surveyed to determine the use of telehealth in DBP care provision, before and since the beginning of the COVID-19 pandemic. 51.4% of sites reported using telehealth less than once per month before the COVID-19 pandemic. Since the onset of COVID-19, 100% of programs reported conducting video-based telehealth visits multiple days per week. Most sites reported conducting evaluations and follow-up visits for attention-deficit/hyperactivity disorder, autism spectrum disorder, behavioral concerns, developmental delay, genetic disorders, and learning disability. Most sites were able to continue medication management by telehealth (>88%), offer interpreter services in telehealth visits for families with limited English proficiency (>90%), and incorporate trainees and interdisciplinary team members in telehealth visits (>90%). The authors concluded that telehealth was widely adopted in response to the COVID-19	This study aims to describe the use of telehealth in developmental behavioral pediatric (DBP) fellowship-affiliated practices during the COVID-19 global pandemic. The authors concluded that telehealth was widely adopted in response to the COVID-19 pandemic across DBP practices in the US, to manage many common DBP conditions and to initiate and adjust medications.	Wallis KE, Mulé C, Mittal S, et al. Use of Telehealth in Fellowship-Affiliated Developmental Behavioral Pediatric Practices During the COVID-19 Pandemic [published online 2020 Dec 21]. <i>J Dev Behav Pediatr</i> . 2020. doi:10.1097/DBP.0000000000000897

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					<p>pandemic across DBP practices to manage many common DBP conditions and to initiate and adjust medications.</p>		
Ectopic pregnancy, treatment, COVID-19	21-Dec-20	<a href="#">Medical Treatment for Ectopic Pregnancy during the COVID-19 Pandemic</a>	Revista Brasileira de Ginecologia e Obstetricia	Letter to the Editor	<p>Ectopic pregnancy is the main cause of maternal mortality in the first trimester of gestation. The COVID-19 pandemic might prevent women from seeking care, and thus postpone the diagnosis. Pregnant women should be informed of the risk factors for ectopic pregnancy and red flags such as first trimester bleeding. Methotrexate (MTX) must be considered carefully, because incorrect dosage could lead to more risks for the patient. The authors list detailed inclusion and exclusion criteria for MTX treatment. A single dose of MTX 50mg/m<sup>2</sup> is the most commonly used regimen, and patients should be followed up with β-hCG levels on days 4 and 7 after MTX treatment. Expectant management can be performed in patients with declining β-hCG levels at 24/48 hours before treatment. The inclusion criteria for expectant management are similar to those for MTX treatment, except that patients must have β-hCG levels ≤ 2000 mUI/ml for expectant management, with declining β-hCG levels at an interval of 24/48 hours. Surgical criteria include ruptured tubal pregnancy, high levels of β-HCG, adnexal mass &gt; 3.5 cm, and the presence of a live embryo. Patients with COVID-19 should undergo laparoscopy because the MTX regimen could reduce immunity, and active pulmonary disease is a contraindication for MTX.</p>	<p>Methotrexate (MTX) or expectant management could be used to manage ectopic pregnancy during the COVID-19 pandemic, when safe. An early diagnosis and appropriate treatment selection are critical to avoid maternal morbidity and mortality from ectopic pregnancy.</p>	<p>Elito Júnior J, Araujo Júnior E. Medical Treatment for Ectopic Pregnancy during the COVID-19 Pandemic. Rev Bras Ginecol Obstet. 2020;42(12):849-850. doi:10.1055/s-0040-1718438</p>
Children, risk perception, risk, risk behaviors, preventive behaviors, Canada	21-Dec-20	<a href="#">Risk Perception of COVID-19 Infection and Adherence to Preventive Measures among Adolescents and Young Adults</a>	Children (Basel)	Original research	<p>This study sought to explore factors influencing adolescents' and young adults' (AYAs) risk perception of COVID-19 and adherence to public health measures. The authors conducted a cross-sectional online survey of AYAs (14-22 years old) from Quebec (Canada) recruited through school and community partners in April 2020 during the first wave of the COVID-19 pandemic. 3037 participants (mean age = 17.7 years, 74.6% female) were included in the analysis. The results showed that AYAs had a higher mean and standard deviation risk perception of COVID-19 for their relatives (8.2, 1.9) than for themselves (5.6, 2.6) (p &lt; 0.001). Factors associated with a higher risk perception included higher disease knowledge, presence of chronic disease, and use of immunosuppressants. AYAs with higher risk perception and those wishing to help flatten the disease curve or protect their family/friends were more likely to engage in preventive behaviors. Self-perceived risk and desire to protect others were significantly associated with adherence to preventive measures among youth. These findings may help inform public health messaging to AYAs in the current and future pandemics.</p>	<p>This study sought to explore factors influencing adolescents' and young adults' risk perception of COVID-19 and adherence to Canada's public health measures. Self-perceived risk and desire to protect others were significantly associated with adherence to preventive measures among adolescents and youth.</p>	<p>Yang XY, Gong RN, Sassine S, et al. Risk Perception of COVID-19 Infection and Adherence to Preventive Measures among Adolescents and Young Adults. Children (Basel). 2020;7(12):311. Published 2020 Dec 21. doi:10.3390/children7120311</p>
India; COVID-19; SARS-CoV-2; dengue	21-Dec-20	<a href="#">COVID-19 with dengue shock syndrome in a child: Coinfection or cross-reactivity?</a>	BMJ Case Reports	Case Report	<p>The authors report a pediatric COVID-19 case with a positive dengue NS1 antigen and dengue IgM antibody in Bihar, India. The patient, a 14-year-old female, presented with high-grade fever, vomiting, and nausea. [Dates of admission not included.] She had respiratory distress, tachypnea, tachycardia (120bpm), and hypotensive shock (88/52mmHg), with a Glasgow Coma Scale score of 13 (E3V4M6). She also had leukopenia and thrombocytopenia, along with high C-reactive protein, D-dimer, and serum ferritin levels. Chest X-ray showed reticulo-nodular opacities in bilateral lung fields without pleural effusion, and she tested positive for SARS-CoV-2</p>	<p>The authors highlighted the case of a 14-year-old female who presented with fever, vomiting, nausea, leukopenia, thrombocytopenia, hypotensive shock, and a Glasgow Coma Score of 13. She tested positive for SARS-CoV-2 and dengue NS1 antigen and was diagnosed with</p>	<p>Tiwari L, Shekhar S, Bansal A, Kumar P. COVID-19 with dengue shock syndrome in a child: coinfection or cross-reactivity? BMJ Case Rep. 2020 Dec 21;13(12):e239315. doi:10.1136/bcr-2020-</p>

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					(nasopharyngeal swab) and the dengue NS1 antigen (serum). A brain CT depicted an ill-defined hypodensity in the bilateral frontal lobes, right parietal lobe, bilateral temporal lobes, basal ganglia, corpus callosum, midbrain, and pons, supporting the diagnosis of COVID-19-related encephalitis with dengue shock syndrome. She was managed with fluids, inotropic support, and measures to prevent elevated intracranial pressure, and she showed marked clinical improvement. With this case, the authors highlight the challenging differentiation and management of COVID-19 and dengue. Furthermore, they draw attention to the global challenge posed by the co-infection of SARS-CoV-2 and dengue virus, particularly in dengue-endemic regions.	COVID-19 related encephalitis with dengue shock syndrome. The authors used this case to discuss the global challenge regarding diagnosis and management of COVID-19 and dengue, especially in dengue-endemic regions of the world.	239315. PMID: 33370956; PMID: PMC7754616.
COVID-19; kidney disease; immunosuppressants	21-Dec-20	<a href="#">COVID-19 in children treated with immunosuppressive medication for kidney diseases</a>	Archives of Disease in Childhood	Original Research	The authors characterized the clinical progression of COVID-19 in children using immunosuppressants for kidney disease. They surveyed members of the European, Asian, and International pediatric nephrology societies on the severity and outcomes of COVID-19 in children <20 years old with underlying kidney ailments taking immunosuppressive medications from March 15 - July 5, 2020. Of the 113 children enrolled in this study (median age: 13 years, 49% male), kidney transplant (47%), nephrotic syndrome (27%), and systemic lupus erythematosus (10%) were the main reasons for immunosuppressant usage. The most common medications used were glucocorticoids (76%), followed by mycophenolate mofetil (54%), tacrolimus/cyclosporine A (58%), and rituximab/ofatumumab (11%). The authors reported that patients with a higher infection severity were older (median 16 years, IQR 13–17) than those with lower severity; however, this difference was not statistically significant. Furthermore, 4 deaths reported in the cohort were from low-income countries with associated comorbidities, with no significant difference in COVID-19 severity based on gender, dialysis status, underlying kidney condition, or the number of immunosuppressive medications. These findings suggest that most children with kidney disease on immunosuppressive therapy who have COVID-19 experience a mild disease course. The authors propose that children on immunosuppressive medication do not require additional strict social distancing precautions but should follow the recommendations given in their countries since there is no evidence for significant risk of severe COVID-19 than the general population.	The authors observed that most children with kidney disease on immunosuppressive therapy who have COVID-19 experience a mild disease course. There was no difference in COVID-19 severity based on gender, dialysis status, underlying kidney conditions, or the number of immunosuppressants used.	Marlais M, Wlodkowski T, Al-Akash S, et al. COVID-19 in children treated with immunosuppressive medication for kidney diseases. Arch Dis Child. 2020 Dec 21:archdischild-2020-320616. doi: 10.1136/archdischild-2020-320616. Epub. PMID: 33355203.
COVID-19, SARS-CoV-2, Italy	21-Dec-20	<a href="#">Paediatric dentistry and Covid-19: What's next?</a>	European Journal of Paediatric Dentistry	Editorial	This editorial outlines the current trends of SARS-CoV-2 infections in children aged 0-19 years in Italy and relates these trends to the context of pediatric dentistry. In Italy, 2.1% of diagnosed COVID-19 cases are in children aged 0-9 years, and 4.0% in children aged 10-19 years with mortality rates close to zero. In recent weeks, asymptomatic cases have been on the rise, with 16% of cases occurring in patients under 19 years old. Schools account for 2.5% of new outbreaks, so prevention measures such as case management and symptom checks must be prioritized. Our current understanding suggests that children of all ages can be infected with SARS-CoV-2 and can spread the virus to others. It has recently been shown that the majority of patients (70%) have never infected anyone, while 8% of patients are linked to 60% of new infections. This suggests that	This editorial outlines the current trends of SARS-CoV-2 infections in children aged 0-19 years in Italy. The author urges pediatric dentists to be especially mindful of their own health given their close contact with children so as to not aggravate viral spread in schools.	Paglia L. Paediatric dentistry and Covid-19: What's next?. Eur J Paediatr Dent. 2020;21(4):257. doi:10.23804/ejpd.2020.21.04.1

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					so-called "super-spreaders" are critical for viral spread. Pediatric dentists come into close contact with many children. The author asserts that pediatric dentists must be especially mindful of their own health, and are asked to safeguard their patients, families, classmates, and community.		
COVID-19; Virus; abortion; congenital; coronavirus; fetal membrane; hydrops fetalis; placenta; pregnancy; vertical transmission; India	21-Dec-20	<a href="#">Persistence of SARS-CoV-2 in the first trimester placenta leading to transplacental transmission and fetal demise from an asymptomatic mother</a>	Human Reproduction	Case Report	This article presents a case report of a pregnant woman in India who tested positive for SARS-CoV-2 at 8 weeks' gestation, although she was asymptomatic. At 13 weeks' gestation, her throat swab tested negative for SARS-CoV-2, but viral RNA was detected in the placenta and the Spike (S) proteins (S1 and S2) were immuno-localized in cytotrophoblast and syncytiotrophoblast cells of the placental villi. The SARS-CoV-2 crossed the placental barrier, as the viral RNA was detected in the amniotic fluid and the S proteins were detected in the fetal membrane. Ultrasonography revealed extensive subcutaneous fetal edema with pleural effusion, suggestive of hydrops fetalis. The absence of cardiac activity on ultrasound indicated fetal demise. The impact of COVID-19 in first trimester pregnancy remains poorly understood. Moreover, how long SARS-CoV-2 can survive in the placenta is unknown. The authors report that this is the first study to provide concrete evidence of persistent placental infection of SARS-CoV-2, as well as the virus's congenital transmission associated with hydrops fetalis and intra-uterine fetal demise in early pregnancy.	This article presents a case report of a pregnant woman in India who tested positive for SARS-CoV-2 at 8 weeks' gestation, although she was asymptomatic. The authors report that this is the first study to provide concrete evidence of persistent placental infection of SARS-CoV-2, as well as the virus's congenital transmission associated with hydrops fetalis and intra-uterine fetal demise in early pregnancy.	Shende P, Gaikwad P, Gandhewar M, et al. Persistence of SARS-CoV-2 in the first trimester placenta leading to transplacental transmission and fetal demise from an asymptomatic mother [published online ahead of print, 2020 Dec 21]. Hum Reprod. 2020;deaa367. doi:10.1093/humrep/deaa367
Clinical characteristics; Coronavirus disease 2019; Pediatric patients; Severe acute respiratory syndrome coronavirus 2	20-Dec-20	<a href="#">Comparison of Clinical Characteristics and Outcomes of Pediatric and Adult Patients with Coronavirus Disease 2019 in Shenzhen, China</a>	Biomedical and Environmental Sciences	Original Research	This study investigated the differences in clinical characteristics and outcomes between pediatric and adult patients with SARS-CoV-2 infection confirmed by qRT-PCR at a single hospital in Shenzhen, China, from January 11-February 10, 2020. Compared with adult patients (n=300), pediatric patients (n=33) had a shorter time of symptom onset to hospitalization than adults [median 1 day vs. 3 days, P < 0.001], milder or fewer symptoms, and less severe chest CT findings. The clinical severity was less severe in children than in adults (children: 39.4% mild, 60.6% moderate, 0.0% severe and critical vs. adults: 6.7% mild, 83.7% moderate, 9.7% severe and critical, P<0.001). Pediatric patients also had higher white blood cell (P<0.001), lymphocyte(P<0.001), platelet (P<0.001), T lymphocyte (P<0.001), CD4+T lymphocyte (P<0.001), and CD8+T lymphocyte counts (P<0.001), and higher levels of aspartate aminotransferase (P=0.001), alkaline phosphatase (P<0.001), lactic acid dehydrogenase (P=0.003), creatine kinase-MB (P<0.001), PaO2 (P<0.001), and PaO2/FiO2 (P<0.001). Compared with adult patients, pediatric patients had lower levels of hemoglobin (P=0.001), total bilirubin (P=0.001), alanine aminotransferase (P=0.017), gamma-glutamyltransferase (P<0.001), creatinine (P<0.001), C-reactive protein (P<0.001), interleukin 6 (P<0.001), erythrocyte sedimentation rate (P<0.001), and arterial blood PH (P = 0.009). Only 2 (0.7%) adult patients died, with an overall case mortality of 0.6%. The median length of hospital stay of pediatric patients was shorter than that of adult patients [19 days vs. 21 days, P=0.024]. The authors conclude that pediatric patients with COVID-19 had milder and fewer clinical symptoms, less evident pulmonary imaging changes, better prognosis, and shorter length of hospital stay than adults.	This study investigated the differences in clinical characteristics and outcomes between pediatric and adult patients with SARS-CoV-2 infection at a single hospital in China. The authors conclude that pediatric patients with COVID-19 had milder and fewer clinical symptoms, less evident pulmonary imaging changes, better prognosis, and shorter length of hospital stay than adults. Comparisons of laboratory findings are also presented.	Wang F, Lai CX, Huang PY, et al. Comparison of Clinical Characteristics and Outcomes of Pediatric and Adult Patients with Coronavirus Disease 2019 in Shenzhen, China. Biomed Environ Sci. 2020;33(12):906-915. doi:10.3967/bes2020.124

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Rheumatology, pregnancy, prenatal care, depression, obstetrics	20-Dec-20	<a href="#">Pregnancy and Rheumatic Disease: Experience at a Single Center in New York City During the COVID-19 Pandemic</a>	Arthritis Care and Research	Original research	In this study, the authors evaluated the pregnancy experience of women receiving care in the Division of Rheumatology at a major academic center in New York City, USA during the COVID-19 pandemic (from April 24- July 1, 2020). 1,513 women aged 18-50 years completed the web-based survey. Pain interference, anxiety, depression, fatigue, and sleep disturbance were elicited from the Patient-Reported Outcomes Measurement Information System® -29 (PROMIS-29). 61 participants (4%) reported a pregnancy. Compared to non-pregnant women, pregnant women were younger (36.1[4.9] vs 38.2 [8.1] years), more likely to be married, have household income >\$150,000, and hold Masters, Professional or Doctorate degrees (p<0.05). Presence of any COVID-19 symptoms were similar in both groups, however significantly fewer pregnant women had a total duration of symptoms ≥10 days (p=0.01), and pregnant women more frequently reported loss of smell or taste (p= 0.049). PROMIS-29 scores showed less depression in pregnant vs non-pregnant women (p= <0.01). COVID-19 infection was reported by 5 pregnant and 136 non-pregnant women (8.2 % vs. 9.4%; p= 0.76). Among pregnant women, 67% reported changes to prenatal OB/GYN care during the pandemic. The authors conclude that pregnancy was not associated with increased self-reported COVID-19 but was associated with a shorter duration of COVID-19 symptoms and changes to prenatal care.	This study compared the COVID-19 experience between pregnant and non-pregnant women receiving care in a rheumatology clinic in New York, USA. Pregnancy was not associated with increased self-reported COVID-19 but was associated with a shorter duration of COVID-19 symptoms. Many pregnant women (67%) reported changes to their prenatal care.	Barbhaiya M, Stamm B, Vitone G, et al. Pregnancy and Rheumatic Disease: Experience at a Single Center in New York City During the COVID-19 Pandemic. Arthritis Care Res (Hoboken). 2020; doi:10.1002/acr.24547
COVID-19; maternal health; mental health; mixed methods	20-Dec-20	<a href="#">Mental health among pregnant women during the pandemic in Sweden— a mixed methods approach using data from the Mom2B mobile application for research</a>	medRxiv	Preprint (not peer-reviewed)	This study measured how the COVID-19 pandemic in Sweden impacted pregnant women’s mental health. Researchers used the mobile app Mom2B throughout 2020 to recruit a cohort of 1,345 women who used the app while pregnant or within 3 months of their delivery. A comparison population was formed from data on 4,879 pregnant women from a longitudinal mental health study conducted from 2009-2019. Researchers found that among Mom2B users, average scores for depressive and anxious symptoms peaked in April 2020, and began to increase again in October. Wellbeing scores were highest in January 2020 and from June-August, with mobility outside the home peaking during the latter timeframe as well. 68% of women felt socially isolated during the COVID-19 pandemic, and 33% struggled with their isolation. Postnatal depression (p=0.045) and wellbeing scores (p<0.001) were significantly higher during the pandemic, with high depression scores more than doubling in 2020 (24% of respondents). 10% of women who had not knowingly contracted COVID-19 reported high anxiety symptoms, compared to 3% among women who had symptoms. The authors hypothesize that this might be due to uncertainty surrounding the consequences of contracting COVID-19. In the future, the researchers state that Mom2B will allow further recruitment and the possibility of a longer follow-up period.	This cohort study found that, compared to data collected before the COVID-19 pandemic, pregnant women in Sweden had higher risk of postnatal depression and poor wellbeing during the pandemic. In addition, they were also affected by social isolation and uncertainty surrounding COVID-19.	Fransson E, Karalexi M, Kimmel M, et al. Mental health among pregnant women during the pandemic in Sweden— a mixed methods approach using data from the Mom2B mobile application for research. [pre-print]. 20 Dec 2020. doi: https://doi.org/10.1101/2020.12.18.20248466
Herper zoster, pregnancy, SARS-CoV-2	20-Dec-20	<a href="#">Herpes Zoster May Be a Marker for COVID-19 Infection During Pregnancy</a>	Cutis	Case Report	This is a case report of a 36-year-old pregnant woman at 27 weeks’ gestational age with herpes zoster (HZ) and COVID-19 in Egypt. The patient presented with fatigue, fever, myalgia, a history of dyspnea and tachycardia, a vesicular painful and itchy rash on the left side of the forehead, and mild edema of the left upper eyelid. The rash pain was described as a burning sensation when exposed to air currents or water	This is a case report of a 36-year-old pregnant woman at 27 weeks’ gestational age with herpes zoster (HZ) and COVID-19 in Egypt. The authors state that clinical presentation of HZ	Elsaie ML, Youssef EA, Nada HA. Herpes zoster may be a marker for COVID-19 infection during pregnancy. Cutis.

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					splashes. Chest X-ray and nasopharyngeal swab revealed SARS-CoV-2 infection. She was prescribed valacyclovir, acetaminophen, calamine, oseltamivir, and azithromycin. During the follow-up at 32 weeks' gestation, the patient and her fetus were in good condition. The authors state that pregnancy tends to weaken the immune system; thus, the patient was vulnerable to SARS-CoV-2 infection. The SARS-CoV-2 infection could have further reduced her immune responses, making her susceptible to varicella-zoster virus re-activation. 2 similar HZ and SARS-CoV-2 co-infection cases had been reported previously, according to the authors. They state that clinical presentation of HZ during the COVID-19 pandemic might indicate SARS-CoV-2 infection, and should be carefully monitored.	during the COVID-19 pandemic might indicate SARS-CoV-2 infection, and should be carefully monitored.	2020;106(6):318-320. doi:10.12788/cutis.0133
SARS-CoV-2; IgG serology; USA	20-Dec-20	<a href="#">Prevalence of Health Care and Hospital Worker SARS-CoV-2 IgG Antibody in a Pediatric Hospital</a>	Hospital Pediatrics	Original article	The authors recruited 530 healthcare and hospital workers (HCHW) in a US pediatric tertiary hospital for a SARS-CoV-2 IgG serology study, testing at 2-time points (baseline from May 4- June 2, 2020; follow up from July 6- August 7, 2020) to understand infection rates, seroconversion, and the potential durability of SARS-CoV-2 IgG antibody as a measure of past infection. At baseline, 5/530 (0.9%) were SARS-CoV-2 IgG seropositive (antibody index >1.4), a history of a positive PCR test was associated with the presence of IgG antibody (p<0.001) and history of exposure from a household member (p<0.001). At the 2-month follow-up, only 481 participated, and 5 (1.0%) were seropositive, including 4 that had been positive at baseline. One of the previously positive results had a higher seropositive index at 2 months (1.57 previously, to 1.86); the other 4 had declining results. 3 participants had positive PCR tests before the start of the study, 2 of which were considered positive at baseline (2.40 and 1.91). At 2 months, only one of these 3 remained seropositive with a test result of 1.48. The study authors compared the HCHW results to a convenience sample of 1076 children [ages not defined] taken in March and April 2020 and found HCHWs and sampled children to have similar results (0.9% and 1.%, respectively). The authors stress that these results could have implications for identifying those with previous exposure to SARS-CoV-2, assisting with ongoing public health recommendations, and ensuring workplace safety.	Healthcare and hospital workers in the US were recruited for a study of SARS-CoV-2 IgG serology compared at baseline from May- June 2020 and from July- August, 2020 in order to understand infection rates, seroconversion, and the potential durability of SARS-CoV-2 IgG antibody to measure past infection.	Tokareva Y, Englund JA, Dickerson JA, et al. Prevalence of Health Care and Hospital Worker SARS-CoV-2 IgG Antibody in a Pediatric Hospital [published online ahead of print, 2020 Dec 23]. <i>Hosp Pediatr</i> . 2020;hpeds.2020-003517. doi:10.1542/hpeds.2020-003517
COVID-19; Lean; efficiency; environmental impact; personal protective equipment; quality improvement; Sigma Six; Ireland	20-Dec-20	<a href="#">The use of Lean Methodology to reduce personal protective equipment wastage in children undergoing congenital cardiac surgery, during the COVID-19 pandemic</a>	Pediatric Anesthesia	Original Research	The authors implemented the Lean methodology of "define, measure, analyze, improve, and control" to conserve PPE in a pediatric congenital cardiac surgery department serving children ages 0-16 years, located in a public hospital in Ireland. The dates of implementation of the methodology were not specified, but implementation occurred during the COVID-19 pandemic. Metrics during the admission pathway and patient testing for SARS-CoV-2 infection were created to determine waste steps and implement the improvement process through Value Stream Maps. The specific outcomes defined, measures employed, value stream maps, analysis of waste steps, improvement actions, and diagram used to monitor control of the Value Stream Map are provided. Following 3 weeks of implementation of the Lean methodology, unnecessary PPE set usage was reduced from 13 to 1 per patient, with an estimated annual savings of 36,000 Euros and reduction of usage of 70,000 single-use plastic pieces per	This article describes the implementation of Lean methodology to conserve PPE and reduce staff exposure to SARS-CoV-2 in a pediatric congenital cardiac surgery department. The process implemented by the authors is described in detail. After 3 weeks of implementation of the Lean methodology, unnecessary PPE usage was reduced, and the proportion of staff in close contact with patients of	Sheehan JR, Lyons B, Holt F. The use of Lean Methodology to reduce personal protective equipment wastage in children undergoing congenital cardiac surgery, during the COVID-19 pandemic [published online ahead of print, 2020 Dec 20]. <i>Paediatr Anaesth</i> . 2020;10.1111/pan.1410

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					year. Staff members in close contact with patients with unknown SARS-CoV-2 status was also reduced from 13 to 1 for each patient. The authors note how Lean methodology can facilitate the provision of cost-effective health care services, decrease staff exposure to SARS-CoV-2, and reduce PPE shortages during the COVID-19 pandemic.	unknown SARS-CoV-2 status declined.	2. doi:10.1111/pan.14102
COVID-19; child; myocardial injury; SARS-CoV-2; Iran	20-Dec-20	<a href="#">Delayed diffuse inflammatory myocardial damage in a child with a history of systemic inflammatory syndrome related to COVID-19</a>	European Heart Journal	Case Report	The authors discuss the case of a 4-year-old female who presented to the emergency department in Iran with respiratory distress, tachycardia, and oxygen saturation of 92%. [Time of this case not discussed.] She had been previously admitted for COVID-19-related systemic inflammatory syndrome, and had also tested positive for SARS-CoV-2 via RT-PCR. Her echocardiography revealed severe left and right ventricle dysfunction with pleural effusion. Blood tests revealed white blood cell count of 17.7 x 10 <sup>9</sup> /L, elevated cardiac and inflammatory markers, elevated troponin I of 3.5 mcg/L, elevated proBNP of 8827 pg/L, elevated ferritin of 683 ng/dL, and elevated C-reactive protein of 40 mg/L. Despite a positive IgG test for SARS-CoV-2, the RT-PCR test was negative. Her chest CT showed lung congestion with bilateral moderate pleural effusion. Cardiac MRI displayed a left ventricular ejection fraction of 10%, and right ventricular ejection fraction of 13%. The patient had diffuse myocardial edema and diffuse myocardial injury in the left and right ventricles, with a spared basal septum and small left ventricular thrombosis. She was diagnosed with fulminant myocarditis and subsequently treated with steroids, IV immunoglobulin and anticoagulants. However, her condition deteriorated, she received mechanical ventilation, and she died 3 weeks later from refractory cardiac failure.	In this article, the authors highlight the case of a 4-year-old female with respiratory distress, tachycardia, dyspnea, and low oxygen saturation, after previous COVID-19 diagnosis. She had a history of COVID-19-related inflammatory syndrome, and for the second admission, demonstrated signs of myocardial injury, marked by changes in levels of cardiac and inflammatory markers. Additionally, her chest CT showed signs of lung congestion and bilaterally reduced ventricular ejection fractions.	Mahdavi M, Houshmand G, Pouraliakbar H, Mortaz Hejri G. Delayed diffuse inflammatory myocardial damage in a child with a history of systemic inflammatory syndrome related to COVID-19. Eur Heart J. 2020 Dec 20;ehaa1028. doi: 10.1093/eurheartj/ehaa1028. Epub ahead of print. PMID: 33341878.
Pediatrics, critical care, organ dysfunction, children, C-reactive protein	19-Dec-20	<a href="#">Characteristics and risk factors associated with critical illness in pediatric COVID-19</a>	Annals of Intensive Care	Original Research	In this retrospective review of pediatric patients admitted to 2 New York City hospitals (USA) between February 1- April 24, 2020, the authors assessed factors associated with pediatric ICU (PICU) admission and acute organ dysfunction among COVID-19 patients. All patients included were SARS-CoV-2 PCR positive by nasopharyngeal swab. Of the 77 patients (mean age = 9.5 years, range 1 day-21 years), 30 (39%) were admitted to a PICU and 47 (61%) to a general inpatient ward. Of 30 ICU patients, 50% presented with hypoxia and 20% with hemodynamic instability. 2 patients (6.7% of PICU cohort) required renal replacement therapy and 14 (46.7%) experienced organ dysfunction. Patients ≥12 years of age were more likely to be admitted to a PICU compared to younger patients (p = 0.015). Presence of an underlying comorbidity was not associated with need for PICU admission (p = 0.227) or organ dysfunction (p = 0.87). Higher initial C-reactive protein was associated with both need for PICU admission (p = 0.005) and presence of organ dysfunction (p = 0.001). Higher initial white blood count (WBC) and presenting thrombocytopenia were associated with organ dysfunction (p = 0.034 and p = 0.003, respectively). The authors conclude that these factors may be useful in determining risk for critical illness and organ dysfunction in pediatric COVID-19.	The authors assessed risk factors associated with pediatric ICU admission and acute organ dysfunction among COVID-19 pediatric patients in New York, USA. Age ≥12 years was associated with higher likelihood of ICU admission. Higher initial C-reactive protein was associated with higher risk of ICU admission and organ dysfunction. Higher initial WBC and thrombocytopenia were associated with higher likelihood of organ dysfunction. The authors conclude that these factors may be useful in determining risk for critical illness in pediatric COVID-19.	Fisler G, Izard SM, Shah S, et al. Characteristics and risk factors associated with critical illness in pediatric COVID-19. Ann Intensive Care. 2020;10(1):171. Published 2020 Dec 19. doi:10.1186/s13613-020-00790-5

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
COVID-19; extra corpeal membrane oxygenation; ECMO; preparedness	19-Dec-20	<a href="#">Pediatric intensive care preparedness and ECMO availability in children with COVID-19: An international survey</a>  <a href="#">[Article not Available for Free]</a>	Perfusion	Letter to the Editor	Since the beginning of the COVID-19 pandemic, calls have been made for informed allocation of costly limited health care resources, such as extracorporeal membrane oxygenation (ECMO). A web-based survey was disseminated to regional medical leaders in neonatal and pediatric centers. Participants were invited to provide information regarding confirmed COVID-19 in children <18 years old. The survey occurred from May 25 - June 8. A total of 132 responses representing 30 countries from 5 continents were included in the final analysis. Responders from centers with ECMO availability experienced fewer ICU deaths due to COVID-19 (19% vs 69.2%, p = 0.0007), and showed more positive responses of preparedness than centers without ECMO availability (93.9% vs 56.5%, p < 0.0001). Diagnosis requiring ECMO support was most frequently respiratory failure (81.8%), followed by MIS-C (9%) and cardiac failure (9%). Causes of deaths were multi-organ failure (100%) and septic shock (50%). The authors concluded that centers caring for a low number of patients and without ECMO facilities might need more educational programs or a stable referral system to improve physicians' preparedness for anticipating future surges or pandemics.	This study evaluated provider preparedness for caring for pediatric patients requiring extracorporeal membrane oxygenation (ECMO). The authors concluded that centers caring for a low number of patients and without ECMO facilities might need more educational programs or a stable referral system to improve physicians' preparedness.	Cho HJ, Ogino MT, Jeong IS, et al. Pediatric intensive care preparedness and ECMO availability in children with COVID-19: An international survey [published online, 2020 Dec 19]. Perfusion. 2020;267659120981810 . doi:10.1177/0267659120981810
Coronavirus; Kawasaki disease; Multisystem inflammatory syndrome in children; Severe acute respiratory syndrome coronavirus 2	19-Dec-20	<a href="#">COVID-19 Associated Multisystem Inflammatory Syndrome: A Systematic Review and Meta-analysis</a>	Iranian Journal of Allergy, Asthma and Immunology	Systematic Review	The prevalence of multisystem inflammatory syndrome in children (MIS-C) has increased since the COVID-19 pandemic started. This study aimed to describe clinical manifestation and outcomes of MIS-C associated with COVID-19 by conducting a systematic review and meta-analysis on all available literature on databases (Scopus, Cochrane Central Register of Controlled Trials, Web of Science, EMBASE, PubMed, and Google Scholar) until July 3, 2020. 16 out of 314 articles with 600 patients (328 males and 272 females, no age range specified) were included in the study. The most common MIS-C presentations were fever (97%), gastrointestinal symptoms (80%), skin rashes (60%), shock (55%), conjunctivitis (54%), and respiratory symptoms (39%). Less common presentations were neurologic problems (33%), skin desquamation (30%), and MIS-C was slightly more prevalent in males (53.7%) compared to females (46.3%). The meta-analysis found that the common clinical presentations of COVID-19 associated MIS-C include a combination of fever and mucocutaneous involvements, similar to atypical Kawasaki disease, and multiple organ dysfunction. The authors recommend that echocardiography be performed in pediatric patients with evidence of SARS-CoV-2 infection and clinical manifestations of multi-organ involvement as these patients are susceptible to developing cardiac complications. It is crucial to diagnose cardiac complications as soon as possible, which may improve the prognosis.	The authors found that the common clinical presentations of COVID-19 associated MIS-C include a combination of fever and mucocutaneous involvements, similar to atypical Kawasaki disease, and multiple organ dysfunction. They recommend considering echocardiography in pediatric patients with evidence of SARS-CoV-2 infection and multi-organ involvement to diagnose cardiac complications, which may lead to an improvement in prognosis.	Baradaran A, Malek A, Moazzen N, Abbasi Shaye Z. COVID-19 Associated Multisystem Inflammatory Syndrome: A Systematic Review and Meta-analysis. <i>Iran J Allergy, Asthma Immunol</i> . 2020;19(December):570-588. doi:10.18502/ijaai.v19i6.4927
Cesarean Section, COVID-19, Pregnancy Complications, Infectious, Pregnancy, High-Risk	19-Dec-20	<a href="#">Emergency Cesarean Section at 38 Weeks of Gestation with COVID-19 Pneumonia: A Case Report</a>	The American Journal of Case Reports	Case report	The authors present a case of a 30-year-old woman in the US with 37 weeks 5 days of gestation with cough and fever [date of presentation unknown]. She was diagnosed with COVID-19 and discharged with azithromycin for the possibility of community-acquired pneumonia. 5 days later, she returned with severe respiratory distress and in labor; she immediately underwent emergency c-section. Chest X-ray showed bilateral infiltrates. On postoperative day 2, she developed a fever and was given antibiotics and 1 dose of 200 ml convalescent plasma. She was hypotensive	The authors present a case of a 30-year-old woman in the US at 37 weeks' gestation with COVID-19 in the United States. 15 days after delivery, the patient died despite all treatment efforts. The authors suggest COVID-19 screening for	Patel P, Kulkarni S, Guerrero M, et al. Emergency Cesarean Section at 38 Weeks of Gestation with COVID-19 Pneumonia: A Case Report. <i>Am J Case Rep</i> . 2020;21. Published

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					and hypoxic despite ventilator usage and medical treatment. She died after a cardiac arrest and unsuccessful resuscitation, 15 days after delivery. It was previously reported that women who gave birth with COVID-19 did so within 13 days of symptom onset; other evidence reports that 47% of pregnant women affected by COVID-19 delivered preterm. The authors recommend the following strategies to maximize positive maternal and fetal outcomes; screening and early identification of asymptomatic SARS-CoV-2 infection, close monitoring, disease progression prevention, and planned cesarean delivery for close-to-term pregnancies before the onset of COVID-19 symptoms.	all pregnant women and planned cesarean delivery for asymptomatic pregnant women before the onset of COVID-19.	2020 Dec 19. doi:10.12659/AJCR.926591
Children, pediatrics, symptoms, clinical spectrum	19-Dec-20	<a href="#">Clinical Spectrum of COVID-19 in a Mexican Pediatric Population</a>	Indian Pediatrics	Original Research	In this prospective study the authors aimed to describe the clinical spectrum of COVID-19 in children in Mexico. 50 patients <18 years of age diagnosed with confirmed COVID-19 by SARS-CoV-2 RT-PCR and presenting to a pediatric emergency department were included from April-July 2020. Median age of patients was 56.6 months (IQR 13-159 months). 35 children presented with fever (70%), which was the most common symptom. 24% of patients presented with only gastro-intestinal symptoms. The most common signs observed were pharyngeal erythema in 30 (60%) and irritability in 24 (48%). 26 (52%) patients with confirmed SARS-CoV-2 infection had a previous chronic medical condition, with cancer being the most common. All patients without any respiratory or gastro-intestinal symptoms were immuno-compromised. The authors noted 3 different patterns of symptomatology in patients: 1) Pattern A or almost asymptomatic: with only 1 or 2 symptoms; 2) Pattern S or sudden: onset of 4 or more symptoms in the first 24-36 hours; and 3) Pattern D or disperse: sequential onset of symptoms over several days. 1 patient developed Kawasaki-like syndrome, 2 patients required mechanical ventilation, and 1 of the ventilated patients ultimately died. The authors conclude that physicians should be aware of the wide clinical spectrum of COVID-19 in children.	The authors assessed the clinical spectrum of COVID-19 in children <18 years of age in Mexico, presenting to an emergency department. They observed 3 general patterns of symptomatology: Pattern A being mostly asymptomatic, Pattern S with sudden onset of symptoms, and Pattern D with sequential onset of symptoms over days.	Bustos-Cordova E, Castillo-García D, Cerón-Rodríguez M, Soler-Quiñones N. Clinical Spectrum of COVID-19 in a Mexican Pediatric Population. Indian Pediatr. 2020 Dec 19;S097475591600261.
mental health, maternal health, postpartum care, COVID-19	19-Dec-20	<a href="#">Mental Health &amp; Parental Concerns during COVID-19: The Experiences of New Mothers Amidst Social Isolation</a>	Midwifery	Article	This study utilized an online qualitative survey to examine the impact of the COVID-19 pandemic on mothers/parents across Nova Scotia, Canada, who are caring for a child 0-12 months of age. Responses were gathered from 68 parents between May-June 2020; all participants were mothers, and 64.7% were 25-35 years of age [mean age and range not indicated]. While many participants spoke about positive moments with their babies and families, their experiences with their own mental health were overwhelmingly negative. Several participants described feeling depressed, abandoned, lost, drained, irritable, sad, angry, and anxious. Mothers also reported stigma and feelings of inadequacy regarding their mental health. Difficulties accessing information and support left many mothers "feeling left behind." The majority of mothers were extremely concerned about the lack of opportunities for their infant to socialize with others outside of the immediate household, with particular fear and belief that the lack of social development opportunities may impact their infant's mental health in the long term. While many parents were creative in trying to remain as social as possible (particularly with the use of virtual technologies), feelings of	This study examined the impact of the COVID-19 pandemic on mothers/parents across Nova Scotia, Canada, who are caring for a child 0-12 months of age. Feelings of isolation, worry, anxiety, and stress were prominent in this study's findings, and parents relied upon both informal and formal supports and information to help them cope.	Ollivier R, Aston DM, Price DS, et al. Mental health & parental concerns during COVID-19: The experiences of new mothers amidst social isolation. Midwifery. 2021;94:102902. doi: https://doi.org/10.1016/j.midw.2020.102902.

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					extreme isolation were a major theme in this study's findings, as was the importance of memory-making and celebrating milestones. Based on the findings of this study, the authors recommend health care providers adapt services for new parents, to provide immediate support postpartum.		
CT scan, COVID-19, pregnancy, letter, ground-glass opacity	19-Dec-20	<a href="#">CT Findings of Pregnant Women With Coronavirus Disease (COVID-19) Pneumonia</a>	American Journal of Roentgenology	Letter to the Editor	The author provides a positive review of Liu et al.'s article on pregnancy and perinatal outcomes of women with COVID-19 pneumonia, and highlights the key findings. As pregnant women are immuno-suppressed, they are at higher risk of developing viral infections that may be harmful to the fetus. Liu et al. used a semi-quantitative CT scoring system to assess the degree and severity of pulmonary involvement in pregnant women, and reported the time course of changes on chest CT. The most common initial findings included ground-glass opacity (GGO), and "crazy paving" patterns and consolidations were identified during disease progression. At the late stage of the disease, CT showed gradual absorption, and the score was decreased. Liu et al.'s article covers important findings on pregnancy outcomes of women with COVID-19 pneumonia, and could facilitate early diagnosis and management of COVID-19.	The authors comment on an article on pregnancy and perinatal outcomes of women with COVID-19 pneumonia, and highlight key findings in the article.	Moradi B, Kazemi MA, Gity M. CT Findings of Pregnant Women With Coronavirus Disease (COVID-19) Pneumonia. <i>AJR Am J Roentgenol.</i> 2020;215(1):W9. doi:10.2214/AJR.20.23212
Hospital-acquired infection, nosocomial infection, NICU, Canada, hygiene, COVID-19	19-Dec-20	<a href="#">Non-COVID Co-Morbidity: Potential Indirect Consequences of the SARS-CoV-2 Pandemic in a Neonatal Intensive Care Unit</a>	Journal of Hospital Infection	Report	Despite having low rates of SARS-CoV-2 infection compared to other ICUs, neonatal ICUs (NICUs) are burdened by hospital supply shortages and subsequent relaxation of hand hygiene protocols during the COVID-19 pandemic. In this report, the authors discuss the reasons behind severe outbreaks of nosocomial (hospital-acquired) infections in their NICU unit. These underlying reasons included reduced availability of alcohol-based hand rubs (ABHR) in every patient room, lack of hygienic supplies and attendants to stock hygiene stations, and less hygiene protocol enforcement in the unit. To address these concerns, the NICU team advocated for immediate increases to ABHR availability, improved staff hygiene education, and a streamlined process for cleaning surfaces and replenishing sanitization supplies. Infection rates subsequently returned to baseline. The authors highlight their experience to allow other neonatal clinicians to anticipate supply-level challenges that may lead to preventable nosocomial infections.	In this report, the authors discuss the reasons behind severe outbreaks of nosocomial (hospital-acquired) infection in their neonatal ICU during the COVID-19 pandemic, and how to address these problems. Outbreaks were caused by low availability of alcohol-based hand rubs, limited re-stocking of sanitization supplies, and reduced enforcement of hygiene protocol. Addressing each of these concerns returned infection rates back to baseline.	Kharrat A, Neish A, Diambomba Y, Jain A. Non-COVID Co-Morbidity: Potential Indirect Consequences of the SARS-CoV-2 Pandemic in a Neonatal Intensive Care Unit. <i>J Hosp Infect.</i> 2020;S0195-6701(20)30574-0. doi:10.1016/j.jhin.2020.12.010
COVID-19; SARS-CoV-2; pediatric pulmonary hypertension	19-Dec-20	<a href="#">COVID-19 and Pulmonary Hypertension in Children: What Do We Know So Far?</a>	Medicina	Review	In this review, the author discusses the rather unknown patho-physiology and treatment of pulmonary hypertension (PH) occurring with COVID-19 in children. There have only been 2 documented cases of PH co-occurring with COVID-19: in a 16-year-old girl and a 6-month-old infant. Importantly, current evidence suggests that pediatric and adult patients with PH are not more likely to be infected with SARS-CoV-2. Further, children with PH are not immune to complications of SARS-CoV-2 infection, though children's COVID-19 symptoms are notably less severe than adults' symptoms. Strong evidence indicates that PH could worsen with pneumonia or other infectious complications of COVID-19; patients with worsening PH symptoms should be tested for SARS-CoV-2 infection. Treatment for cases of PH with co-occurring COVID-19 consists of supportive care, supplemental oxygen, continuing PH medications (sildenafil & bosentan), and using existing therapies such as IL-6 inhibitors and IL-1 receptor antagonists in more severe cases. International registries must continue to	In this review, the author discusses the current evidence base surrounding pulmonary hypertension (PH) co-occurring with COVID-19 in children, though only 2 such cases have been documented. Strong evidence indicates PH worsens with pneumonia or other infectious complications of COVID-19. The author also includes information on treatment for PH with co-occurring COVID-19.	Das BB. COVID-19 and Pulmonary Hypertension in Children: What Do We Know So Far?. <i>Medicina (Kaunas).</i> 2020;56(12):E716. Published 2020 Dec 19. doi:10.3390/medicina56120716

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					monitor the PH population during the COVID-19 pandemic, to best manage PH patients.		
MIS-C, pyelonephritis, treatment delay, bacterial infection, pediatrics, Sweden	19-Dec-20	<a href="#">Paediatricians face challenging times as COVID-19 can cloud other diagnoses and lead to treatment delays</a>	Acta Paediatrica	Brief Report	The authors present the case of a 16-year-old girl in Sweden with acute pyelonephritis, whose clinical presentation was initially confused with those of MIS-C. The patient presented to the pediatric emergency department (ED) with fever (38 C), headache, vomiting, left flank pain, and a history of urinary tract infection 2 weeks earlier. She had a negative PCR test for SARS-CoV-2, and pyelonephritis was suspected by her primary provider. Testing in the ED showed elevated C-reactive protein (CRP), erythrocyte sedimentation rate, serum ferritin, fibrinogen, and D-dimer; low plasma potassium (2.9 mmol/L); proteinuria; and reduced perfusion of one kidney on ultrasound. Based on her high CRP and rising temperature to 39 C, the patient was diagnosed with MIS-C in the ED and anti-inflammatory treatment was planned. On the next day, the urinary culture showed significant growth of Escherichia coli. Dimercaptosuccinic acid scintigraphy showed a decreased uptake of the isotope in the left kidney, confirming pyelonephritis. The patient recovered rapidly with IV antibiotics. While differentiating MIS-C from severe bacterial infections may be difficult, high levels of vigilance for common bacterial infections in children are critical because the two conditions are treated differently. Careful interpretation of laboratory tests and radiologic examinations is vital to reach a correct diagnosis and prevent serious consequences.	This is a case of a 16-year-old girl with acute pyelonephritis in Sweden, whose clinical presentation was initially confused with MIS-C. Differentiation of MIS-C from severe bacterial infection is critical to reach a correct diagnosis and prevent complications.	Marits AK, Fischler B, Chromek M. Paediatricians face challenging times as COVID-19 can cloud other diagnoses and lead to treatment delays [published online, 2020 Dec 19]. Acta Paediatr. doi:10.1111/apa.15725
schools, transmission, SARS-CoV-2, students, teachers, staff, Germany, IPC	19-Dec-20	<a href="#">SARS-CoV-2 infection, risk perception, behaviour, and preventive measures at schools in Berlin, Germany, during the early post-lockdown phase: A cross-sectional study</a>	medRxiv	Preprint (not peer-reviewed)	This cross-sectional study of students and staff in 24 randomly selected Berlin, Germany schools between June 11-19, 2020 evaluated infection status, symptoms, affective, behavioral, educational issues, and measures to prevent SARS-CoV-2 transmission. SARS-CoV-2 infection was tested via PCR of oro-nasopharyngeal swabs and specific IgG test of capillary blood samples. Medical history, household and schooling characteristics, leisure time activities, fear of infection, risk perception, hand hygiene, physical distancing, and facemask wearing were also assessed. Median age was 10 years (range 8-13 years) for primary school students and 15 years (range 13-18 years) for secondary school students. Among 535 participants (385 students, 150 staff), 1 teenager (age 16 years) tested positive via PCR (0.2%) and 7 individuals exhibited specific IgG (1.3%). The median age of the sero-reactive students was 14 years (range 9-17 years). 16% reported symptoms upon examination (19% of primary school students, 16% of secondary school students, and 12% of school staff), and 48% reported symptoms in the last 14 days. Changes to leisure activities compared to before the pandemic include increased screen time, reduced physical activity, and reduced time with friends. Fear of infection and risk perception were relatively low (two-thirds reported no or little fear as well as no or little perceived risk), but acceptance of adapted health behaviors was high. Preventive measures were adequately implemented, with primary schools performing better than secondary schools; this is illustrated with a heat map of percentage of schools complying with recommended preventive measures. These results suggest that	This cross-sectional study of students and staff in 24 randomly selected Berlin, Germany schools between June 11-19, 2020 evaluated infection status, symptoms, affective, behavioral, educational issues, and measures to prevent SARS-CoV-2 transmission. Results show implementation of IPC measures in schools was feasible, as recommendations were largely implemented with primary schools performing better than secondary schools.	Hommel F, Loon Wv, Thielecke M, et al. SARS-CoV-2 infection, risk perception, behaviour, and preventive measures at schools in Berlin, Germany, during the early post-lockdown phase: A cross-sectional study. medRxiv. 2020:2020.12.18.20248398. doi: 10.1101/2020.12.18.20248398.

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					educational settings, students, and staff are largely able to adapt to IPC measures and to changing conditions with success.		
Vision for 2020; intrapartum stillbirth prevention; COVID-19	19-Dec-20	<a href="#">Enhancing, and protecting, maternal and neonatal health care</a>	The Lancet Global Health	Editorial	In this editorial, the author comments on "Vision 2020," a series published by The Lancet nearly 10 years ago to address fetal deaths after 28 weeks' gestation, with a third of deaths occurring during labor in healthy pregnancies at the time. The COVID-19 pandemic has interrupted some of Vision 2020's goals; however, the authors note that studies reporting on stillbirths have increased, which may be a mindset shift towards recognizing the global burden of stillbirths. Furthermore, COVID-19 response measures must be integrated into healthcare systems for maternal, neonatal, and child health to ensure safe, effective, and respectful care. Unfortunately, as of October 2020, the UN InterAgency Group for Child Mortality reported the annual reduction in stillbirths since 2000 is almost half the reduction in mortality among children <5 years (2.3% vs. 4.3%). The Lives Saved Tool is an intervention that could result in 41% fewer maternal deaths, 26% fewer stillbirths, and 39% fewer neonatal deaths with a 25% increase in coverage of the interventions every 5 years from 2020 to 2035 in 88 high burden countries. Other interventions focus on midwifery, high-quality education for whoever attends childbirths and encouraging respectful, safe care.	Despite the COVID-19 pandemic, the authors of this editorial emphasize that efforts to reduce stillbirths globally must continue. The authors describe interventions designed to reduce stillbirths, neonatal deaths, and maternal deaths by enhancing safe maternal and neonatal care during the COVID-19 pandemic.	The Lancet Global Health. Enhancing, and protecting, maternal and neonatal health care. Lancet Glob Health. 2021;9(1):e1. doi:10.1016/S2214-109X(20)30515-5
Infant mortality; maternal mortality; United States; COVID-19; March of Dimes	19-Dec-20	<a href="#">Infant and maternal mortality in the USA [No free access]</a>	The Lancet Child & Adolescent Health	Editorial	This editorial discusses the current status of infant and maternal mortality in the United States, as reported by the March of Dimes report card released on November 17, 2020. Compared to other high-income countries, the US's infant mortality rate is nearly twice as high (5.7 deaths per 1,000 live births in the US compared to 3.8 deaths per 1,000 live births in the UK). The second leading cause of death is prematurity-related complications, which are significantly higher in Black populations. The maternal mortality ratio is also quite high at 16.9 deaths per 100,000 live births, with racial and geographic disparities. The authors note that this data is from prior to the COVID-19 pandemic. However, the inequities and resulting poor health outcomes are exacerbated by the pandemic. The authors outline the challenges facing President-Elect Joe Biden and Vice-President-Elect Kamala Harris and offer suggestions for policies and actions to mitigate the infant and maternal health crisis, including building on the Affordable Care Act, expanding Medicaid, extending maternity coverage, and improving access to midwifery and doula services. The authors conclude by emphasizing the importance of addressing racial and regional disparities and socio-economic determinants of health in order to improve maternal and infant outcomes.	This editorial summarizes the March of Dimes 2020 report on infant and maternal mortality in the United States and how the COVID-19 pandemic is exacerbating the health inequities driving poor health outcomes. The authors also present the challenges the President- and Vice-President-Elect face and offer suggestions to address them	Infant and maternal mortality in the USA. The Lancet Child & Adolescent Health. 2021;5(1):1. ISSN 2352-4642. doi:10.1016/S2352-4642(20)30369-2
COVID-19; mental health; parental stress; special needs children; China	18-Dec-20	<a href="#">Mental Health of Parents of Special Needs Children in China during the COVID-19 Pandemic</a>	International Journal of Environmental Research and Public Health	Article	The authors assessed the mental health of parents of special needs children in China during the COVID-19 pandemic. An online survey comprising items on demographic data, 2 self-designed questionnaires (children's behavioral problems/psychological demand of parents during the COVID-19 pandemic); and 4 standardized questionnaires, including the General Health Questionnaire, Perceived Social Support, Parenting Stress Index, and Neuroticism Extraversion Openness Five-Factor Inventory, was conducted from February 18-22, 2020. 1450 parents (mean age= 40.76 ±	The authors assessed the mental health of parents of special needs children in China during the COVID-19 pandemic. They found that 27% of parents with special needs children experienced mental health problems, and parents of	Chen SQ, Chen SD, Li XK, et al. Mental Health of Parents of Special Needs Children in China during the COVID-19 Pandemic. Int J Environ Res Public Health. 2020;17(24):9519.

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					5.84 yrs; 27.66% male) of children with autism, intellectual disability, or visual impairment and hearing impairment were included in the analysis. The results showed that 1058 (73%) parents had good mental health and the remaining 392 (27%) had poor mental health. Parents of children with autism spectrum disorder were more likely to have mental health problems compared to parents of children with a visual or hearing impairment (p=0.03). There was also a significant difference between parents of children with autism spectrum disorder and intellectual disabilities (p=0.08). Parents' mental health was positively related to behavioral problems in children (p<0.001), psychological demand of parents (p<0.001), parenting distress (p<0.001), parent-child dysfunctional interaction (p<0.001), and difficult child (p<0.001). In contrast, parents' mental health was negatively related to family support (p<0.001), friend support (p<0.001), and other necessary support (p<0.001). These findings highlight the need to pay attention to the mental health of parents with special needs children, provide more social and family support, and reduce parenting pressures, especially during the pandemic.	children with autism spectrum disorder were more likely to have mental health problems compared to parents of children with an intellectual disability and a visual or hearing impairment. These findings highlight the need to pay attention to the mental health of parents with special needs children, provide more social and family support, and reduce parenting pressures, especially during the pandemic.	doi:10.3390/ijerph17249519.
SARS-CoV-2, COVID-19, T-cell, human coronaviruses, immunity, contact tracing, children	18-Dec-20	<a href="#">Is the "Common Cold" Our Greatest Ally in the Battle Against SARS-CoV-2?</a>	Frontiers in Cellular and Infection Microbiology	Review	This review explores why countries with limited health resources and aging populations have reported fewer COVID-19 deaths than countries with more advanced resources and relatively healthy populations. The authors argue that individuals in less wealthy countries may have greater exposure to human coronaviruses that cause the "common cold," due to a greater prevalence of multi-generational family homes and shared facilities. The observation of mild and asymptomatic COVID-19 in children may be due to a lack of comorbidities or age-related immune system components. However, this could also be because younger individuals may have more cross-reactive T-cells created in response to human coronavirus exposure. Research is still unclear whether infected children can be vectors for SARS-CoV-2 spread. Children have been found to be a low risk for both contracting the virus and passing it on through child-to-child or child-to-adult transmission. The authors recommend a retrospective analysis to find whether those that live with school-age children are more likely to have asymptomatic COVID-19, in order to test whether exposure to human coronaviruses leads to greater cross-immunity levels.	The authors of this review argue that individuals in less wealthy countries may have greater exposure to human coronaviruses that cause the "common cold," due to a greater prevalence of multi-generational family homes and shared facilities, and that this exposure may result in fewer COVID-19 deaths. They recommend testing this hypothesis with a retrospective analysis to find whether those that live with school-age children (who may have more cross-reactive T-cells created in response to human coronavirus exposure) are more likely to have asymptomatic COVID-19.	Capoor MN, Ahmed FS, McDowell A, et al. Is the "Common Cold" Our Greatest Ally in the Battle Against SARS-CoV-2?. <i>Front Cell Infect Microbiol.</i> 2020;10:605334. Published 2020 Dec 18. doi:10.3389/fcimb.2020.605334
Down syndrome; COVID-19; SARS-CoV-2; hospitalization	18-Dec-20	<a href="#">COVID-19 and children with Down syndrome: is there any real reason to worry? Two case reports with severe course</a>	BioMed Central (BMC) Pediatrics	Case Reports	Down syndrome (DS) is characterized by a series of immune dysregulations, of which interferon hyperreactivity is important, as it is responsible for surging antiviral responses and the possible initiation of an amplified cytokine storm. DS is also characterized by the co-existence of obesity and cardiovascular and respiratory anomalies, which are considered high risk for severe COVID-19. A total of 55 children were admitted to a pediatric ward in Italy, between February-May 2020 for COVID-19. Of these 55, the authors describe the cases of 2 children (14-year-old female and a 34-month-old female) with DS and severe COVID-19. Both cases involved one or more comorbidities, including cardiovascular anomalies, obesity, and/or	Down syndrome (DS) is characterized by the co-existence of obesity and cardiovascular and respiratory anomalies, which are considered high risk for severe COVID-19. The authors describe the cases of 2 children in Italy with DS and COVID-19.	Kantar A, Mazza A, Bonanomi E, et al. COVID-19 and children with Down syndrome: is there any real reason to worry? Two case reports with severe course. <i>BMC Pediatr.</i> 2020;20(1):561. Published 2020 Dec 18.

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					obstructive sleep apnea. These children required prolonged hospitalization with respiratory support, antibiotic treatment and steroids. The authors conclude that children with DS are at risk for severe COVID-19. The authors strongly recommended that sufficient measures are implemented to protect children with DS, particularly those with comorbidities, considering the possibility of COVID-19 resurgence.		doi:10.1186/s12887-020-02471-5
Oncology; COVID-19; SARS-CoV-2; high risk	18-Dec-20	<a href="#">Characterization of COVID-19 disease in pediatric oncology patients: The New York-New Jersey regional experience</a>	Pediatric Blood and Cancer	Original Research	Pediatric oncology patients undergoing active chemotherapy are suspected to be at a high risk for severe disease secondary to SARS-CoV-2 infection; however, data to support this are lacking. This study aimed to describe the characteristics of COVID-19 in this population and also its impact on pediatric cancer care in the New York, USA region during the peak of the pandemic. This multicenter, retrospective study included 13 institutions. 9 tables and figures present patient demographics, graphs of laboratory results and analysis. Clinical information on 98 patients ≤21 years of age (median age =12.8 years old) receiving active anticancer therapy, who tested positive for SARS-CoV-2 by PCR, was collected. Most experienced mild disease, 28 required inpatient management, 25 needed oxygen support, and 7 required mechanical ventilation. Persistent lymphopenia was noted in severe cases. However, when comparing obese patients to non-obese, there was a statistically significant difference in distribution across disease severity groups, with obese patients exhibiting greater proportions of moderate and severe cases (P=0.0088). Delays in cancer therapy occurred in 67% of SARS-CoV-2-positive patients. Of 4 deaths, none were solely attributable to COVID-19. The impact of the pandemic on pediatric oncology care was significant, with 54% of institutions reporting delays in chemotherapy, 46% delays in surgery, and 30% delays in transplant. The authors concluded that mortality and morbidity from COVID-19 amongst pediatric oncology patients were low overall, but higher than reported in general pediatrics.	Pediatric oncology patients are at high risk for severe disease secondary to SARS-CoV-2 infection. This study aimed to describe the characteristics of COVID-19 in this population in New York, USA. The authors concluded that mortality and morbidity from COVID-19 amongst pediatric oncology patients were low overall, but higher than reported in general pediatrics.	Madhusoodhan PP, Pierra J, Musante J, et al. Characterization of COVID-19 disease in pediatric oncology patients: The New York-New Jersey regional experience. <i>Pediatr Blood Cancer</i> . 2021;68(3):e28843. doi:10.1002/pbc.28843
Nosocomial infections; SARS-CoV-2; children; CT Scan; standard prevention	18-Dec-20	<a href="#">Characteristics of Nosocomial Infections in Children Screened for SARS-CoV-2 Infection in China</a>	Medical Science Monitor	Original Research	This study summarizes the characteristics of children screened for SARS-CoV-2 infection and reports the case of 1 child who was diagnosed with SARS-CoV-2 infection in Guangzhou Women and Children's Medical Center and the cases of his family members. The medical records of 159 children (median age = 34 months) who were admitted from January 23-March 20, 2020, were retrospectively analyzed. These children were RT-PCR tested for SARS-CoV-2 within 12 hours of patient admission; a second RT-PCR test was done 24 hours after the first test. Of the 159 patients, 151 patients had epidemiological histories, 14 patients had cluster onset, and 8 patients had no epidemiological history but had symptoms similar to COVID-19. The most common symptom was fever (n=125), followed by respiratory and gastro-intestinal symptoms. A 7-year-old boy in a cluster family from Wuhan was confirmed with asymptomatic SARS-CoV-2 infection with ground-glass opacity shadows on his lung CT scan. In patients who did not test positive for SARS-CoV-2, influenza, respiratory syncytial virus, and adenovirus were observed. The authors conclude that for SARS-CoV-2 nosocomial infections, taking a standard prevention and contact, droplet,	This study summarizes the characteristics of children screened for SARS-CoV-2 infection and reports the case of 1 child who was diagnosed with SARS-CoV-2 infection in Guangzhou Women and Children's Medical Center, in China. The authors conclude that a standard prevention and contact, droplet, and air isolation strategy can prevent infection effectively.	Shen J, Sun J, Zhao D, et al. Characteristics of Nosocomial Infections in Children Screened for SARS-CoV-2 Infection in China. <i>Med Sci Monit</i> . 2020;26:e928835. Published 2020 Dec 18. doi:10.12659/MSM.928835

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					and air isolation strategy can prevent infection effectively. Children with clustered disease need close monitoring.		
COVID-19 pandemic; academic motivation; cross-country comparison; distance learning; extracurricular activities; home confinement; parents' perceptions; school closures	18-Dec-20	<a href="#">Parents' Perceptions of Student Academic Motivation During the COVID-19 Lockdown: A Cross-Country Comparison</a>	Frontiers in Psychology	Original Research	In this retrospective pretest-posttest design study, the impact of COVID-19-related restrictions on Italian and Portuguese students' academic motivation and the role of extracurricular activities were examined. During April-May 2020, 567 parents (n Italy = 173, n Portugal = 394) completed an on-line survey on their children's academic motivation and participation in extracurricular activities (grades 1 to 9). Students' mean age was 9.65 (SD = 2.14; 46% girls) and 10.04 (SD = 2.52; 52% girls) for the Italian and Portuguese samples, respectively. Estimates of latent change score models (with possible scores ranging 1-5) showed a decrease in students' motivation, more pronounced in Italian students (mean latent change score: Italy = -0.27, p < 0.001; Portugal = -0.14, p < 0.001). Results also indicated that students with a lower decrease in participation in extracurricular activities had also a lower decrease in motivation (p = 0.030). Students' age was associated with the rate of change in motivation (co-variance = 0.31, p < 0.001), with older students showing lower decreases in motivation. No significant associations were found for students' gender, nor for parents' education. The authors conclude that the study provides an important understanding of students' academic motivation during home confinement, school closures, and distance learning during restrictive measures of the COVID-19 pandemic.	In this retrospective pretest-posttest design study, the impact of COVID-19-related restrictions on Italian and Portuguese students' academic motivation and the role of extracurricular activities were examined. Estimates of latent change score models showed a decrease in students' motivation, but motivation decreased less if extracurricular activities decreased less. Older students had lower decreases in motivation, and there were no associations for gender, nor for parents' education.	Zaccoletti S, Camacho A, Correia N, et al. Parents' Perceptions of Student Academic Motivation During the COVID-19 Lockdown: A Cross-Country Comparison. Front Psychol. 2020;11:592670. Published 2020 Dec 18. doi:10.3389/fpsyg.2020.592670
Asymptomatic, viral shedding, clinical characteristics, pediatrics	18-Dec-20	<a href="#">Clinical characteristics and viral shedding kinetics of 38 asymptomatic patients with coronavirus disease 2019: A retrospective observational study</a>	Medicine (Baltimore)	Original Research	This observational study investigated the clinical characteristics and viral shedding kinetics of 38 asymptomatic patients with SARS-CoV-2 admitted in Hubei province, China in February-March, 2020. The cohort included 4 children, ages 1, 6, 12, and 15 years. The white blood cell (WBC) count, absolute value of lymphocytes, C-reactive protein (CRP), and D-dimer were normal for all patients. Pneumonia manifestations were not found for any of 36 patients who underwent chest CT; the remaining 2 cases included a 1-year-old child and a pregnant woman who did not undergo CT. The average viral shedding time, defined as the time interval from the first positive nucleic acid testing to the consecutive negative test, was 6 days (range 2-17 days). 89.5% (34/38) patients exhibited <10 days of viral shedding. All asymptomatic patients with COVID-19 had a history of close contact or exposure. The authors conclude that timely discovery of asymptomatic infections is crucial for blocking the spread of the virus and strengthening the prevention and control measures.	The authors investigated the clinical characteristics and viral shedding kinetics of 38 asymptomatic patients (including 4 children) with SARS-CoV-2 in China. The average viral shedding time was 6 days and all asymptomatic patients had history of contact or exposure. The authors conclude that timely discovery of asymptomatic infections is crucial for blocking the spread of the virus.	Li Y, Li K, Xiong W, et al. Clinical characteristics and viral shedding kinetics of 38 asymptomatic patients with coronavirus disease 2019: A retrospective observational study. Medicine (Baltimore). 2020;99(51):e23547. doi:10.1097/MD.00000000000023547
COVID-19, children, family cluster, school, symptoms, Type 1 diabetes, China	18-Dec-20	<a href="#">A retrospective view of pediatric cases infected with SARS-CoV-2 of a middle-sized city in mainland China</a>	Medicine	Observational Study	This study presented the hospitalization, follow-up, and family cluster features of pediatric COVID-19 cases in Wuxi, China. 7 children (mean age 10.4, range 5-15 years) were enrolled: 4 mild cases, 1 moderate case, and 2 asymptomatic cases. All these children had close contact with their family members, some of which had confirmed COVID-19. The most common clinical symptoms were mild fever (57%, n=4) and dry cough (57%, n=4). To relieve the symptoms, the 5 symptomatic cases were treated with anti-viral agents: interferon $\alpha$ spray and lopinavir/ritonavir. The children underwent SARS-CoV-2 testing, and the time for viral RNA results to turn negative was 9-22 days, with an average of 16.6 days. Except for 1 patient with diabetes	This study presented the hospitalization, follow-up, and family cluster features of 7 pediatric COVID-19 cases in Wuxi, China. The authors determined that the duration of the hospitalization among these children varied but did not correlate with the severity of symptoms, and the persistently	Kang Y, You Z, Wang K, et al. A retrospective view of pediatric cases infected with SARS-CoV-2 of a middle-sized city in mainland China. Medicine (Baltimore). 2020;99(51):e23797. doi:10.1097/MD.00000000000023797

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					whose blood glucose was unstable, all the children were discharged from hospital after 2 confirmed negative results. Nucleic acid tests of all cases were negative at 2-week follow-up. However, at the following 4-week follow-up, 2 cases returned positive, were admitted to the hospital for quarantine, and were negative one week later. The authors determined that the duration of hospitalization among these children varied but did not correlate with the severity of symptoms, and the persistently positive viral nucleic acid testing of some cases did not result in evident or severe clinical manifestations.	positive viral nucleic acid testing of some cases did not result in evident or severe clinical manifestation.	
COVID-19; ambulatory; ambulatory pediatrics; health services; health services research; pediatrics; telehealth; telemedicine	18-Dec-20	<a href="#">Practice-level variation in telemedicine use in a pediatric primary care network during COVID-19</a>	Journal of Medical Internet Research	Original Research	The authors studied the association between pediatric practices' use of telemedicine during the COVID-19 pandemic and practice characteristics, telemedicine visit diagnoses, in-person visit volumes, child-level variations in telemedicine use, and clinician attitudes towards telemedicine. Electronic health record data from 45 pediatric primary care practices serving a total of 315,000 children [ages not specified] in Pennsylvania, USA, were examined for telemedicine visits conducted between March 18 and May 2, 2020. Clinics were categorized into low, medium, and high telemedicine use and practice-level telemedicine visits ranged from 5 to 23 telemedicine visits per 1000 patients per week. The most common diagnosis categories during telemedicine visits were mental health (28%-36% of visits) and dermatologic (15%-28%). High telemedicine use practices had fewer in-person visits compared to low telemedicine use practices (10 vs 16 visits per 1000 patients per week, $p = 0.005$ ), but had more visits overall (28 vs 22 visits per 1000 patients per week, $p = 0.006$ ). Clinician attitudes regarding the usability and impact of telemedicine did not vary significantly across telemedicine use groups. Telemedicine use varied with child age, race/ethnicity, and having a recent preventative care visit, raising concerns of disparate access to telemedicine. Overall, the results show the association of high practice-level telemedicine use with fewer in-person visits and increased primary care volume during this period.	This study examined the association between pediatric practices' use of telemedicine during the COVID-19 pandemic and practice characteristics, telemedicine visit diagnoses, in-person visit volumes, child-level variations in telemedicine use, and clinician attitudes towards telemedicine. There was an association of high practice-level telemedicine use with fewer in-person visits and increased primary care volume. Telemedicine use varied across child age, race/ethnicity, and having a recent preventative care visit. The results demonstrate the capacity to increase overall visit volume through telemedicine and patient-level disparities in telemedicine access.	Schweiberger K, Hoberman A, Iagnemma J, et al. Practice-Level Variation in Telemedicine Use in a Pediatric Primary Care Network During the COVID-19 Pandemic: Retrospective Analysis and Survey Study. J Med Internet Res. 2020;22(12):e24345. Published 2020 Dec 18. doi:10.2196/24345
COVID-19; Pediatric intensive care unit; Practice innovations; Preparedness; Simulation; Training	18-Dec-20	<a href="#">National preparedness survey of pediatric intensive care units with simulation centers during the coronavirus pandemic</a>	World Journal of Critical Care Medicine	Research Article	The authors conducted a cross-sectional multi-center national survey of pediatric ICU (PICU) medical directors from 22 children's hospitals across the US in May-June 2020, to describe COVID-19 preparedness efforts within a simulation-based network. The questions focused on 6 themes: (1) PICU and medical director demographics; (2) Pediatric patient flow during the pandemic; (3) Changes to the staffing models related to the pandemic; (4) Use of PPE; (5) Changes in clinical practice and innovations; and (6) Current modalities of training, including simulation. 83.4% of PICUs witnessed decreases in non-COVID-19 patients, 43% had COVID-19 dedicated units, and 74.6% pivoted to accept adult COVID-19 patients. All PICUs implemented changes to their staffing models, with the most common changes being changes in COVID-19 patient room assignment (50%) and introducing remote patient monitoring (36%). The most common training formats for PPE were hands-on training (73%) and video-based content (82%). The most common concerns related to COVID-19	This paper aimed to describe COVID-19 preparedness efforts among a set of PICUs within a nationwide simulation-based network in the US. PICUs implemented broad strategies, including modifications to staffing, PPE usage, workflow, and clinical practice, while using simulation as the preferred training modality.	Abulebda K, Ahmed RA, Auerbach MA, et al. National preparedness survey of pediatric intensive care units with simulation centers during the coronavirus pandemic. World J Crit Care Med. 2020;9(5):74-87. Published 2020 Dec 18. doi:10.5492/wjccm.v9.i5.74

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					practice were changes in clinical protocols and guidelines (50%). Simulation-based training was the most-utilized training modality (82%), whereas team training (73%) and team dynamics (77%) were the most common training objectives. This study demonstrated that PICUs implemented broad strategies, including modifications to staffing, PPE usage, workflow, and clinical practice, while using simulation as the preferred training modality.		
Italy, school closure, school openings, transmission	18-Dec-20	<a href="#">No evidence of association between schools and SARS-CoV-2 second wave in Italy</a>	medRxiv	Preprint (not peer-reviewed)	This paper presents the findings of a prospective analysis of the effect of school closure or re-opening on the prevalence of COVID-19 in Italy. The increase in COVID-19 cases was not associated with school re-opening dates across 21 Italian regions, and school closures in two regions where they were implemented before other measures did not affect the declining rate of SARS-CoV-2 transmission. From September 12 to November 7, 2020, SARS-CoV-2 incidence among students was lower than that in the general population of all but two Italian regions. From August 28 to October 25 in Veneto, where schools re-opened on September 14, 2020, the growth of SARS-CoV-2 incidence measured across all age groups was lower in school age individuals than the general public. Researchers did not find evidence that re-opening schools drove the second SARS-CoV-2 wave.	This paper presents the findings of a prospective analysis of the effect of school closure or re-opening on the prevalence of COVID-19 in Italy. Researchers did not find evidence that re-opening schools drove the second SARS-CoV-2 wave.	Gandini S, Rainisio M, Iannuzzo MS, et al. No evidence of association between schools and SARS-CoV-2 second wave in Italy. medRxiv 2020.12.16.20248134; doi: <a href="https://doi.org/10.1101/2020.12.16.20248134">https://doi.org/10.1101/2020.12.16.20248134</a>
COVID-19; D614G; MIS-C; SARS-CoV-2; viral lineage	18-Dec-20	<a href="#">MIS-C in February 2020 and Implications of Genomic Sequencing for SARS-CoV-2</a>	Journal of the Pediatric Infectious Diseases Society	Case report	This is a case report of an early case of MIS-C in Washington, U.S. On 22 February 2020, a 9-year-old boy presented to an emergency department with subjective fever, body aches, and cough followed by abdominal pain and diarrhea. The patient had no recent travel or known exposures to SARS-CoV-2. On examination, he was febrile at 40.4°C, and his labs showed lymphopenia, mild hypo-natremia, and elevated inflammatory markers. On the next day, his fever decreased, yet his electrocardiogram showed sinus tachycardia. His chest X-ray showed multi-focal peri-bronchial thickening, and displayed diffuse interstitial opacities with cardiomegaly on the next day. Trans-thoracic echocardiogram revealed a small peri-cardial effusion and preserved left ventricular systolic function. The patient also developed skin manifestations, including rash and erythema. He was treated with ceftriaxone, doxycycline, and IV immunoglobulin, and discharged after 11 days of hospitalization. His RT-PCR test for SARS-CoV-2 was inconclusive, and the antibody testing performed 83 days later showed no detectable SARS-CoV-2 immunoglobulin G. Despite the inconclusive RT-PCR, genomic sequencing of the patient's stored nasopharyngeal swab was consistent with the G clade of SARS-CoV-2, which was not identified in the U.S. until late February. The patient was probably among the earliest to be infected through community-acquired transmission by this lineage in the U.S. This case demonstrates early community transmission of SARS-CoV-2 from multiple sources, and highlights some of the deficiencies in the initial surveillance.	This is a case report of one of the earliest cases of MIS-C in the US, in February 2020. The subsequent genomic sequencing showed that the patient was among the earliest to be infected by the G clade of SARS-CoV-2 in the U.S.	Parsons E, Timlin M, Starr C, et al. MIS-C in February 2020 and Implications of Genomic Sequencing for SARS-CoV-2 [published online, 2020 Dec 18]. J Pediatric Infect Dis Soc. 2020. doi:10.1093/jpids/piaa167
Coronavirus disease 2019; pandemic; parental response; social	18-Dec-20	<a href="#">Exploring parental responses to social and safety needs of school-</a>	Journal of Human Behavior in the Social Environment	Article	An online survey was conducted in Nigeria of 5,340 parents [mean age 35.41 years] of primary-school-age children [ages not specified] to investigate parental response to school children's social and safety needs during the COVID-19 pandemic in Nigeria, using a self reported scale with a mid-cut off of 16.0. The mean score for social needs being met was 16.54	The authors conducted a study to investigate the level of parental response to school children's social and safety needs during the COVID-19	Akinsanya OO, Olaniyi OS, Oshinyadi PO. Exploring parental responses to social and safety needs of school-

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safety; health safety; school children; Nigeria		<a href="#">age children during COVID-19 pandemic in Ogun State, Nigeria</a>			(SD $\pm 4.739$ ) and the mean for safety needs being met was 15.84 (SD $\pm 5.064$ ). The sex of the parent influenced parents' ability to meet their children's social and safety needs, with mothers reporting higher mean scores for meeting social needs ( $p=0.027$ ) and fathers reporting higher mean scores for meeting safety needs ( $p=0.00$ ). Other parental factors such as age, income, and education level affect the parent's response to their children's social needs. Younger parents (<20 years) seem to have a better ability to meet their children's social needs with a mean score of $18.0 \pm 4.02$ , compared to only $13.97 \pm 5.06$ for >40 years old. Those with higher income levels and tertiary education also had a better ability to meet their children's social and safety needs. Parent's age also influenced safety with those <20 years reporting a mean of 17.50, 20-40 years $\bar{x}$ of only 15.29 (below the 16.0 cut off), and > 40 years with an $\bar{x}$ of 17.01. Once again, higher levels of income and education afforded higher levels of safety needs being met for their children. The authors stress that the COVID-19 pandemic has forced families to isolate, and children are receiving all of their social and safety support from their parents while some parents are less equipped to handle these changes than others.	disease pandemic in Ogun State, Nigeria.	age children during COVID-19 pandemic in ogun state, nigeria. J Hum Behav Soc Environ. 2020:1-16. doi: 10.1080/10911359.2020.1822250.
Pregnancy, birth outcomes, lockdown, Botswana	18-Dec-20	<a href="#">Modest reduction in adverse birth outcomes following the COVID-19 lockdown</a>	American Journal of Obstetrics and Gynecology	Original Research	This study evaluated the association between COVID-19 lockdown and adverse birth outcomes in Botswana. Data from a nationwide birth outcomes surveillance study was utilized. Using difference-in-differences analyses, the authors compared pre-lockdown (January 1-April 2, 2020) to lockdown periods (April 3-May 7, 2020) relative to the same two periods in 2017-2019, and additionally assessed the net change in each outcome from pre-lockdown (January 1-April 2) to post-lockdown periods (May 8-July 20) in 2020 relative to the same periods in 2017-2019. 68,448 women were included in the analysis. Across all time periods, the risk of any adverse outcome ranged from 27.92% -31.70% and the risk of any severe adverse outcome ranged from 8.40% -11.38%. Lockdown was associated with a 0.81% reduction (95% CI, -2.95%, 1.30%) in the risk of any adverse outcome (3% relative reduction (RR)) and a 0.02% reduction (95% CI, -0.79%, 0.75%) in the risk of any severe adverse outcome (0% RR). The post-lockdown period was associated with a 1.72% reduction (95% CI, -3.42%, -0.02%) in the risk of any adverse outcome (5% RR) and a 1.62% reduction (95% CI, -2.69%, -0.55%) in the risk of any severe adverse outcome (14% RR). The authors conclude that adverse birth outcomes decreased from the pre-lockdown to lockdown periods, and pre-lockdown to post-lockdown periods in 2020 in Botswana, relative to the change during the same periods in 2017-2019.	The authors evaluated the association between COVID-19 lockdown and the risk of adverse birth outcomes in Botswana, and found that adverse birth outcomes decreased from the pre-lockdown to post-lockdown periods in 2020, relative to the change during the same periods in 2017-2019.	Caniglia EC, Magosi LE, Zash R, et al. Modest reduction in adverse birth outcomes following the COVID-19 lockdown, American Journal of Obstetrics and Gynecology (2021), doi: <a href="https://doi.org/10.1016/j.ajog.2020.12.1198">https://doi.org/10.1016/j.ajog.2020.12.1198</a> .
anxiety; COVID-19; depression; knowledge; nursing; postpartum women; Turkey	18-Dec-20	<a href="#">Anxiety, depression, and knowledge level in postpartum women during the COVID-19 pandemic</a>	Perspectives in Psychiatric Care	Article	To determine the effect of the COVID-19 pandemic on anxiety, depression, and COVID-19 knowledge on postpartum women, the authors conducted a cross-sectional study from May-July 2020 of women who had given birth in a training and research hospital in Turkey after March 15, 2020. The mean age of women in the study was 29.49 years $\pm 5.01$ ; there was no statistical difference found between sociodemographic variables and depression status, except those employed had a higher rate of depression ( $p=0.001$ ). Other factors affecting depression were living with relatives who had	This cross-sectional descriptive survey conducted in Turkey examined the impact of the COVID-19 pandemic on postpartum depression, anxiety, and depression symptoms. Women who were working, and those with fears of becoming infected,	Guvenc G, Yesilcinar İ, Ozkececi F, et al. Anxiety, depression, and knowledge level in postpartum women during the COVID-19 pandemic [published online, 2020 Dec

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					tested positive for COVID-19 (p=0.002), and women who stated they were significantly affected by the pandemic had higher depression rates (p<0.001). There was no statistical significance between COVID-19 knowledge and depression, but fear of infecting the baby during breastfeeding (p=0.03), fear of being infected themselves (p=0.01), and fear of being in a high-risk group (p<0.001) all had statistical significance for depression. The authors found that 34% of postpartum women in the study were at risk for postpartum depression, with pre-pandemic rates of 19-25% in middle-income countries and 7-15% in developed countries. The authors state that due to increased stressors for women during the postpartum period and the COVID-19 pandemic, plans of care should include assessing for and treating symptoms of anxiety and depression.	infecting the baby during breastfeeding, and being in a high-risk group all had higher depression scores. The authors recommend the plan of care for pregnant women include assessment and treatment for these symptoms.	18]. <i>Perspect Psychiatr Care.</i> 2020;10.1111/ppc.12711. doi:10.1111/ppc.12711
MIS-C, children, SARS-CoV-2, peripheral B lymphocyte immunophenotype	17-Dec-20	<a href="#">Peculiar immunophenotypic signature in MIS-C-affected children</a>	Pediatric Allergy and Immunology	Letter to the Editor	This letter describes immunophenotype studies in COVID-19 and MIS-C patients in Italy. The authors performed peripheral B lymphocyte immunophenotype studies in 5 MIS-C patients positive for specific IgG against SARS-CoV-2 (80% male; mean age 8.3 years (range: 6-13 years)), and compared them with 8 children with COVID-19 (50% male; mean age 11 years (range: 0.3-14.4 years)) and 15 age-matched healthy donors (HD). B-cell subsets were divided into transitional B (TrB), naïve B, IgM memory B, switched memory B (SMB), and plasma-blast (PB) cells. The COVID-19 group had higher PB levels, compared to HD (P = 0.02) and MIS-C groups (P = 0.02). MIS-C patients had more circulating SMB (P = 0.03) and marginal zone B (MZB) (P = 0.04) cells than COVID-19 patients. While PB expansion seems to appear in all patients with SARS-CoV2 infection, it is delayed in the MIS-C group. The similarities in the B cell response between MIS-C and severe SARS-CoV-2 infection of adults support common pathogenesis. Further studies in bigger cohorts are needed to clarify whether the increased CD27+ B cells produce the auto-antibodies detected in MIS-C patients. Future studies will also need to investigate the potential utility of B immunophenotyping in differentiating MIS-C from other inflammatory conditions.	This letter describes peripheral B lymphocyte immunophenotype studies in 5 MIS-C patients and 8 children with COVID-19. MIS-C patients had more switched memory B and marginal zone B cells. PB expansion seems to appear in all patients with SARS-CoV2 infection, but is delayed in the MIS-C group.	Licciardi F, Baldini L, Denina M, et al. Peculiar immunophenotypic signature in MIS-C-affected children [published online, 2020 Dec 17]. <i>Pediatr Allergy Immunol.</i> doi:10.1111/pai.13434
Neurology, stroke, pediatrics, neonates	17-Dec-20	<a href="#">Pediatric Ischemic Stroke: An Infrequent Complication of SARS-CoV-2</a>	Annals of Neurology	Original Research	Through a survey of pediatric stroke experts across 61 international sites, this study aimed to determine whether COVID-19 is a risk factor for pediatric stroke. Participating institutions utilized internal SARS-CoV-2 and stroke tracking systems to obtain case numbers. Survey questions included: numbers of hospitalized pediatric (0-18 years of age) patients with SARS-CoV-2; numbers of incident neonatal and childhood ischemic strokes; frequency of SARS-CoV-2 testing for pediatric patients with stroke; and numbers of stroke cases positive for SARS-CoV-2 from March 1- May 31, 2020. The sites reported that 8/971 (0.82%) pediatric patients with SARS-CoV-2 had ischemic strokes. Proportions of stroke cases positive for SARS-CoV-2 from March- May 2020 were: 1/108 with neonatal acute ischemic stroke (AIS; 0.9%), 0/33 with neonatal cerebral sinovenous thrombosis (CSVT; 0%), 6/166 with childhood AIS (3.6%), and 1 of 54 with childhood CSVT (1.9%), which was not increased from prior to the pandemic. 7/8 patients with SARS-CoV-2 and stroke had additional established stroke risk factors. However, only 30.5% of neonates and 60% of children with strokes	In this international study, the authors surveyed 61 sites to determine whether COVID-19 was a risk factor for pediatric stroke. Although the results did not demonstrate an increase in pediatric ischemic strokes during the pandemic, many children with a stroke were not tested for SARS-CoV-2. The authors conclude that to understand the role of SARS-CoV-2 in pediatric stroke better, SARS-CoV-2 testing should be considered in pediatric patients with stroke.	Beslow LA, Linds AB, Fox CK, et al. Pediatric Ischemic Stroke: An Infrequent Complication of SARS-CoV-2. <i>Ann Neurol.</i> 2020; doi:10.1002/ana.25991

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					were tested for SARS-CoV-2. The authors conclude that to understand the role of SARS-CoV-2 in pediatric stroke better, SARS-CoV-2 testing should be considered in pediatric patients with stroke as the pandemic continues.		
Pediatrics, cardiology, infant, Epstein anomaly, critical care	17-Dec-20	<a href="#">Covid-19 in an infant with systemic to pulmonary artery shunt dependent functionally univentricular physiology</a>	Cardiology in the Young	Case Report	In this article, the authors report a case of 2-month old girl with a functionally univentricular heart and parallel circulation who presented with COVID-19 and subsequently developed acute respiratory distress syndrome. She had a history of Ebstein anomaly with pulmonary atresia and presented with 24-hour history of hypoxemia and irritability in Chicago, USA. She was initially born full-term and had undergone Starnes procedure with Blalock-Taussig shunt placement (not deemed appropriate for biventricular repair). Upon arrival, the child was non-toxic appearing but saturating in the mid 80's with nasal cannula oxygen and would desaturate to the 60's when taken off supplemental oxygen. She had a known contact with COVID-19. Rapid testing for SARS-CoV-2 was initially negative. The patient was intubated for cardiac catheterization to investigate shunt obstruction and had profound oxygen desaturation when extubated, requiring re-intubation and ICU admission. On the 5th day, a chest radiograph demonstrated ground glass opacities in the right upper and left lower lobes. A repeat SARS-CoV-2 test was obtained and positive. The child was started on remdesivir for 10 days and solumedrol for 3 days. She was able to be extubated on day 10 and ultimately discharged home after a Glenn procedure with home oxygen and sildenafil.	The authors report the case of an infant with functionally univentricular heart disease and parallel circulation who was diagnosed with COVID-19 after presenting with hypoxemia. The child required intubation and mechanical ventilation due to acute respiratory distress syndrome. She was ultimately discharged home after a Glenn procedure.	Loomba RS, Lee B, Phillips M, Vricella L, Wong J. Covid-19 in an infant with systemic to pulmonary artery shunt dependent functionally univentricular physiology. <i>Cardiol Young</i> . 2020;1-14. doi:10.1017/S1047951120004837
Pediatrics, cardiology, myocarditis, coronary aneurysms, macrophage activation syndrome	17-Dec-20	<a href="#">Myocarditis and coronary aneurysms in a child with acute respiratory syndrome coronavirus 2</a>	ESC Heart Failure	Case Report	In this case report, a previously healthy 6-year-old boy was hospitalized for persistent fever in Italy [date not provided]. On admission, he was febrile with normal oxygen saturation. Initial SARS-CoV-2 testing was negative. Blood tests showed increased C-reactive protein and procalcitonin with hyponatremia, and he was started on empiric antibiotics. 5 days after the onset of fever, his condition worsened with shock, tachypnea, oxygen desaturation, fever persistence, and hepatosplenomegaly. Laboratory tests were suggestive of macrophage activation syndrome (MAS): pancytopenia, hypertriglyceridemia, hyper-ferritinemia, hypocalcemia, and increased aspartate aminotransferase, alanine aminotransferase, interleukin 6, D-dimer, C-reactive protein, procalcitonin, and cardiac biomarkers. Repeat nasopharyngeal swab for SARS-CoV-2 resulted positive along with testing for parvovirus B19 (coinfection). Chest CT showed bilateral consolidations and pleural effusion, and electrocardiogram showed low voltage in the limb leads and minimal ST-segment depression with T-wave inversion in the anterior leads. Echocardiogram demonstrated impaired left ventricular systolic function and multiple coronary aneurysms. Non-invasive ventilatory support and inotropic therapy were started. The patient also received IV immunoglobulins, aspirin, diuretics, dexamethasone, hydroxychloroquine, and prophylactic low molecular weight heparin. The patient rapidly recovered with normalization of laboratory and imaging findings. He was ultimately discharged home on aspirin, and cardiac MRI after the hospitalization showed mild myocardial interstitial edema.	In this case report, the authors present a previously healthy 6-year-old boy in Italy with multi-viral infection including parvovirus B19 and SARS-CoV-2. He was admitted for persistent fever associated with respiratory distress and myocarditis, and his course was complicated by cardiogenic shock requiring ventilatory and inotropic support. He rapidly recovered after treatment with IV immunoglobulins, aspirin, diuretics, dexamethasone, hydroxychloroquine, and prophylactic low molecular weight heparin.	Ciuca C, Fabi M, Di Luca D, et al. Myocarditis and coronary aneurysms in a child with acute respiratory syndrome coronavirus 2. <i>ESC Heart Fail</i> . 2021;8(1):761-765. doi:10.1002/ehf2.13048

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
distress, stress, anxiety, pregnancy, post-partum, COVID-19, mental health	17-Dec-20	<a href="#">Stress and Anxiety Levels in Pregnant and Post-Partum Women during the COVID-19 Pandemic</a>	International Journal of Environmental Research and Public Health	Original Research	This study analyzed stress and anxiety in pregnant and post-partum women during the COVID-19 pandemic in Poland, and explored social and medical factors contributing to stress and anxiety. 210 women (mean age = 31, range = 19-45 years) were enrolled in the study from April 7-May 24, 2020. 21.9% of women were post-partum, and 51.0% were in the third trimester. 2 test-tools were applied: State-Trait Anxiety Inventory (STAI) and Perceived Stress Scale (PSS-10). The median score of 43 points on the STAI-trait subscale suggested moderate anxiety proneness among the study group. The mean score of 45 points on the STAI-state subscale indicated high levels of anxiety. The PSS-10 test indicated women perceived a moderate level of stress in the past month, with a median score of 18. History of mental treatment was correlated with high anxiety in STAI-trait (p=0.0001) and with high stress in the PSS-10 scale (p=0.0062). Moreover, anxiety levels in pregnancy measured by the STAI-state subscale were higher in single women and in those in informal relationships, compared to married controls (p=0.02). Lower gestational age was correlated with higher trait anxiety levels based on STAI-state (p=0.0299). Levels of stress and anxiety in pregnant and post-partum women during the COVID-19 pandemic are moderate to high. The paper finds that anxiety and distress during the pandemic tend to be higher in women with psychiatric treatment history, those in the first trimester of pregnancy, and the ones that are single or in an informal relationship.	The aim of this study was to analyze stress and anxiety in pregnant and post-partum women during the COVID-19 pandemic in Poland, as well as to indicate social and medical factors that could contribute to stress and anxiety. The paper finds that anxiety and distress during the pandemic tend to be higher in women with psychiatric treatment history, those in the first trimester of pregnancy, and the ones that are single or in an informal relationship.	Stepowicz A, Wencka B, Bieńkiewicz J, et al. Stress and Anxiety Levels in Pregnant and Post-Partum Women during the COVID-19 Pandemic. Int J Environ Res Public Health. 2020;17(24):9450. doi:10.3390/ijerph17249450
COVID-19; Israel; self-mastery; parental distress; attachment orientations	17-Dec-20	<a href="#">Distress and apprehension among new parents during the COVID-19 pandemic: The contribution of personal resources</a>	American Journal of Orthopsychiatry	Original Research	This cross-sectional study examined how the COVID-19 pandemic impacted parents in Israel with a first child between 3-12 months old (mean age = 7.4 months, sd = 2.61). A convenience sample of 606 parents answered an electronic questionnaire between April 8-13, 2020. Attachment anxiety and avoidance, as well as lower self-mastery was associated with both distress and apprehension surrounding raising an infant during the COVID-19 pandemic (p<0.001). Poor physical health (p=0.000) was associated with higher levels of distress. High anxiety over COVID-19 positively correlated with higher levels of apprehension (p=0.006), but had no impact on distress (p=0.228). Gender had no effect on parents' pandemic-related apprehension or distress. The authors state that their findings will be helpful to develop interventions for individuals transitioning into parenthood during a health crisis.	This cross-sectional study found that health, self-mastery, and attachment anxiety and avoidance all affected how new parents in Israel anticipated raising a child during the COVID-19 pandemic.	Taubman-Ben-Ari O, Ben-Yaakov O. Distress and apprehension among new parents during the COVID-19 pandemic: The contribution of personal resources. Am J Orthopsychiatry. 2020;90(6):810-816. doi: 10.1037/ort0000497. PMID: 33332140.
COVID-19, nerve palsy, child	17-Dec-20	<a href="#">Neurological Manifestations of COVID-19 in Children: A Case of Facial Nerve Palsy</a>	Pediatric Neurology	Correspondence	This correspondence reports on a 15-month-old female patient presenting with right peripheral facial nerve palsy [date not stated]. PCR tests for SARS-CoV-2 were negative, but antibody tests were positive for IgG, suggesting a possible previous infection. The family reported mild respiratory symptoms, fever, anosmia, and ageusia that recovered spontaneously in March 2020. Serology tests for common infectious etiologies that may also result in facial nerve palsy were negative. MRI results indicated enhancement of the intra-auricular tract of the right facial nerve. A single course of prednisone achieved clinical resolution of the peripheral nerve palsy. The authors propose that facial nerve palsy could be an immune-mediated neurological complication of COVID-19, and	This article highlights a 15-month-old presenting with right peripheral facial nerve palsy, suspected in connection with a SARS-CoV-2 infection. The authors urge SARS-CoV-2 testing for patients with these presentations, as there may be neurological complications of COVID-19.	Decio A, Mazza A, Quadri V, et al. Neurological Manifestations of COVID-19 in Children: A Case of Facial Nerve Palsy. Pediatr Neurol. 2020 Dec 17;116:59. doi: 10.1016/j.pediatrneurol.2020.12.006.

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					highlight the need for SARS-CoV-2 swab testing for patients presenting with neurological symptoms.		
COVID-19; pediatric; myocarditis; MIS-C	17-Dec-20	<a href="#">Variable Presentation of COVID-19 in Pediatric Patients</a>	The Pediatric Infectious Disease Journal	Case Series	The authors present 5 cases of COVID-19 in pediatric patients from a US Children's Hospital with cardiac involvement and meeting criteria for MIS-C [dates unknown]. The authors describe all 5 cases, divided into 2 subsets; 3 were of the acute infectious myocarditis type and 2 of the subacute postinfectious myocarditis type. The 3 cases of acute infectious myocarditis were in 2 obese teenage males (17 and 18 years) and one 8-year-old normal weight male. All 3 patients had myocardial damage as evidenced by elevated inflammatory markers, troponin, and b-type natriuretic peptide (BNP) levels; the 2 teens had abnormal echocardiograms. These 3 patients presented with headaches, myalgias, malaise, and fever. The other 2 boys, ages 5 and 6-years-old presented with subacute postinfectious myocarditis with negative PCR tests and positive IgG SARS-CoV-2. Their presentation was of abdominal pain, nausea, vomiting, and fever. The 6-year-old had elevated inflammatory markers, troponin, and BNP on admission, with no mention of any echocardiogram changes. The 5-year-old only had elevated inflammatory markers on admission (and a normal echocardiogram), but within 2 days of hospitalization, he also had elevated troponin and BNP levels. The authors propose that there may be 2 subsets of MIS-C, with one occurring in the acute infectious stage presenting with headaches, myalgias, and malaise, and the other in the subacute postinfectious stage with negative PCRs and gastro-intestinal symptoms and fever.	The authors present 5 pediatric cases of COVID-19 and MIS-C with cardiac involvement in the US. The authors propose that there may be 2 subsets of MIS-C, with one occurring in the acute infectious stage presenting with headaches, myalgias, and malaise, and the other in the subacute postinfectious stage with negative PCRs and gastro-intestinal symptoms and fever.	Crawford RL, Bolin EH, Prophan P, Renno MS, Knecht KR. Variable Presentation of COVID-19 in Pediatric Patients. <i>Pediatr Infect Dis J.</i> 2021;40(2):e88-e90. doi:10.1097/INF.0000000000002974
COVID-19; substance P; neurotransmitters; SARS-CoV-2; pediatric	17-Dec-20	<a href="#">Neuropathological explanation of minimal COVID-19 infection rate in newborns, infants and children - A mystery so far. New insight into the role of Substance P</a>	Journal of the Neurological Sciences	Short Communication	In this article, the authors propose a neuropathological mechanism linked to COVID-19 severity, and its protective effect on children, suggesting altered substance P (SP) levels. SP acts as a neuro-modulator and neurotransmitter in the central and peripheral nervous systems, binding to neurokinin-1 to form the SP/NK1R complex. SP release from the tri-geminal nucleus controls the respiratory rhythm, with increased SP levels causing respiratory illnesses such as asthma and lung inflammation, similar to symptoms seen in COVID-19. The authors discuss the distribution of SP/NK1R complex in the cardiovascular system and increased SP levels in the role of cardiac system malfunctioning, seen in COVID-19 patients, as well as oro-facial symptoms associated with altered SP levels. They suggest that high SP levels in newborns and children are protective against SARS-CoV-2 infection, whereas in adults, high SP levels may be dangerous. Thus, they suggest that the increase in SP through nociception and increased response to viral infection can cause cytokine storm and organ failure in critical cases of COVID-19. They propose that aprepitant, a neurokinin receptor antagonist, could be a promising therapeutic for COVID-19 patients, particularly to prevent fatal consequences.	In this article, the authors identify the possible role of substance P and associated receptors in the severity of COVID-19 in adults, while having a protective role in children. Children naturally have higher levels of the neuro-transmitters and thus are protected against the SP surge caused by viral infections. Adults, alternatively, have naturally lower SP levels, and thus, altered SP levels can have more severe consequences for them. Hence, the authors discuss neurokinin receptor antagonists as a promising therapeutic in cases of severe COVID-19 in adults.	Mehboob R, Lavezzi AM. Neuropathological explanation of minimal COVID-19 infection rate in newborns, infants and children - a mystery so far. New insight into the role of Substance P. <i>J Neurol Sci.</i> 2020 Dec 17;420:117276. doi: 10.1016/j.jns.2020.117276. Epub ahead of print. PMID: 33360484.
COVID-19; anxiety; depression; meta-analysis;	17-Dec-20	<a href="#">A systematic review involving 11,187 participants</a>	Journal of Psychosomatic Obstetrics & Gynecology	Systematic review	This systematic review and meta-analysis aimed to assess the prevalence of anxiety and depression in pregnant and postpartum women during the COVID-19 pandemic. Studies published in English and Chinese from December 2019-July 2020 were reviewed, by searching MEDLINE, EMBASE,	In this systematic review and meta-analysis, the authors report on the prevalence of anxiety and depression amongst	Sun F, Zhu J, Tao H, et al. A systematic review involving 11,187 participants evaluating

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pregnancy and delivery		<a href="#">evaluating the impact of COVID-19 on anxiety and depression in pregnant women [Free Access to Abstract Only]</a>			and Cochrane Library in English and CBM, CNKI, WANFANG and CSCI in Chinese. 15 studies with a total of 11,187 study participants were identified. [Demographic information including age and gestational age not included.] Across the studies, rates of depression and anxiety ranged from 11% to 65% and 18% to 56%, respectively. Results from the meta-analysis report the prevalence of anxiety was 34% (95% CI: 26-43) and prevalence of both anxiety and depression was 18% (95% CI: 9-29). The prevalence of anxiety (OR=2.15, 95% CI: 1.39–3.31) and depression (OR= 1.95, 95% CI: 1.07–3.56) was higher than that of controls [prior to the COVID-19 pandemic or from a city other than Wuhan, depending on the study]. The authors report significant heterogeneity across the studies and ask readers to interpret prevalence results with caution. [No comments included on results that may differ between pregnant and postpartum women]. The authors conclude that going forward, it is vital to set up a comprehensive crisis prevention system, with integrated epidemiological monitoring, screening, and psychological crisis prevention and interventions.	pregnant and postpartum women during the COVID-19 pandemic. They also compare risk of mental health outcomes compared to control groups and find an increase in anxiety and depression during the COVID-19 pandemic.	the impact of COVID-19 on anxiety and depression in pregnant women. Journal of Psychosomatic Obstetrics and Gynaecology. 2020. doi:10.1080/0167482X.2020.1857360
pregnancy; mortality; Mexico; COVID-19; severity	17-Dec-20	<a href="#">Young pregnant women are also at an increased risk of mortality and severe illness due to COVID-19: Analysis of the Mexican National Surveillance Program</a>	American Journal of Obstetrics and Gynecology	Original research	The authors aimed to understand whether pregnant women are at increased risk of death or severe illness due to COVID-19 as compared to non-pregnant women, and whether that risk varies by age. Data were obtained from the epidemiological surveillance system of viral respiratory diseases of Mexico, which includes 475 monitoring hospitals. The authors included 7,028 pregnant and 255,721 non-pregnant women aged 15–45 years, diagnosed with COVID-19 from February 1- October 27, 2020. [Mean age not provided, information on diagnoses not provided.] The authors reported the risk of death and pneumonia increased with age for both pregnant and non-pregnant women. With the exception of risk for death among women aged 15-20 years, pregnant women with COVID-19 consistently had a higher risk of death and pneumonia as compared to similarly aged, non-pregnant women with COVID-19 (adjusted relative risk [RR] death= 1.68, 95% CI: 1.36-2.08; adjusted RR pneumonia= 1.97, 95% CI: 1.82-2.13). The authors express concern that this increased risk holds true for all ages >20 years. The authors conclude that pregnancy puts a woman at higher risk for COVID-19-related death and pneumonia.	This brief article reports on risk of COVID-19-related death and pneumonia associated with age, comparing pregnant and non-pregnant women using surveillance data in Mexico. The authors report that pregnant women are largely at increased risk for COVID-19-related death and pneumonia compared to non-pregnant women of similar ages.	Martinez Portilla RJ, Smith ER, et al. Young pregnant women are also at an increased risk of mortality and severe illness due to COVID-19: Analysis of the Mexican National Surveillance Program. American Journal of Obstetrics and Gynecology. 2021. doi:10.1016/j.ajog.2020.12.1197.
India; gender differences; SARS-CoV-2; key prevention behaviors; COVID-19 symptoms; knowledge; depression symptoms; lockdown	17-Dec-20	<a href="#">Gender specific differences in COVID-19 knowledge, behavior and health effects among adolescents and young adults in Uttar Pradesh and Bihar, India</a>	PLOS One	Research article	The authors conducted a mobile phone-based survey from April 3-22, 2020, in Uttar Pradesh and Bihar, India, to highlight gender-specific variations among adolescents and young adults in SARS-CoV-2 knowledge, preventive behaviors, and the presence of depression symptoms during the lockdown. The telephone survey was conducted from an existing cohort study of adolescents and young adults in India who had been 15-19 years old in 2015-2016; 1,666 participants were included, currently aged 18-24 years [mean age not reported]. Those willing to respond to the survey had higher educational attainments, were more urban, and had higher household wealth than others in the baseline cohort. When compared to men, women were 6.9% (coefficient= -0.069; 95% CI -0.122, -0.021, p<0.01) less likely to know the main symptoms of SARS-CoV-2. Factors such as higher educational levels, caste, and residing in households with essential amenities were all factors associated with increased knowledge for women	The authors conducted a phone survey of adolescents and young adults in India to determine gender-specific differences in SARS-CoV-2 knowledge, preventive behaviors, and the presence of depression symptoms during lockdown. Women were less likely to be informed of SARS-CoV-2 symptoms, less likely to practice prevention behaviors, and more likely to be experiencing depressive	Pinchoff J, Santhya KG, White C, Rampal S, Acharya R, Ngo TD. Gender specific differences in COVID-19 knowledge, behavior and health effects among adolescents and young adults in Uttar Pradesh and Bihar, India. <i>PLoS One</i> . 2020;15(12):e0244053. Published 2020 Dec 17.

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					of SARS-CoV-2 symptoms. Women were also 22% less likely to use prevention behaviors associated with SARS-CoV-2 (coeff.=0.221; 95% CI -0.263, -0.180). Women were also 5% more likely to report depressive symptoms than men (coeff.=0.052, 95% CI -0.001, and 0.104) [there are multiple discrepancies in data from the abstract, article, and Tables 2-4). Women who reported violence in the home in the previous 15 days were 30% more likely to be experiencing depression (coeff=0.304, 95% CI 0.133, 0.475). Of women who sought health services in the previous week, 51% could not access nutritional services, 37% could not access immunization services, and 21% could not access family planning services. This study can inform the development of programs and educational campaigns aimed at adolescents and young women.	symptoms. This study can inform the development of programs and educational campaigns aimed at adolescents and young women during the COVID-19 pandemic.	doi:10.1371/journal.pone.0244053
COVID-19; mortality; morbidity; U.S. rates	17-Dec-20	<a href="#">Deaths from COVID-19</a>	Journal of the American Medical Association (JAMA)	Viewpoint	The authors present their viewpoint on an analysis by Woolf et al. (2020) shown in the Journal of the American Medical Association's same issue on the numbers of COVID-19 deaths in the U.S. and their overall perspective of the mortality and morbidity from SARS-CoV-2. The analysis by Woolf et al. compared U.S. mortality from COVID-19 (from March-October, 2020) to leading causes of death 2 years prior (March-October, 2018). COVID-19 has been a leading cause of death at certain times during the pandemic and was the 3rd leading cause of death for children and adults (697.5 deaths/million). However, COVID-19 has not been a leading cause of death for younger age groups [no specific ages defined]. The death rates continue to rise and will surpass the spring rates when COVID-19 had been the leading cause of death nationally. Although the U.S. has 4% of the globe's population, it also represents 19% of the total COVID-19 deaths. COVID-19 deaths are lowest in the youngest people, and Woolf et al. found that drug overdoses, motor vehicle fatalities, and suicides exceeded deaths from COVID-19 for those younger than 35 years. The American Academy of Pediatrics and the Children's Hospital Association note that as of Dec. 3, 2020, 154 children have died of the 1.4 million diagnosed with COVID-19. Children can still serve as a vector for transmission, but school transmission rates have not been as high as initially feared, and the CDC recommends schools to be the last to close and the first to re-open.	The authors present their viewpoint on an analysis by Woolf et al. (2020) of COVID-19 mortality from March-October, 2020, compared to U.S. mortality from March-October, 2018. COVID-19 has been the leading cause of death at various times during the pandemic, but not for the younger population. The CDC has recommended that schools be the last to close and the first to reopen due to lower transmission rates than initially expected.	Koh HK, Geller AC, VanderWeele TJ. Deaths From COVID-19. <i>JAMA</i> . Published online December 17, 2020. doi:10.1001/jama.2020.25381
COVID-19; SARS-CoV-2; Vaccine	17-Dec-20	<a href="#">Enrolling Minors in COVID-19 Vaccine Trials</a>	Pediatrics	Review	Given the current lack of vaccine trials on younger children, the authors make recommendations for the timing and methods of enrolling minors in COVID-19 vaccine trials. They suggest enrolling minors after the demonstration of the safety and efficacy of the vaccine in adults, thus protecting minors from unnecessary risk. They also propose expedited enrollment of patients in vaccine trials after safety is demonstrated but before efficacy is established, starting with minors most similar to the adult trial participants, i.e., older adolescents. Enrollment should commence with a smaller number of adolescents, expanding to younger adolescents when efficacy is established. Additionally, after safety is determined, the authors recommend additional criteria to prioritize minors for testing, including evidence of efficacy/likelihood of early licensure, public health considerations, and ease of administration. They also suggest IRB approval of trials in minors, a key step for which would be the demonstration of	In this article, the authors make recommendations on the enrollment of minors in COVID-19 vaccine trials, including expedited recruitment after safety data is available, and starting with older adolescents most similar to adult trial participants. They also highly recommend fostering community partnerships to ensure geographic and demographic representation, as well as addressing community	Mintz K, Jardas E, Shah S, et al. Enrolling Minors in COVID-19 Vaccine Trials. <i>Pediatrics</i> . 2020 Dec 17:e2020040717. doi: 10.1542/peds.2020-040717. Epub ahead of print. PMID: 33334920.

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					vaccine safety in adults. They additionally suggest fostering community partnerships to ensure representation of geographic and demographic diversity, as well as to address community concerns, ensure a fair selection of participants, and facilitate public trust in the research process. The authors further recommend post-marketing surveillance and established plans, should adverse events occur. Thus, the authors advise a systematic approach to pediatric enrollment in vaccine trials, to ensure a timely process of providing a safe and efficacious vaccine to the pediatric population.	concerns and increasing public trust in the research process.	
COVID-19; children; stressors; coping; parent resilience; Spain	16-Dec-20	<a href="#">Children Coping, Contextual Risk and Their Interplay During the COVID-19 Pandemic: A Spanish Case</a>	Frontiers in Psychology	Original Research	The authors examined the effects of child coping and its interactions with contextual stressors (COVID-19 pandemic and family-related) on child adjustment in Spain. Data were collected in April 2020, through parent reports, during the acute phase of the pandemic and coinciding with the mandatory national quarantine period. A sample of 1123 Spanish children aged 3-12 years (mean age=7.26 ± 2.39 years; 50% female) participated in the study. Results showed differences in specific strategies used by children aged 3-6 years, 7-9 years, and 10-12 years. 3-6-year-olds predominantly used strategies for negative emotion regulation such as “yelling or getting angry” compared to older children (p=0.000). 7-9-year-olds displayed more engaged-oriented strategies such as “trying to do specific actions to solve the current crisis” (problem solving) (p=0.003), “trying to understand how things like this happen” (seeking understanding) (p=0.019), or “seeking help to try to improve the situation” (instrumental social support) (p=0.005). Child disengagement coping was associated with negative outcomes (i.e., higher levels of behavioral and emotional difficulties), whereas engagement coping predicted psychosocial adjustment across all age groups (p<0.001). Higher levels of parent-perceived fear of the future predicted higher levels of child behavioral (β=0.13, p<0.04) and emotional (β=0.14, p<0.03) problems when children displayed disengagement coping, and higher levels of child social-oriented reflection (β=0.17, p<0.03) when the coping style was engaged-oriented. These findings have implications for identifying individual and contextual risk and informing potential preventive interventions to reduce the impact of future pandemics on children of different ages.	The authors examined the effects of child coping and its interactions with contextual stressors (COVID-19 pandemic and family-related) on child adjustment in Spain. Younger children displayed more strategies for negative emotion regulation, while older children displayed more engaged-oriented strategies. Parent-perceived fear of the future, paired with either child disengagement or engagement coping strategies, tended to predict negative or positive consequences, respectively.	Domínguez-Álvarez B, López-Romero L, Isdahl-Troye A, et al. Children Coping, Contextual Risk and Their Interplay During the COVID-19 Pandemic: A Spanish Case. <i>Front Psychol.</i> 2020;11:577763. doi:10.3389/fpsyg.2020.577763.
public health intervention; social distancing; respiratory tract infection; COVID-19	16-Dec-20	<a href="#">Public Health Interventions for the COVID-19 Pandemic Reduce Respiratory Tract Infection-Related Visits at Pediatric Emergency Departments in Taiwan</a>	Frontiers in Public Health	Original Research	The authors analyzed the effect of public health interventions (social distancing, mask-wearing, and hand-washing) on respiratory tract infection (RTI)-related visits to pediatric emergency departments (ED) during the COVID-19 pandemic in Taiwan. Pediatric ED visits between January 1 and April 30, 2020, were compared to the same period from 2017-2019. The datasets were retrieved from Taiwan National Infectious Disease Statistics System and Kaohsiung Chang Gung Memorial Hospital. Respiratory tract infections with other diagnoses categories, including fever, asthma, and urinary tract infections, were included for subgroup analysis. Pediatric RTI-related visits to the ED dropped by approximately 50%, from 49.9 to 25.7 per 10,000 people, since the 2nd week in February 2020, compared to the average visits from 2017-2019. The proportion of RTIs in Kaohsiung Chang Gung Hospital was significantly lower in 2020 during March (43.4 vs. 37.4%,	The authors analyzed the effect of public health interventions (social distancing, mask-wearing, and hand-washing) on respiratory tract infection (RTI)-related visits to pediatric emergency departments (ED) during the COVID-19 pandemic in Taiwan. A significant decrease of approximately 50% in RTI-related visits was found from February to April 2020 compared to the same period in	Lin CF, Huang YH, Cheng CY, Wu KH, Tang KS, Chiu IM. Public Health Interventions for the COVID-19 Pandemic Reduce Respiratory Tract Infection-Related Visits at Pediatric Emergency Departments in Taiwan. <i>Front Public Health.</i> 2020;8:604089. Published 2020 Dec 16.

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					p=0.024) and April (40.1 vs. 32.2%, p<0.001) compared to the 3 previous years. On the other hand, the proportion of urinary tract infections was significantly higher in 2020 during March (3.7 vs. 5.2%, p = 0.033) and April (3.9 vs. 6.5%, p < 0.001), and that of asthma was also higher in April (1.6 vs. 2.6%, p = 0.025) compared to the previous 3 years. The ICU admission rate was relatively higher in 2020 from February, with significant differences noted in March (1.3 vs. 2.8%, p<0.001). The authors suggest that due to public health interventions for the COVID-19 pandemic, the transmission of not only COVID-19 but also other air droplet transmitted diseases and RTIs in children may have been prevented.	2017-2019. These findings suggest that public health interventions undertaken in the pandemic may have prevented the transmission of air droplet transmitted diseases and RTIs in children.	doi:10.3389/fpubh.2020.604089
COVID-19; neurodevelopment follow-up; infant; home video; India	16-Dec-20	<a href="#">Home-Videos for Neurodevelopmental Follow-Up of High-Risk Infants during COVID-19 Pandemic: A Simple and Inexpensive Tool</a>	Journal of Tropical Pediatrics	Article	The authors discussed the use of home-videos for neurodevelopmental follow-up of high-risk infants in India during the COVID-19 pandemic. In a study assessing the utility of general movement assessment (GMA) in predicting adverse neurodevelopmental outcomes in children with hyperbilirubinemia, telephonic follow-up along with the evaluation of home-videos were conducted during the pandemic from April to mid-June 2020. Families of 11 infants aged 50-56 weeks were asked to provide brief videos (around 2 min duration) in a well-lit room with the baby being awake with active movements (not crying), lying supine with a small cotton-nappy and/or short-sleeved light clothing. Patient videos were shared with investigators via WhatsApp (an end-to-end encrypted application), were reviewed subsequently, and if they were deemed inappropriate, parents were counseled and asked to make videos again. Some families belonged to poor socio-economic status with low literacy and hence had difficulties in following instructions. Caregivers of 7 infants could send good quality home-videos in one go, 3 in two attempts and 1 after four attempts. Thus, GMA using home-videos can prove to be a feasible tool for trained medical professionals and can be utilized in low- and middle-income countries.	The authors discussed the use of home-videos for neurodevelopmental follow-up of high-risk infants in India during the COVID-19 pandemic. GMA using home-videos can prove to be a feasible tool for trained medical professionals and can be utilized in low- and middle-income countries.	Saini L, Madaan P, Bhagwat C, et al. Home-Videos for Neurodevelopmental Follow-Up of High-Risk Infants during COVID-19 Pandemic: A Simple and Inexpensive Tool. J Trop Pediatr. 2021;67(1):fmaa088. doi:10.1093/tropej/fmaa088.
Children, neurology, lockdown, access, telemedicine	16-Dec-20	<a href="#">Impact of COVID-19 lockdown in children with neurological disorders in Italy</a>	Disability and Health Journal	Original Research	This study investigated the effects of COVID-19 lockdown on the health of 514 children (mean age 8.8 years, range not provided) with neurological disorders in Milan, Italy, and their access to care during lockdown. Physicians conducted phone interviews with caregivers from May 7-22, 2020. Most children had epilepsy (61.7%). 49.1% of children experienced at least one viral symptom during the study period, but no child developed severe complications, and none had a confirmed diagnosis of COVID-19. The prevalence of viral symptoms was significantly lower during lockdown than during the previous two months (standardized mean differences (SSMD) = 0.718, medium effect size). Children who regularly left the home during lockdown were at greater risk of exhibiting symptoms (OR = 3.63; 95% CI 1.52-8.67). During lockdown, 348 (67.7%) children had a specialist appointment and 60 (11.7%) a scheduled hospital admission cancelled. The underlying neurological condition worsened in 11.5% of the patients. Of the 297 patients who usually receive rehabilitation treatment, 269 (90.6%) had face-to-face sessions cancelled during the lockdown period; however, 147 (49.5%) were able to continue their rehabilitation remotely. The authors conclude that lockdown seemed to protect children from	The authors assessed the effects of COVID-19 lockdown on the health of 514 children with neurological disorders in Milan, Italy. 11.5% had worsening of neurologic symptoms during lockdown, however viral symptoms were significantly lower during lockdown compared to the two months prior. 49.5% of children were able to continue rehabilitation remotely. The authors conclude that lockdown seemed to protect children from infections, and telemedicine was a valid alternative but not a permanent solution for their care.	Bova SM, Basso M, Bianchi MF, et al. Impact of COVID-19 lockdown in children with neurological disorders in Italy. Disabil Health J. 2020; doi:10.1016/j.dhjo.2020.101053

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					infections, and telemedicine constituted a valid alternative for their care and treatment but not a permanent solution.		
Children, pediatrics, disease severity, MIS-C	16-Dec-20	<a href="#">A Comprehensive Clinical Description of Pediatric SARS-CoV-2 Infection in Western Pennsylvania</a>	medRxiv	Preprint (not peer-reviewed)	This registry-based retrospective study characterized the COVID-19 presentation, course of illness, and short-term outcomes for children in Western Pennsylvania, USA from March 11-August 20, 2020. They included 424 cases of confirmed SARS-CoV-2 with mean age 12.5 years (range 7 weeks-21.9 years). All but 3 cases in the cohort presented with acute disease (99.3%), while remaining cases presented with MIS-C (0.7%). 37% of cases reported a preexisting condition; the most common was asthma (10.6%) followed by neurologic conditions (3.8%). For most cases, initial contact with a healthcare provider was either through telehealth visit (45.0%) or phone call to their PCP (26.2%). Most children had at least one known exposure to another person with COVID-19 (65.3%), most commonly a family member. The most common symptoms were fever (42.5%) and cough (37.0%). 22 patients (4.5%) were hospitalized. Admitted patients were younger ( $p < 0.001$ ) and more likely to have pre-existing conditions ( $p < 0.001$ ). Black/Hispanic patients were 5.8 times more likely to be hospitalized than white patients ( $p = 0.012$ ). 5 patients (1.2%) were admitted to the pediatric ICU; 1 required mechanical ventilation. All patients survived. The authors conclude that in this cohort, COVID-19 was generally a mild disease; however, ~5% of children were hospitalized, and several were critically ill.	This study characterized the COVID-19 presentation, course of illness, and short-term outcomes for children in Western Pennsylvania, USA. COVID-19 was generally a mild disease; however, ~5% of children were hospitalized, and several were critically ill. All 424 patients survived.	Freeman MC, Gaietto K, DiCicco LA, et al. A Comprehensive Clinical Description of Pediatric SARS-CoV-2 Infection in Western Pennsylvania. Preprint. medRxiv. 2020;2020.12.14.20248192. Published 2020 Dec 16. doi:10.1101/2020.12.14.20248192
COVID-19; psychiatric; mental health; somatic problems; pediatric	16-Dec-20	<a href="#">Mental and social health of children and adolescents with pre-existing mental or somatic problems during the COVID-19 pandemic lockdown</a>	medRxiv	Preprint (not peer-reviewed)	The COVID-19 lockdown has been known to increase psychological problems in children and adolescents. This study investigated the mental and social health in children and adolescents in the Netherlands with pre-existing mental/somatic problems during the first COVID-19 lockdown (April-May 2020). Participants (age range: 8-18 years) were taken from a pediatric psychiatric (N = 249, mean age: 12.8 years) and pediatric (N = 90, mean age: 12.9 years) sample, and compared to a general population sample (N = 844, mean age: 13.4 years). The outcome measures were: Global Health, Peer Relationships, Anxiety, Depressive Symptoms, Anger, and Sleep-Related Impairment. Post-hoc t-tests revealed that the psychiatric sample reported worse scores than the general population (all $p < 0.05$ ) on the Global Health ( $\Delta M = -3.31$ , 95% CI = -4.58; -2.05), Depressive Symptoms ( $\Delta M = 2.03$ , 95% CI = 0.51; 3.56), Anger ( $\Delta M = 3.24$ , 95% CI = 1.75; 4.74), and Sleep-Related Impairment ( $\Delta M = 2.97$ , 95% CI = 1.41; 4.53) measures. Having a COVID-19 affected friend/relative and a COVID-19 related change in work situation negatively moderated outcomes, but not in the samples with pre-existing problems. The authors conclude that there are significant differences in mental and social health between children with pre-existing conditions and the general population during lockdown. The authors suggest that these findings can contribute to current and future-child-health policies during pandemic-related lockdowns.	This study investigated the mental and social health in children and adolescents with pre-existing mental/somatic problems during the lockdown in the Netherlands. The authors concluded that there are significant differences in mental and social health between children with pre-existing conditions and the general population during lockdown.	Zijlmans J, Teela L, van Ewijk H, et al. Mental and social health of children and adolescents with pre-existing mental or somatic problems during the COVID-19 pandemic lockdown. medRxiv. 2020. doi: https://doi.org/10.1101/2020.12.15.20248237
pooling; surveillance; RT-PCR; school	16-Dec-20	<a href="#">Pooling for SARS-CoV2 Surveillance: Validation and</a>	medRxiv	Preprint (not peer-reviewed)	Repeated testing of a population is critical for limiting the spread of SARS-CoV-2 and for the safe re-opening of kindergarten-12th grade (K-12) schools and colleges. However, the standard approach of testing each person individually poses a financial burden to these institutions and is	This study evaluated the feasibility of analyzing samples in pools of 8 by RT-PCR assay in order make the safe re-opening	Simas AM, Crott JW, Sedore C, et al. Pooling for SARS-CoV2 surveillance: Validation

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<p>closures; reopening; IPC</p>		<p><a href="#">Strategy for Implementation in K-12 Schools</a></p>			<p>therefore a barrier to using testing for re-opening. Pooling (or physically combining) samples from multiple individuals into a single test promises significant cost savings but the specificity and sensitivity of such approaches needs to be assessed prior to deployment. This pilot study evaluated the feasibility of analyzing samples in pools of 8 by RT-PCR assay. Participants (n=1,576) were students, faculty, and staff of a single US university undergoing regular screening [eligibility criteria 18-100 years; ages of participants not reported]. At the end of each study day, 1 sample per individual was sent for regular individual testing while the other was processed for pooled testing. For pooling, individual samples were removed from their vacutainer and placed in a 50 mL tube. 151 pools were processed as groups of 8 samples. Because the positivity rate was very low, researchers spiked approximately half of the pools with laboratory-generated swabs produced from known positive cases outside the testing program. The results of pooled tests had 100% correspondence with those of their respective individual tests. The authors conclude that pooling 8 samples does not negatively impact the specificity or sensitivity of the RT-PCR assay and suggest that this approach can be utilized by K-12 schools and universities seeking to reduce surveillance costs associated with school re-opening.</p>	<p>of K-12 schools and universities mor cost-effective. Results of pooled tests had 100% correspondence with corresponding individual tests, indicating schools may employ this strategy to reduce surveillance costs without sacrificing sensitivity or specificity.</p>	<p>and strategy for implementation in K-12 schools. medRxiv. 2020:2020.12.16.20248353. doi: 10.1101/2020.12.16.20248353.</p>
<p>COVID-19; children; adolescents; common mental distress; interventions; mental health; United Kingdom</p>	<p>16-Dec-20</p>	<p><a href="#">Establishing a Theory-Based Multi-Level Approach for Primary Prevention of Mental Disorders in Young People</a></p>	<p>International Journal of Environmental Research and Public Health</p>	<p>Article</p>	<p>The authors presented an argument for urgently establishing empirically-informed and theory-based interdisciplinary programs of research and implementing multi-level interventions that focus on universal prevention of youth mental health disorders due to the COVID-19 pandemic. The increasing prevalence of mental health disorders and psychosocial distress among young people exceeds the capacity of mental health services. Social and systemic factors determine mental health as much as individual factors. The authors had previously used psychometric methods applied to two epidemiologically-principled UK-based samples of people aged 14-24 years to establish a robust, latent common mental distress (CMD) factor of depression and anxiety normally distributed across the population. This was linearly associated with suicidal thoughts and non-suicidal self-harm such that effective interventions to reduce CMD across the whole population could have a greater total benefit than those that focus on the minority with the most severe scores. A randomized trial of mindfulness interventions in university students (the Mindful Student Study) demonstrated a population-shift effect whereby the intervention group appeared resilient to a universal stressor. Given these findings, there is an urgent need for population-based multi-level interventions to reduce CMD by tackling determinants at individual, social, and systemic levels. These programs must work with and receive full backing from all sectors of society, particularly from the government.</p>	<p>The authors presented an argument for urgently establishing empirically-informed and theory-based interdisciplinary programs of research and implementing multi-level interventions that focus on universal prevention of youth mental health disorders due to the COVID-19 pandemic. These programs must work with and receive full backing from all sectors of society, particularly from the government.</p>	<p>Lo Moro G, Sonesson E, Jones PB, et al. Establishing a Theory-Based Multi-Level Approach for Primary Prevention of Mental Disorders in Young People. Int J Environ Res Public Health. 2020;17(24):9445. doi:10.3390/ijerph17249445.</p>
<p>COVID-19, EPDS, prenatal, postnatal, depression</p>	<p>16-Dec-20</p>	<p><a href="#">Perinatal Depression of Exposed Maternal Women in the</a></p>	<p>Frontiers in Psychiatry</p>	<p>Original Research</p>	<p>This study aimed to investigate perinatal depression in women who gave birth during the COVID-19 pandemic in Wuhan, China, and to evaluate the pandemic's effect on perinatal depression prevalence. A cross-sectional investigation of 2883 women hospitalized for delivery from December 31, 2019-March 22, 2020, was conducted. The Edinburgh Postnatal Depression</p>	<p>This study aimed to investigate perinatal depression in women who gave birth during the COVID-19 pandemic in China and evaluate the pandemic's</p>	<p>Sun G, Wang Q, Lin Y, et al. Perinatal Depression of Exposed Maternal Women in the COVID-19 Pandemic in Wuhan,</p>

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		<a href="#">COVID-19 Pandemic in Wuhan, China</a>			Scale (EPDS) was used to evaluate perinatal depression status, and 66.28% 27.02%, 5.24%, and 1.46% were designated as having none (score 0-9), mild (score 10-16), moderate (score 17-21), and severe depressive (score 22-30) symptoms, respectively. Compared to those without smoking habits, the participants who smoked had higher depression prevalence (5.37% vs. 2.95%, p=0.0013). Participants who did not exercise during pregnancy had more depression prevalence than those who exercised regularly (p<0.0001). Most participants (90.67%) reported good family functions, and those reporting poor or fair family functions had significantly higher depression prevalence. The perinatal depression prevalence increased as the COVID-19 pandemic worsened from 30.99% during January 13-19, 2020, to 42.98% during February 3-9, 2020. The highest prenatal depression value was 46.97% during January 6-12, 2020, whereas the highest postnatal value was 44.15% during February 3-9, 2020. As the emergence of SARS-CoV-2 infections slowed down, the perinatal depression prevalence showed a downward trend from 42.98% during February 3-9, 2020 to 23.85% during March 9-15, 2020. The dynamic change in perinatal depression was associated with the progression of the COVID-19 pandemic among new mothers who were exposed to the pandemic. An elevated risk of postnatal depression was also observed during the COVID-19 pandemic.	effect on perinatal depression prevalence. The perinatal depression prevalence increased as the COVID-19 pandemic worsened. An elevated risk of postnatal depression was also observed during the COVID-19 pandemic.	China. Front Psychiatry. 2020;11:551812. Published 2020 Dec 16. doi:10.3389/fpsy.2020.551812
Schools, transmission, school re-openings, homeschool, virtual learning	16-Dec-20	<a href="#">COVID-19 and re-opening of schools: Opinions with scientific evidence</a>	Turk Pediatric Arsivi	Review Article	This article explores school closures and potential re-opening in Turkey during the COVID-19 pandemic. On March 16, 2020, all in-person education was canceled in Turkey and moved to virtual modalities. This has led to significant education losses. The prevalence of COVID-19 in children is relatively low, and the author states that transmission in educational environments can be minimal with appropriate measures. The author recommends that, before re-opening schools, there should be a decrease in new cases in the last 14 days; sufficient and rapid diagnostic testing should be available (for patients and close contacts); healthcare capacity needs to be sufficient for examination, treatment, and follow-up of potential new cases and contacts; and safe working conditions need to be available, including adequate PPE for health personnel. There should be special considerations for certain high-risk populations. The decision to re-open schools should be left to regional administrators, who are aware of the prevalence of COVID-19 in their region and the availability of resources. It is essential to protect the health of students and educators, but the author argues that continuation of in-person schooling is essential. With necessary precautions, Turkey can re-open schools with minimal transmission of COVID-19.	This article explores school closures and potential re-opening in Turkey during the COVID-19 pandemic. With necessary precautions, the author argues that Turkey can re-open schools with minimal transmission of COVID-19.	Hacimustafaoglu M. COVID-19 and re-opening of schools: Opinions with scientific evidence. Turk Pediatr Ars. 2020;55(4):337-344. Published 2020 Dec 16. doi:10.14744/TurkPediatrArs.2020.90018
Vertical transmission, neonate, infant, pregnancy, Brazil	16-Dec-20	<a href="#">Probable vertical transmission identified within six hours of life</a>	Revista da Associação Médica Brasileira	Case Report	In this article, the authors present a case of possible vertical transmission of SARS-CoV-2 in Brazil. A 34-year-old pregnant woman at 33 weeks and 6 days gestation was admitted to the obstetric unit on April 21, 2020 with flu-like symptoms (fever, dyspnea, cough). On admission, she received 2 doses of antenatal corticosteroids and a chest CT was performed, demonstrating attenuations with ground glass opacification and bilateral consolidation. A C-section was then performed because of maternal	In this case report, a pregnant woman in Brazil with viral symptoms and respiratory decompensation delivered a newborn who tested positive for SARS-CoV-2 at 6 hours of life, suggesting possible intra-	Pessoa FS, Vale MSD, Marques PF, Figueira SDS, Salgado IADSC, Mochel RSWC. Probable vertical transmission identified within six hours of life. Rev Assoc

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					respiratory decompensation (suspected of having COVID-19) on April 22, and the mother was transferred to the ICU after delivery. All respiratory isolation and PPE measures were adopted by the healthcare team during the delivery. The 2370 g newborn presented with Apgar scores 9/9 without the need for neonatal resuscitation. The newborn was then transferred to the neonatal unit and kept in respiratory and contact isolation. RT-PCR was collected for SARS-COV-2 at 6 hours of life, which was positive. Chest CT was performed with normal results and a new RT-PCR swab was collected for SARS-COV-2 [timing not specified], which was negative. The infant was discharged at 10 days of life in good health. The authors conclude that this case presents evidence of possible intra-uterine vertical transmission of SARS-CoV-2 [note: maternal SARS-CoV-2 testing not reported].	uterine transmission. Repeat neonatal testing was negative and maternal SARS-CoV-2 testing was not reported. The infant was discharged in good health.	Med Bras (1992). 2020 Dec;66(12):1621-1624. doi: 10.1590/1806-9282.66.12.1621. PMID: 33331566.
Pregnancy, clinical trials, therapeutics, inclusion, vaccines	16-Dec-20	<a href="#">Inclusion of pregnant women in COVID-19 treatment trials: a review and global call to action</a>	The Lancet Global Health	Health Policy	The authors explored the inclusion of pregnant women in COVID-19 treatment trials by reviewing 10 international clinical trial registries at 2 timepoints. They identified 155 COVID-19 treatment studies of non-biological drugs for the April 7–10, 2020 timepoint, of which 124 (80%) specifically excluded pregnant women. The same search for the July 10–15, 2020 timepoint yielded 722 treatment studies, of which 538 (75%) excluded pregnant women. A subgroup review was performed on lopinavir–ritonavir, remdesivir, interferon beta, corticosteroids, chloroquine and hydroxychloroquine, and ivermectin. 176 (24%) of 722 clinical trials evaluated at least 1 of the treatments under review. Of these, 130 (74%) listed pregnancy as an exclusion criterion. Reasons for these exclusions were not delineated but the authors speculate might be due to the perceived risks of use in pregnant women, exposure of the fetus or neonate to medication, and the historical exclusion of pregnant women from clinical trials. The authors conclude that the ongoing exclusion of pregnant women from therapeutic trials for COVID-19 will result in missed opportunities to identify efficacious and safe treatments to prevent adverse maternal, pregnancy, and birth outcomes. They call for the inclusion of pregnant women in future treatment and vaccine trials.	The authors reviewed clinical trial registries for COVID-19 treatments to examine the inclusion of pregnant women. A majority (70-80%) specifically excluded pregnant women, which the authors conclude will result in missed opportunities to identify safe and efficacious treatments to prevent adverse maternal outcomes.	Taylor MM, Kobeissi L, Kim C, Amin A, Thorson AE, Bellare NB, Brizuela V, Bonet M, Kara E, Thwin SS, Kuganatham H. Inclusion of pregnant women in COVID-19 treatment trials: a review and global call to action. The Lancet Global Health. 2020 Dec 16.
viral encephalitis; SARS-CoV-2; pediatric; RT-PCR	15-Dec-20	<a href="#">SARS-CoV-2 Encephalitis in an Adolescent Girl</a>	Indian Pediatrics	Case Report	The authors report on a 13-year-old female child in India who presented with fevers (100°F) for 2 days, headache, a tonic-clonic seizure on day 2 of illness lasting for > 30 minutes, and a positive SARS-CoV-2 test via RT-PCR nasopharyngeal swab. The patient was otherwise healthy and normal for developmental age with no history of seizures. A chest computed tomography showed patchy peripheral ground-glass opacities. Cerebrospinal fluid (CSF) analysis showed 200 white blood cells/mm <sup>3</sup> all lymphocytes with protein, which is seen in viral encephalitis, but RT-PCR was negative for SARS-CoV-2 in the CSF. The patient became afebrile within 48 hours of admission, returning to normal sensorium, and was discharged home. The authors state that RT-PCR via nasopharyngeal swab appears to be the most reliable indicator for SARS-CoV-2 infection, even in patients with neurological symptoms.	The authors report on a 13-year-old female child in India who presented with fevers for 2 days, headache, a tonic-clonic seizure, and a positive SARS-CoV-2 test via RT-PCR nasopharyngeal swab.	Natarajan S, Ganesh R, Palaniappan N, Kannan L. SARS-CoV-2 Encephalitis in an Adolescent Girl. <i>Indian Pediatr.</i> 2020;57(12):1186-1187. doi:10.1007/s13312-020-2080-7
COVID-19 pandemic, postpartum,	15-Dec-20	<a href="#">The risk for nonpsychotic postpartum</a>	The International Journal of	Original Research	This cross-sectional study investigated how the COVID-19 pandemic and subsequent lockdown has impacted the risk for non-psychotic postpartum mood and anxiety disorders (NPMADs) among women in Serbia. 108	This cross-sectional study in Serbia found that the COVID-19 pandemic put postpartum	Stojanov J, Stankovic M, Zikic O et al. The risk for nonpsychotic

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mood, anxiety, mental disorders		<a href="#">mood and anxiety disorders during the COVID-19 pandemic</a>	Psychiatry in Medicine		women, followed by the study since their third trimester of pregnancy, participated through an online survey between March 29 - April 4 2020. The women had no other risks of mood or anxiety disorders and were age-matched with a control group of women (n=67) who had children 2 or more years old. Risk for NPMADs was found in 14.8% of the case group. Women were higher at risk if they were older than 35 years, were unemployed, had lost their jobs during the COVID-19 pandemic, and/or were dissatisfied with their household income (p<0.05). In addition, less daily activity (p<0.01) and feeling as though their productivity was negatively impacted by the COVID-19 pandemic (p<0.01) or by their emotional state (p<0.05) positively correlated with risk for NPMADs. Higher risk was correlated with no reported social support (p<0.01). 26.8% of women reported that professional support might help them feel better. The authors conclude that postpartum women are at increased risk of NPMADs due to the COVID-19 pandemic and that social support would mitigate that risk.	women at an increased risk of non-psychotic mood and anxiety disorders compared to women their age who had given birth over a year earlier. They assert that social support is a protective factor against that risk.	postpartum mood and anxiety disorders during the COVID-19 pandemic. Int J Psychiatry Med. December 2020. doi:10.1177/0091217420981533
COVID-19; pediatric; cancer; Greece	15-Dec-20	<a href="#">Pediatric cancer registration fluctuation in Greece due to COVID-19 pandemic and changes in health care delivery</a>	Pediatric Blood and Cancer	Letter to the Editor	The authors describe a study to compare monthly and overall registration of pediatric cancer cases (central nervous system, leukemia, liver, lymphoma, neuroblastoma and renal) in the Nationwide Registry of Childhood Hematological Malignancies and Solid Tumors in Greece, in January-August 2020 during the COVID-19 pandemic, vs. similar periods in 2015-2019. Preliminary data showed a similar overall number of cases registered in January-August (n=131 in 2020 vs. n=130 in previous years), although more leukemia cases were diagnosed in 2020 (n=54 vs. n=49.4) [no p-values given]. A noticeable peak was observed in July 2020, followed by reduced incident cases in August; this pattern possibly indicates alertness to earlier diagnosis. A survey conducted among health personnel revealed possible diagnosis delay for a boy born in January 2020 with a unilateral right polycystic kidney. He was diagnosed with stage III Wilms tumor in the left kidney when the recommended 3-month ultrasound appointment was eventually performed, delayed by another 3 months due to lockdown. Survey respondents also reported the death of a 14-year-old girl with osteosarcoma history, who developed severe gingivitis in May 2020 and died with intra-cranial hemorrhage 2 weeks later, due to a second malignancy (acute myeloid leukemia). The findings highlight the indirect impact of the pandemic on the pediatric cancer population.	The authors describe a study to compare monthly and overall registration of pediatric cancer cases in the Nationwide Registry of Childhood Hematological Malignancies and Solid Tumors in Greece, in January-August 2020 during the COVID-19 pandemic, vs. similar periods in 2015-2019. Fluctuations in pediatric cancer registration and possible delay in diagnosis have been observed due to the pandemic.	Kourti M, Markozannes G, Bouka P, et al. Pediatric cancer registration fluctuation in Greece due to COVID-19 pandemic and changes in health care delivery. Pediatr Blood Cancer. 2020:e28777. doi:10.1002/pbc.28777.
COVID-19; hospitalization; pediatric COVID-19; household accidents	15-Dec-20	<a href="#">Changes in hospitalization in children during COVID-19 pandemic quarantine in a single center in Turkey</a>	The Journal of Pediatrics	Letter to the Editor	In this letter, the authors reported a change in hospitalizations during March-June 2020 at a tertiary pediatric hospital in Turkey. They utilized the hospital's electronic database during the period, comparing it with the same period in 2019, excluding patients with COVID-19. [Statistical details not given for the following comments, except as noted.] The authors noted a prominent decline in the number of patients in outpatient clinics and those hospitalized, as well as a major decline in infections (including acute lower respiratory infections), likely because of social distancing and restriction of close contacts. They also noted a reduction in infections spread by close contacts, such as diarrhea, in contrast to an increase in patients hospitalized for allergic diseases such as severe urticaria and	The authors highlight the differences between hospitalizations during the COVID-19 pandemic (March-June 2020) and 2019 in Turkey, finding a significant decline in infections but an increase in allergic diseases and rheumatologic diseases. They also report significant increases in drug intoxication incidents,	Akcaboy M, Terin H, Senel S. Changes in hospitalization in children during COVID-19 pandemic quarantine in Turkey [published online ahead of print, 2020 Dec 14]. J Pediatr. 2020;S0022-3476(20)31496-7.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					anaphylaxis. They reported an increase in rheumatologic diseases including immunoglobulin A vasculitis (Henoch-Schonlein purpura), juvenile idiopathic arthritis, and juvenile idiopathic arthritis-related macrophage activation syndrome, compared to the same period in 2019. Additionally, drug intoxication incidents were 3.5 times higher during the COVID-19 pandemic, with a 2.25-fold increase in intoxication as a suicide attempt and a 6-fold increase in intoxication as home accidents in young children [ages not noted] compared to 2019. Hence, the authors cautioned an increased risk of accidents in children and infants at home, due to COVID-19-related school closures.	suicide attempts via intoxication, and intoxication as home accidents in children, thus recommending cognizance of the increased risk for home accidents in children during school closures.	doi:10.1016/j.jpeds.2020.12.014
children, infants, neonates, COVID-19, MIS-C, outcomes, France	15-Dec-20	<a href="#">Factors Associated With Severe SARS-CoV-2 Infection</a>	Pediatrics	Regular Article	Initial reports on SARS-CoV-2 infections in children suggest that very young age and comorbidities may increase the risk of severe COVID-19. To analyze the clinical spectrum of pediatric SARS-CoV-2 infection and predictors of severe COVID-19, the authors conducted a national prospective surveillance study in France of 397 children [age criteria not specified] hospitalized with SARS-CoV-2 infection (confirmed by RT-PCR or by chest CT) from February 15 - June 1, 2020. Data were gathered from 60 hospitals. The main outcome of interest was the proportion of children with severe COVID-19, defined by the requirement of hemodynamic or ventilatory support (invasive or not). The median age was 16 months (IQR 51 days – 134 months) [age range not reported]. The main symptoms were fever, cough, feeding difficulties, shortness of breath/dyspnea, and diarrhea. The authors identified 4 clinical patterns: 1) pauci-symptomatic children admitted for surveillance (n= 148, 37%); 2) SARS-CoV-2 infection requiring hospital care (n=158, 40%); 3) MIS-C (n=29, 7%); or 4) hospitalization for another disease and tested due to hospital-wide surveillance (n= 62, 16%). Children <90 days old accounted for 37% of cases (145/397), but only 4 (3%) had severe COVID-19. Excluding children with MIS-C (n=29) and hospitalized for a diagnosis not related to SARS-CoV-2 (n=62), 23/306 (11%) children had severe disease, including 6 deaths. Factors independently associated with COVID-19 severity were age ≥10 years (OR=3.4, 95% CI [1.1; 10.3]), hypoxemia (OR=8.9 [2.6; 29.7]), and C-reactive protein ≥80 mg/L (OR=6.6 [1.4; 27.5]). In contrast with preliminary reports, young age was not an independent factor associated with severe SARS-CoV-2 infection, and children <90 days old were at the lowest risk of severe COVID-19.	The authors conducted a national prospective surveillance study in France of 397 children hospitalized with SARS-CoV-2 infection from February 15 - June 1, 2020. Factors independently associated with COVID-19 severity were age ≥10 years, hypoxemia, and C-reactive protein ≥80 mg/L. In contrast with preliminary reports, children <90 days old were at the lowest risk of severe COVID-19.	Ouldali N, Yang DD, Madhi F, et al. Factors Associated With Severe SARS-CoV-2 Infection [published online, 2020 Dec 15]. Pediatrics. 2020;e2020023432. doi:10.1542/peds.2020-023432
Coronavirus; pregnancy outcomes; symptomatic; asymptomatic; case-control	15-Dec-20	<a href="#">Pregnancy outcomes among symptomatic and asymptomatic women infected with COVID-19 in the west of Iran: A case-control study [Free access to abstract only]</a>	The Journal of Maternal-Fetal and Neonatal medicine	Original research	This study aimed to investigate pregnancy outcomes among symptomatic and asymptomatic women infected with SARS-CoV-2 in western Iran. The case-control study included 90 total women who delivered in hospitals in the Hamadan province from September 1-November 15, 2020; 45 with symptomatic COVID-19 (cases) and 45 with asymptomatic COVID-19 (controls) diagnosed by PCR. The mean maternal age was 29.47 years (SD 5.64) for cases and 28.78 years (SD 6.92) for controls, with mean gestational age of 37.13 and 37.62, respectively. [Ranges for ages and gestational ages not included.] A greater proportion of cases had relevant travel history (24.4% versus 6.7%, p = 0.02). The rate of comorbid disease was significantly higher in asymptomatic women (42.22% vs. 6.67%,	This case-control study in western Iran compares pregnancy outcomes in symptomatic and asymptomatic women with SARS-CoV-2 infection confirmed by PCR test. They report increased odds of C-section and low birthweight in symptomatic women.	Jenabi E, Bashirian S et al. Pregnancy outcomes among symptomatic and asymptomatic women infected with COVID-19 in the west of Iran: a case-control study. The Journal of Maternal-Fetal & Neonatal Medicine. 2020.

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					p<0.001) [description of which diseases not given]. The odds of C-section in symptomatic women was more than 4-fold higher than in asymptomatic women (OR = 4.12, 95% CI 1.7 - 10.05; p = 0.002). Moreover, the odds of a low birthweight infant were significantly higher in symptomatic women (OR = 2.1, 95% CI 1.2 - 6.29; p = 0.035). Symptomatic women also had higher rates of pre-eclampsia, preterm labor, and neonatal death, though these differences were not statistically significant. The authors conclude that it is important to be particularly rigorous in caring for infected, symptomatic pregnant women and recommend additional studies with larger sample sizes.		doi:10.1080/14767058.2020.1861599
COVID-19, Guidelines, Missed Vaccination, Routine immunization, India	15-Dec-20	<a href="#">Immunization During the COVID-19 Pandemic: Recommendations From Indian Academy of Pediatrics Advisory Committee on Vaccines and Immunization Practices</a>	Indian Pediatrics	Opinion	In this recommendation piece, the Indian Academy of Pediatrics Advisory Committee on Vaccines and Immunization Practices answers several questions about routine immunization services to guide pediatricians worldwide on best practices in pediatric vaccination. Key recommendations include continuing routine scheduled vaccinations, waiting for any SARS-CoV-2 infection symptoms to subside before vaccinations, and resuming scheduled vaccinations as soon as possible to prevent the incidence of vaccine-preventable disease. The authors also provide detailed recommendations for immunization protocols in containment zones and buffer zones and list important logistics for immunization preparedness during the COVID-19 pandemic. These recommendations will inform practicing pediatricians of the best approaches to ensure children are regularly vaccinated and serves to answer physicians' questions and concerns.	This recommendation piece from the Indian Academy of Pediatrics Advisory Committee on Vaccines and Immunization Practices answers several questions about routine immunization services to guide pediatricians worldwide on best practices in pediatric vaccination and includes guidance for administering vaccines during the COVID-19 pandemic.	Kasi SG, Dhir SK, Verma S, et al. Immunization During the COVID-19 Pandemic: Recommendations From Indian Academy of Pediatrics Advisory Committee on Vaccines and Immunization Practices. <i>Indian Pediatr.</i> 2020;57(12):1147-1152.
Psychosocial, Mental Health, Children, COVID-19, India	15-Dec-20	<a href="#">Psychosocial Impact of COVID-19 Pandemic on Children in India</a>	Indian Pediatrics	Short Report	The authors discuss the impact of the COVID-19 pandemic on individual and family mental health in India. Citing a rise in sexual, psychological, and physical abuse in the country since lockdowns were implemented in March 2020, the authors emphasize the need to address the existing and imminent mental health crises that will plague children and families as lockdowns continue. They highlight the most prevalent psychosocial and behavioral issues of inattention, clinginess, distraction, and fear of asking questions in children, with these issues especially prevalent in children with pre-existing mental health conditions. The authors emphasize the need for physicians to identify children experiencing these behaviors through telehealth visits and to provide mental health resources and counseling to children in need.	In this short report, the authors discuss significant psycho-social and behavioral symptoms associated with the COVID-19 pandemic among children in India and the need for proactive telehealth visits that prioritize mental health resources and counseling.	Parekh BJ, Dalwai SH. Psychosocial Impact of COVID-19 Pandemic on Children in India. <i>Indian Pediatr.</i> 2020;57(12):1107.
Children, remote learning, school, pediatrics, stress, India	15-Dec-20	<a href="#">Parental Perspectives on Remote Learning and School Reopening</a>	Indian Pediatrics	Research Letter	In this letter, the authors describe their assessment in India of parental perspectives on remote learning. A questionnaire was disseminated to parents of school children [ages not specified] from July 17-31, 2020 (2694 respondents). Mobile phones were used for remote learning in 1697 respondents (63%). The mean (SD) duration of remote learning for children was 3.2 (2.1) hours per day and 5.3 (1.0) days per week. The advantages listed were: safe in the pandemic (89.9%), helps to maintain connection with school (61.6%), not losing out in studies (63.1%), and no need to travel (38.7%). The disadvantages were listed as: causes headache and eye strain (61.7%), does not feel like a real class (60.4%), no physical activity involved (59.5%), hard to maintain concentration (57.1%), needs home environment	The authors surveyed parents of school children in India to understand parental perspectives on remote learning during the COVID-19 pandemic. Although 75.4% perceived remote learning to be stressful for the child and 70.6% perceived it to be stressful for the family, 72% of parents did not want their children to	Bansal U, Ghate S, Bhattacharya P, Thapar RK, Gupta P. Parental Perspectives on Remote Learning and School Reopening. <i>Indian Pediatr.</i> 2020 Dec 15;57(12):1177-1178.

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					adjustments (40.8%), and an extra financial burden (30.3%). Remote learning was perceived to be stressful for the child by 2032 (75.4%) parents while 1902 (70.6%) perceived it to be stressful for the family. However, 72% of parents did not want to send their children to school. The authors conclude that majority of parents are not ready to send their children to school while the risk of COVID-19 continues, and newer methods should be explored to reduce screen hours.	return to school while the risk of COVID-19 continues.	
Children, neuroimaging, radiology, neurology, myelitis, pediatrics	15-Dec-20	<a href="#">Neuroimaging manifestations in children with SARS-CoV-2 infection: a multinational, multicentre collaborative study</a>	The Lancet: Child & Adolescent Health	Original Research	In this retrospective study, the authors aimed to understand the neuro-imaging manifestations of COVID-19 in the pediatric population. An international call for cases of COVID-19 in children and adolescents aged 0–18 years with abnormal neuro-imaging was put out via the American Society of Pediatric Neuroradiology (ASPNR) through an online survey from April 30-Sept 8, 2020. Collaborating international physicians provided the neuro-imaging studies, clinical data, results of PCR testing of the upper respiratory tract, serology for SARS-CoV-2 antibodies, cerebrospinal fluid analysis, and clinical outcomes for 38 children with COVID-19. The most common imaging patterns were post-infectious immune-mediated acute disseminated encephalomyelitis-like changes of the brain (16 patients), myelitis (8 patients), and neural enhancement (13 patients). Splenial lesions (7 patients) and myositis (4 patients) were predominantly observed in children with MIS-C. Cerebrovascular complications in children were less common than in adults. Significant pre-existing conditions were absent and most children had favorable outcomes. However, fatal atypical CNS co-infections developed in 4 previously healthy children infected with SARS-CoV-2. The authors conclude that these findings should be recognized and investigated for possible SARS-CoV-2 infection as the underlying etiologic factor.	In this review of the neuro-imaging manifestations of COVID-19 in 38 children ages 0-18 years, the authors found that the most common imaging patterns were post-infectious immune-mediated acute disseminated encephalomyelitis-like changes of the brain (16 patients), myelitis (8 patients), and neural enhancement (13 patients).	Lindan CE, Mankad K, Ram D, Kociolek LK, Silvera VM, Boddaert N, Stivaros SM, Palasis S, Akhtar S, Alden D, Amonkar S. Neuroimaging manifestations in children with SARS-CoV-2 infection: a multinational, multicentre collaborative study. The Lancet Child & Adolescent Health. 2020 Dec 16.
ICU, children, mortality, comorbidities, Kuwait, Kingdom of Saudi Arabia	15-Dec-20	<a href="#">Characteristics and outcomes of coronavirus disease 2019 (COVID-19) in critically ill pediatric patients admitted to the intensive care unit: A multicenter retrospective cohort study</a>	Journal of Infection and Public Health	Original Research	This multi-center, retrospective, cohort study conducted in Kuwait and the Kingdom of Saudi Arabia (KSA) from March 1st- August 1st, 2020 aimed to assess the clinical characteristics of children with COVID-19 admitted to the ICU and factors associated with mortality. 25 children were included with a median age of 2.8 years (range 0-9 years). Of note, patients fulfilling MIS-C criteria were excluded. Most (88%) patients had underlying comorbidities. Median hospital and ICU length of stay were 16.5 and 5 days, respectively. 9 patients were managed with non-invasive ventilation and 9 required endotracheal intubation, of which 2 needed extracorporeal membrane oxygenation (ECMO). 4 (16%) patients died during ICU care. Respiratory failure was the most common reason for ICU admission among survivors (95.2% in survivors vs. 50% in non-survivors, p = 0.057). Around 10% of the survivors presented with circulatory compromise compared to 75% of non-survivors (p = 0.016). In univariate analysis, the presence of comorbidity (Hazard ratio (HR) 0.0001; 95% CI 0.00001–0.00016), low platelet count (HR 0.99; 95% CI 0.98–0.99), elevated procalcitonin (HR 1.05; 95% CI 1.016–1.09), and circulatory compromise (HR 16.34; 95% CI 1.99–134.35), at the time of ICU admission, were associated with higher in-ICU mortality. This may shed light on disease dynamics of critical pediatric COVID-19.	This retrospective cohort study assessed the clinical characteristics and factors associated with ICU mortality among 25 children in Kuwait and the Kingdom of Saudi Arabia with COVID-19 admitted to the ICU. Presence of a comorbidity, low platelet count, elevated procalcitonin, and circulatory compromise at the time of ICU admission were associated with higher in-ICU mortality in the univariate analysis.	Alfraj A, Alamir AA, Al-Otaibi AM, et al. Characteristics and outcomes of coronavirus disease 2019 (COVID-19) in critically ill pediatric patients admitted to the intensive care unit: A multicenter retrospective cohort study. Journal of Infection and Public Health. 2020 Dec 15.

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Pregnancy, mortality, pneumonia, maternal outcomes, Mexico	15-Dec-20	<a href="#">Pregnant women with SARS-CoV-2 infection are at higher risk of death and severe pneumonia: propensity score-matched analysis of a nationwide prospective cohort study (COV19Mx)</a>	Ultrasound in Obstetrics & Gynecology	Original Research	In this case-control study based on data from the Mexican National Registry of Coronavirus, the authors compared COVID-19 outcomes in pregnant women with matched non-pregnant women of reproductive age (15–44 years). The registry was updated weekly (from February 1–October 28, 2020) with data from 475 monitoring hospitals in all 32 states of Mexico. COVID-19 was defined as any symptomatic patient with a positive RT-PCR for SARS-CoV-2. The authors performed propensity score matching to reduce confounding bias. Analysis included data from 5183 pregnant and 5183 non-pregnant women with COVID-19. Mortality rates were 1.5% in pregnant women and 0.8% in non-pregnant women (OR 1.84, 95% CI 1.30–2.609; p=0.001). Pneumonia rates were 9.9% in pregnant women and 5.6% in non-pregnant women (OR 1.99, 95% CI 1.81–2.19; p<0.001). Intubation rates were 8.1% in pregnant women and 8.6% in non-pregnant women (OR 0.93, 95% CI 0.70–1.25; p=0.65). ICU admission rates were 13.0% in pregnant women and 7.4% in non-pregnant women (OR 2.25, 95% CI 1.86–2.71; p<0.001). The authors conclude that in this study, pregnancy itself emerged as a risk factor for death and pneumonia in SARS-CoV-2–infected women of reproductive age.	In this propensity score-matched analysis of pregnant and non-pregnant women of reproductive age with COVID-19 in Mexico, pregnancy emerged as a risk factor for death and pneumonia.	Martinez-Portilla RJ, Sotiriadis A, Chatzakis C, et al. Pregnant women with SARS-CoV-2 infection are at higher risk of death and severe pneumonia: propensity score-matched analysis of a nationwide prospective cohort study (COV19Mx). Ultrasound Obstet Gynecol. 2020 Dec 15. doi: 10.1002/uog.23575.
ischemic stroke; covid-19; pediatrics, USA	15-Dec-20	<a href="#">Acute ischemic stroke in a pediatric patient with known exposure to COVID-19 and positive serology</a>	Pediatric Neurology	Correspondence	Neurologic manifestations of COVID-19 in pediatrics are not well understood. Several authors have reported transverse myelitis, seizures, encephalitis, and Acute Ischemic Stroke (AIS) in SARS-CoV-2 infected children. In this letter, the authors report a COVID-19 case with neurological manifestations in a 17-month-old boy in New York, USA. The patient presented with acute onset of right arm and leg weakness and was diagnosed with left pontine stroke (brain image is attached). His parents had COVID-19-like symptoms a few weeks prior, and the patient tested positive for SARS-CoV-2 antibodies. However, his nasopharyngeal PCR was negative for SARS-CoV-2. Head and neck magnetic resonance angiogram and transthoracic echocardiogram were normal. Lumbar puncture revealed 1000 RBCs/uL, 2 WBCs/μL, glucose of 60 mg/dL, serum glucose of 90 mg/dL, and protein of 15 mg/dL. Cerebrospinal fluid testing for meningitis/encephalitis PCR panel, New York State encephalitis panel, and varicella-zoster virus (VZV) antibodies were negative. The patient was subsequently discharged home on aspirin 40.5 mg daily, and he could run with mild residual weakness at his 3-month follow-up. In children, viral pathogens such as VZV are associated with AIS; however, given the presence of SARS-CoV-2 antibodies and the association of AIS and COVID-19 in adults, the authors suggest that COVID-19 could have triggered the patient's stroke.	The author reports an acute ischemic stroke (AIS) in a 17-month-old boy in New York, USA, who tested positive for SARS-CoV-2 antibodies. Given an extensive negative workup for other causes of AIS, COVID-19 could have triggered the patient's stroke.	Shen MY, Dugue R, Maldonado-Soto AR, et al. Acute ischemic stroke in a pediatric patient with known exposure to COVID-19 and positive serology. Pediatric Neurology. Published online December 15, 2020. doi:10.1016/j.pediatrneurol.2020.12.003
France; COVID-19; lockdown; sleep disorders; insomnia	15-Dec-20	<a href="#">Did the COVID-19 lockdown really have no impact on young children's sleep?</a>	Journal of Clinical Sleep Medicine	Letter to the Editor	The authors investigated the prevalence of sleep disturbances in young French children during the COVID-19 pandemic, using standardized assessments of sleep disorders in a matched age-sex pre-post design. [Precise timing of the study not included in this article.] They distributed the Sleep Disturbance Scale for Children (SDSC) to 110 French mothers, matching children by age and sex to similar questionnaires completed in 2018, yielding 92 pairs of children comparable in age (pre-COVID = 29.4 months, post-COVID = 29.6 months; P > 0.1 [the authors did not state	In this study, the authors studied sleep disturbances in French children during the COVID-19 lockdown, compared to age- and sex- matched children in 2018. They determined that there was an increase in the length of	Lecuelle F, Leslie W, Huguélet S, Franco P, Putois B. Did the COVID-19 lockdown really have no impact on young children's sleep? J Clin Sleep Med. 2020 Dec 15;16(12):2121. doi:

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					whether these ages were means or medians]), sex (58% boys), and room sharing/co-sleeping (n = 9). The lockdown was associated with reduced number and duration of naps. There was an increase in the length of nocturnal sleep during the pandemic (from 10.3 (SD = 0.9) to 10.9 hours (SD = 1.5), p < 0.001), with no impact on the total duration of sleep (p = 0.4). Additionally, the total score on the SDSC increased from 35.7 (SD = 7.9) to 42.1 (SD = 12.3) during the lockdown (p > 0.001 [sic]), with higher numbers indicating more sleep disturbance. There was an increase in the proportion of children scoring above the pathologic threshold (>37), from 40% to 62% during the pandemic. Furthermore, increased difficulty initiating and maintaining sleep was observed (Disorders of Initiating and Maintaining Sleep score within the SDSC: 15.7 vs 19.8; p > 0.001 [sic]), as well as the frequency of parasomnia (Parasomnia score in the SDSC: 6.0 vs 7.1; p = 0.003). The authors recommended being vigilant about sleep habits and the effect of parasomnia and insomnia among pre-schooled aged children in the event of a future lockdown.	nocturnal sleep, difficulty initiating and maintaining sleep, and parasomnia during the pandemic. As such, the authors recommended careful vigilance of the effects of sleep disorders amongst school-aged children in the event of a future lockdown.	10.5664/jcsm.8806. PMID: 32975192.
India; neurology; COVID-19; SARS-CoV-2	15-Dec-20	<a href="#">Neurological Manifestations of COVID-19 in Children</a>	Indian Pediatrics	Case Report	In this report on neurological symptoms of 3 children in India, the authors conclude that all 3 patients had COVID-19 with neurological manifestations. [Time frame of these cases not included.] The first case was a 2-year-old male who presented with fever, watery stools, abdominal pain, febrile status epilepticus, hypotensive shock, and hypoxia. He was thought to have acute febrile encephalopathy, and was started on fluid resuscitation. SARS-CoV-2 RT-PCR was positive, and antibodies were negative. He was diagnosed with MIS-C and treated with IV immunoglobulin with remdesivir. IV methylprednisolone was given for 3 days when his fever persisted, after which symptoms resolved, with stable condition at follow-up. The second case was a 15-month-old male presenting with simple febrile seizures, followed by maculo-papular rash with bilateral non-purulent conjunctival congestion, peri-orbital puffiness, and cheilitis on the second day of admission. He had known close contact with COVID-19. The patient fulfilled the criteria for MIS-C with Kawasaki Disease phenotype. He was treated with IV immunoglobulin, aspirin, and steroids, as in the previous case, with improvement at follow-up. The third case was an 8-month-old boy presenting with high-grade fever (103°F) and an episode of a generalized tonic-clonic seizure lasting > 20 minutes. SARS-CoV-2 RT-PCR was positive. He was given IV midazolam and IV levetiracetam, with symptom resolution by day 3. He was diagnosed with febrile status epilepticus and discharged, with improvement at follow-up. The authors discuss possible reasons for neurological manifestations related to SARS-CoV-2, including the widespread distribution of ACE2 receptors in cerebral vasculature, breach of the blood-brain barrier by viral particles, or a dysregulated immune response.	In this case report on 3 children, the authors conclude that COVID-19 can present with neurological manifestations. The authors further hypothesize the role of the distribution of ACE2 receptors, the breach of the blood-brain barrier by viral particles, and the mechanism of a dysregulated immune response as possible factors in the neurological manifestations of COVID-19.	Raj SL, Vasanthi T, Baineri R, Sivabalan S. Neurological Manifestations of COVID-19 in Children. Indian Pediatr. 2020 Dec 15;57(12):1185-1186. PMID: 33318330.
India; COVID-19; digital eye strain; virtual education; ophthalmology	15-Dec-20	<a href="#">Prevalence and risk factor assessment of digital eye strain among children</a>	Indian Journal of Ophthalmology	Original Research	The authors determined the prevalence, symptom frequency, and associated risk factors for digital eye strain (DES) among children in higher secondary schools attending virtual classes during the COVID-19 pandemic in India. A cross-sectional study was conducted using an online electronic survey, in which children and parents were asked to indicate their total	The authors observed an increased prevalence of digital eye strain (DES) among children during the COVID-19 pandemic. Age >14 years, male gender,	Mohan A, Sen P, Shah C, Jain E, Jain S. Prevalence and risk factor assessment of digital eye strain among

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		<a href="#">using online e-learning during the COVID-19 pandemic: Digital eye strain among kids (DESK study-1)</a>			screen time before and during the pandemic, with the symptoms and frequency of DES measured by the Computer Vision Syndrome Questionnaire. 217 children were included, with a mean age of 13± 2.45 years, and 46.54% males. The results showed that the mean duration of digital device use during the COVID era (3.9 ± 1.9 h) was longer than that in the pre-COVID era (1.9 ± 1.1 h, p<0.0001). The most common symptoms of DES were itching (53.9%) and headache (53.9%), and the prevalence of DES was 50.23% (109/217). DES was significantly associated with male gender, smartphone use, and viewing distance; while age >14 years, male sex, smartphone preference over other digital devices, usage of digital devices >5 h, and use of mobile games >1 h/day were independent risk factors for DES in children. The authors added a section on good ocular hygiene and practices during digital device use in their questionnaire to inform parents and children and help prevent DES.	smartphone use, use of device >5 h, and mobile games >1 h/day were independent risk factors for DES in children. The authors recommend that parents, teachers, and eye care providers consider evidence-based measures to avoid DES in children.	children using online e-learning during the COVID-19 pandemic: Digital eye strain among kids (DESK study-1). Indian J Ophthalmol. 2021 Jan;69(1):140-144. doi: 10.4103/ijo.IJO_2535_20. PMID: 33323599.
Transmission, school openings, social settings, USA	15-Dec-20	<a href="#">Factors Associated with Positive SARS-CoV-2 Test Results in Outpatient Health Facilities and Emergency Departments Among Children and Adolescents Aged &lt;18 Years — Mississippi, September–November 2020</a>	Morbidity and Mortality Weekly Report	Report	This case-control study assessed exposure factors for children <18 years with confirmed positive SARS-CoV-2 PCR test (n=154) and negative controls (n=243) between September 1 and November 5, 2020 in the US. The authors report number of participants by age group, but do not provide an overall mean/median or age range. Data were collected on demographics, symptoms, close contact (within 6 feet for ≥15 minutes) with a known COVID-19 case, school or childcare attendance, and family or community exposures ≤14 days before the SARS-CoV-2 test, as well as mask usage. Overall, case-patients were more likely than controls to have had close contact with a COVID-19 case (aOR = 3.2, 95% CI = 2.0–5.0); 64% of case-patients' close contacts and 48% of control participants' close contacts were family members (p = 0.02), whereas school or childcare classmates were close contacts for 15% and 27%, respectively (p = 0.04). In-person school or childcare attendance ≤14 days before the SARS-CoV-2 test was reported for 62% of case-patients and 68% of control participants and was not associated with a positive test result (aOR = 0.8, 95% CI = 0.5–1.3). Among 236 children aged ≥2 years who attended childcare or school within 2 weeks of their SARS-CoV-2 test, parents of 64% of case-patients and 76% of control participants reported that their child and all staff members wore masks inside the facility (aOR = 0.4, 95% CI = 0.2–0.8). Compared with controls, case-patients were more likely to have attended gatherings with persons outside their household, including social functions (aOR = 2.4, 95% CI = 1.1–5.5), activities with children (aOR = 3.3, 95% CI = 1.3–8.4), or to have had visitors at home (aOR = 1.9, 95% CI = 1.2–2.9) during the 14 days before the SARS-CoV-2 test; 27% of parents whose children attended social gatherings reported mask use by all persons present and 46% reported adherence to social distancing, whereas 16% and 39%, respectively reported mask use and social distancing when having visitors in the home. Attending in-person school or childcare within 2 weeks of a SARS-CoV-2 PCR test was not associated with a positive result. Children and adolescents who tested positive for SARS-CoV-2 were more likely to have attended social gatherings outside of school.	This case-control study compared exposure factors between children <18 years with confirmed positive SARS-CoV-2 test results and negative controls in the US between September 1 and November 5, 2020. Results indicate attending in-person school or childcare within 2 weeks of a SARS-CoV-2 PCR test was not associated with a positive result. Children who tested positive for SARS-CoV-2 were more likely to have attended social gatherings outside of school. This study provides additional evidence of the safety of school openings and the risk of transmission in social settings.	Hobbs CV, Martin LM, Kim SS, et al. Factors Associated with Positive SARS-CoV-2 Test Results in Outpatient Health Facilities and Emergency Departments Among Children and Adolescents Aged <18 Years — Mississippi, September–November 2020. MMWR Morb Mortal Wkly Rep. ePub: 15 December 2020. DOI: <a href="http://dx.doi.org/10.15585/mmwr.mm6950e3e3external icon">http://dx.doi.org/10.15585/mmwr.mm6950e3e3external icon</a> .

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
Adolescents; cortisol; online; stress; trier social stress test; a-amylase	14-Dec-20	<a href="#">Validation of an online version of the Trier Social Stress Test in a study of adolescents</a>	Psychoneuroendocrinology	Original Research	The Trier Social Stress Test (TSST) is the most widely used protocol for activating a stress response of the hypothalamic-pituitary-adrenocortical (HPA) axis and other stress-mediating systems. However, the COVID-19 pandemic has made in-person assessment impossible or extremely difficult and potentially dangerous. The purpose of this study [dates not specified] was to validate a remote, online, version of the TSST for children in the United States. A sample of 68, 15/16-year-old (mean age: 15.84 years), participants were administered the TSST-Online (TSST-OL) during the late afternoon hours (3-6 p.m. start time) via ZOOM™. The participants were trained to take their own saliva samples and were observed during saliva collection to ensure correct procedures were followed. rmANOVAs yielded a significant effect of trials, for cortisol, $F(1.37,90.46) = 15.13$ , $p = 0.001$ , sAA, $F(2.75,146.68) = 6.91$ , $p = 0.001$ , and self-rated stress, $F(3.43,222.69) = 118.73$ , $p = 0.001$ . For cortisol, from baseline to expected peak (30 min after the onset of speech preparation), the Cohen's effect size was $d_z = 0.57$ . Using 1.5 nmol/l (or 0.54 µg/dl) as the criterion for a response, 63% of the participants produced a significant increase in cortisol. The responses to the TSST-OL are consistent with in-person responses among children and adolescents. The authors conclude that the protocol is a viable way of assessing reactivity of the HPA axis and other stress systems without needing to bring the participant into the research laboratory.	The purpose of this study was to validate a remote, online, version of the Trier Social Stress Test for children in the United States. The authors conclude that the protocol is a viable way of assessing reactivity of the HPA axis and other stress systems.	Gunnar MR, Reid BM, Donzella B, et al. Validation of an online version of the Trier Social Stress Test in a study of adolescents. <i>Psychoneuroendocrinology</i> . 2021;125:105111. doi:10.1016/j.psyneuen.2020.105111
Pediatrics, children, cancer, oncology, hematology	14-Dec-20	<a href="#">COVID-19 in Children and Adolescents With Cancer From a Single Center in Mexico City</a>  <a href="#">[Free Access to Abstract Only]</a>	Pediatric Hematology and Oncology	Letter to the Editor	In this letter to the editor, the authors report 38 children (0-18 years of age) with history of cancer diagnosed with COVID-19 between March 1-September 25, 2020 in Mexico. The most common type of cancer was acute lymphoblastic leukemia (21 children). Out of the 38 children, 7 were asymptomatic and 8 were sent home from the emergency room. Only 2 patients required invasive ventilation and intensive care therapy. 3 children died of causes related to cancer, and none from COVID-19. Despite the pandemic, from March-August 2020, the authors' institution continued to provide 2000 outpatient appointments, >550 procedures (biopsies, bone marrow aspiration, lumbar punctures), 80-100 short-stay chemotherapy infusions and 40-60 daily ambulatory (same-day) chemotherapy sessions. Major oncological surgeries were not delayed in most cases. They conclude that their data is consistent with previous reports suggesting a mild presentation of COVID-19 in children with cancer. They recommend that decisions to stop or to reschedule anti-cancer treatment should be carefully considered, as it appears that SARS-CoV-2 does not increase the risk of clinical complications and mortality in oncology pediatric patients. Furthermore, they recommend not to delay procedures or chemotherapy, keeping in mind use of proper PPE and hygiene precautions.	In this letter, the authors share 38 cases of pediatric patients with a history of cancer diagnosed with COVID-19. Although there were 3 cancer-related deaths, none of the children died from COVID-19. The authors encourage the continuation of cancer therapies during the pandemic given that SARS-CoV-2 does not appear to increase the risk of clinical complications and mortality in oncology pediatric patients.	Palomo-Collí MÁ, Fuentes-Lugo AD, Cobo-Ovando SR, Juárez-Villegas L. COVID-19 in Children and Adolescents With Cancer From a Single Center in Mexico City. <i>J Pediatr Hematol Oncol</i> . 2020; doi:10.1097/MPH.0000000002040
Congenital heart disease, pediatrics, delays in care, surgery, worry	14-Dec-20	<a href="#">Impact of the COVID-19 pandemic on CHD care and emotional wellbeing</a>	Cardiology in the Young	Original Research	This cross-sectional, international, electronic survey study assessed the impact of the COVID-19 pandemic on pediatric care for patients with congenital heart disease (CHD) in the United States, United Kingdom, and Canada. 1220 respondents completed the survey from April 6-4 May, 2020. The majority were parent/caregivers of children (65%); however, a considerable sample of adult CHD patients also participated (n = 352, 29%) [age ranges not provided]. Of the 141 (12%) participants with a recent or	The authors conducted an international survey to assess the impact of COVID-19 on care for patients with congenital heart disease (CHD). The early phase of the COVID-19 pandemic contributed to	Cousino MK, Pasquali SK, Romano JC, et al. Impact of the COVID-19 pandemic on CHD care and emotional wellbeing. <i>Cardiol Young</i> . 2020;1-7.

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					upcoming cardiac surgery planned, 38% of this subgroup experienced postponement of surgery. Many others expressed worry about the impact of COVID-19 on their still scheduled surgery (62%). 46% of the participants had a cardiology clinic visit postponed due to the pandemic. The greatest concern among respondents was a child or partner with heart disease becoming ill with COVID-19, with 75% being moderately to very concerned. Worry about returning for in-person care was significantly greater than worry of harm to patient due to postponed care ( $p < 0.0001$ ). Clinically significant psychological stress was high across the sample including children (50%), adults with CHD (42%), and caregivers (42%). The authors conclude that the early phase of the COVID-19 pandemic contributed to considerable disruptions in cardiac care for patients with CHD.	considerable disruptions in cardiac care and led to significant symptoms of psychological stress.	doi:10.1017/S1047951120004758
COVID-19; pediatric; pneumonia; treatment	14-Dec-20	<a href="#">COVID-19 Pneumonia in Children: From Etiology to Management</a>	Frontiers in Pediatrics	Review	This literature-based review evaluated the characteristics of COVID-19 pneumonia in pediatric populations, from the etiology to clinical management. Articles were located by searching on PubMed and Science Direct. The immune response induced by SARS-CoV-2 infection is characterized by an initial immuno-protective phase, followed by an activation phase of the cytokine storm, which yields a more severe clinical manifestation. In the first phase, a robust adaptive response can control the virus and block inflammatory progression. If this fails, cell damage in organs with high concentrations of ACE2 receptors progresses by the release of cytokines and chemokines and the recruitment of inflammatory cells, which mediate lung damage and progression toward acute respiratory distress syndrome. There is little reliable evidence for the utility of drugs in treating COVID-19 pneumonia in pediatric populations; available data to date are based on observations in adult populations. For this reason, pharmacological therapy is discouraged in milder COVID-19 forms, while recommended for more severe forms; such decisions should be made on a case-by-case basis. The authors recommend chest X-ray over CT as the first choice for radiologic imaging in pediatric patients. Hospitalization is indicated when there is a need for supportive therapy (e.g., pharmacological or respiratory support), or with severe pathology.	This literature-based review evaluated the characteristics of COVID-19 pneumonia in pediatric populations, from the etiology to clinical management. The immune response induced by SARS-CoV-2 infection is characterized by an initial immuno-protective phase, followed by an activation phase of the cytokine storm, which yields a more severe clinical manifestation. Pharmacological therapy is discouraged in milder COVID-19 forms, while recommended for more severe forms; such decisions should be made on a case-by-case basis.	Parisi GF, Indolfi C, Decimo F, et al. COVID-19 Pneumonia in Children: From Etiology to Management. <i>Front Pediatr.</i> 2020;8:616622. doi: 10.3389/fped.2020.616622.
Child self-regulation; Childhood obesity; Feeding practices; Hormones; Infant weight gain; Inflammatory makers; Parenting; Postnatal; Prenatal; Prospective	14-Dec-20	<a href="#">Protocol for iGrow (Infant Growth and Development Study): biopsychosocial predictors of childhood obesity risk at 2 years</a>	BioMed Central (BMC) Public Health	Protocol	The authors describe the rationale and methods of iGrow (Infant Growth and Development Study) along with efforts to mitigate complications of the COVID-19 pandemic to the study's success. iGrow is a prospective, longitudinal community-based study of 300 mothers that will evaluate multiple pathways by which prenatal maternal psychobiological risk predicts infant weight gain over the first 6 months of life and how this early weight gain impacts risk for obesity at age 2 years. However, the 2-cohort design has resulted in 175 women recruited prior to COVID-19-related research suspension, with an anticipated 130 additional women to be recruited once research resumes (to account for possible attrition). Researchers added 4 items to their measure of life stressors to test as possible covariates: if the mother had confirmed/suspected COVID-19, a family member had confirmed/suspected COVID-19, the mother had to care for/work with someone with confirmed/suspected COVID-19, or COVID-19 altered the mother's daily routine. Researchers will also consider	The authors describe the rationale and methods of iGrow (Infant Growth and Development Study) along with efforts to mitigate complications of the COVID-19 pandemic to the study's success. Additional COVID-19-related study variables are detailed.	Leerkes EM, Buehler C, Calkins SD, Shriver LH, Wideman L. Protocol for iGrow (Infant Growth and Development Study): biopsychosocial predictors of childhood obesity risk at 2 years. <i>BMC Public Health.</i> 2020;20(1):1912. Published 2020 Dec 14. doi:10.1186/s12889-020-10003-0

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longitudinal study					the proximity to significant local events related to COVID-19 as covariates. Other key measures will include (a) maternal demographics, stress, well-being, feeding practices (feeding type, mode, duration of exclusive breastfeeding, timing of solid food introduction, infant diet), and child health; (b) direct observation of maternal and infant behavior during feeding, play, and distress-eliciting tasks (indicated by infant's heart rate); (c) anthropometric measures of mothers and infants; and (d) assays of maternal prenatal blood and infant saliva and urine.		
COVID-19; chronic kidney disease; immunosuppression	14-Dec-20	<a href="#">Impact of COVID-19 Pandemic in Children with CKD or Immunosuppression</a>	Clinical Journal of the American Society of Nephrology	Research Letter	The authors reported data from a nationwide observational study performed by the Italian Society of Nephrology to understand the effect of COVID-19 on children with immunosuppression or chronic kidney disease (CKD), conducting phone-based questionnaires from April 13-24, 2020. Data referred to the period February 20 to April 15, 2020, at the beginning of the pandemic in Italy. 71% of the 1572 patients (median age: 11.1 years; IQR: 7.2-14.7 years) were considered at risk for infectious diseases due to immunosuppression. 29% of patients had CKD stages 3-5, 93 were on dialysis, 20% of children had hypertension, and 20% of the cohort were on renin-angiotensin-aldosterone system blockers. 12% reported non-specific infectious symptoms, with 84 patients undergoing SARS-CoV-2 swab tests (46 were symptomatic, and 4 had confirmed familial cases). The percent of positive cases were similar between the study population and healthy pediatric population (4% vs 2%; p=0.43) during the period, although a higher proportion of the study population underwent SARS-CoV-2 testing, compared to the healthy pediatric population (5% vs 1%; p=0.005). 0.19% of patients (n=3/1572) tested positive for SARS-CoV-2: 1 was on immunosuppressive therapy for Henoch-Schönlein purpura, and 2 had CKD secondary to congenital abnormalities of kidneys and urinary tract. 2/3 were symptomatic and 1 was tested due to familial exposure. Hence, the authors determined that even children with advanced stages of CKD or on immunosuppressants were at low risk of clinically significant COVID-19.	The authors found that only 0.19% of 1572 pediatric patients with chronic kidney disease (CKD) or immunosuppression tested positive for SARS-CoV-2, and the proportion of positive tests were the same as that in the healthy pediatric population in Italy. They concluded that even children with advanced CKD or immunosuppression were at low risk of contracting clinically significant COVID-19.	Mastrangelo A, Morello W, Vidal E, et al. Impact of COVID-19 Pandemic in Children with CKD or Immunosuppression. Clin J Am Soc Nephrol. 2020 Dec 14. doi: 10.2215/CJN.13120820. PMID: 33318026.
COVID-19; Nigeria; seasonal malaria chemoprevention, Public health campaigns, community health workers, infodemics	14-Dec-20	<a href="#">COVID-10 knowledge, beliefs, prevention behaviours and misinformation in the context of an adapted seasonal malaria chemoprevention campaign in six northern Nigerian States</a>	Tropical Medicine and Health	Short Report	The authors report that the malaria consortium's seasonal malaria chemoprevention (SMC) programme was successfully adapted in the context of COVID-19 and was a conduit for high-quality public health messages. Diffusion of misinformation of COVID-19 is a significant issue worldwide. This study described the prevalence of knowledge of COVID-19 among caregivers of children (3-59 months old) in 6 Nigerian states covered by the SMC programme. The relationship between SMC distributed COVID-19 data and prevention behaviours, symptoms of COVID-19, and belief in misinformation was collected from 18 July- 4 August 2020. Awareness of COVID-19 was reported by 91.92% (36,914) of the 40,157 survey respondents. The proportion of respondents with correct identification of COVID-19 prevention behaviours was 80.52% (95% CI 80.02-81.00); symptoms were 81.72% (95% CI 81.23-82.20), and belief in misinformation was 22.90% (95% CI 22.24-23.57). Receipt of information from SMC distributors not wearing face masks did not have any association with belief in misinformation. However, receipt of information from SMC distributors wearing face masks increased knowledge of prevention	Correct knowledge of COVID-19 symptoms, prevention strategies, and misinformation is critical. The authors provided evidence that a seasonal malaria chemoprevention (SMC) programme in Nigeria can be adapted to provide high-quality information on public health threats to assist national programs disseminating information.	Richardson S, Ibinaiye T, Nikau J, et al. COVID-19 knowledge, beliefs, prevention behaviours and misinformation in the context of an adapted seasonal malaria chemoprevention campaign in six northern Nigerian States. Trop Med Health. 2020;48(1):101. Published 2020 Dec 14. doi:10.1186/s41182-020-00288-7

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					behaviors with an OR of 1.83 (95% CI 1.67-2.01, p<0.001); knowledge of symptoms with an OR 1.75 (95% CI 1.57-1.95, p<0.001) and belief in misinformation with an OR of 0.92 (95% CI 0.84-1.00, p=0.042). The authors conclude that SMC programmes can assist in disseminating high-quality knowledge of public health messages along with other national campaigns.		
Vitamin D, genetic, single nucleotide polymorphisms (SNPs), COVID-19 risk factor, children	14-Dec-20	<a href="#">The influence of the genetic background of the host on vitamin D deficiency in children with COVID-19</a>	Pediatric Pulmonology	Letter to the Editor	This article highlights the critical role of the host's genetic background in the development of vitamin D deficiency, a potential risk factor for COVID-19. Although the optimal serum concentration of 25-hydroxyvitamin D in children has not yet been established, the authors present the recommendations for the classification of normal and abnormal serum concentrations of 25-hydroxyvitamin D in the pediatric population by the American Academy of Pediatrics and the "Global Consensus Recommendations on Prevention and Management of Nutritional Rickets". The amount of circulating 25-hydroxyvitamin D depends on its plasma carrier, the vitamin D binding protein (DBP) concentration. A genome-wide association study has identified DBP variants defined by the genetic single nucleotide polymorphisms (SNPs) that influence vitamin D metabolism. The highest circulating 25-hydroxyvitamin D concentrations were found in children with a DBP 1S/1S genotype compared to intermediate levels in the DBP 1S/1F or 1S/2 group and with the lowest levels in the DBP 1F/2 or 2/2 group. Due to their higher vitamin D concentrations, DBP 1 allele carriers were less susceptible to SARS-CoV-2 infection and mortality from COVID-19. The authors suggest future studies on the relationship between SNPs of vitamin D-related genes, 25-hydroxyvitamin D concentrations, and COVID-19 to identify high-risk children, especially those with the DBP 1F/2 or 2/2 phenotype. Investigation of DBP genetic variability could help facilitate precision medicine.	This article highlights the critical role of the host's genetic background in the development of vitamin D deficiency, a potential risk factor for COVID-19. Children with vitamin D binding protein (DBP) 1S/1S genotype had the highest circulating 25-hydroxyvitamin D concentrations and were less susceptible to SARS-CoV-2 infection and mortality due to COVID-19.	Speeckaert MM, Delanghe JR. The influence of the genetic background of the host on vitamin D deficiency in children with COVID-19 [published online, 2020 Dec 14]. <i>Pediatr Pulmonol.</i> 2020. doi:10.1002/ppul.25196
infants, neonates, outcomes, SARS-CoV-2, COVID-19, malnutrition, anemia, India	14-Dec-20	<a href="#">Severe Malnutrition and Anemia Are Associated with Severe COVID in Infants</a>  <a href="#">[Free Access to Abstract Only]</a>	Journal of Tropical Pediatrics	Case Series	This article describes the demographic, epidemiologic, clinical, radiological, laboratory features and outcomes of infants [age criteria not specified] with SARS-CoV-2 infection confirmed by RT-PCR and admitted to a teaching hospital in Pune, India 1 April - 7 August, 2020. A total of 13 infants were included; the median age was 8 months (range 3-13 months) and 9 were male. Common presenting features were fever (n=8, 62%), poor feeding, irritability, and runny nose (n=3, 23%). Comorbidities included severe acute malnutrition (SAM) in 3 cases (23%) and nutritional megaloblastic anemia, iron deficiency anemia, sickle thalassemia and renal calculi in 1 case (8%) each. There was a history of low birth weight in 2 cases (15%), pallor was noted in 3 cases (23%), and tachypnea and respiratory distress in 4 cases (30%). Severe anemia, thrombocytopenia, elevated ferritin, abnormal procalcitonin, abnormal C-reactive protein, and deranged D-dimer was noted in 3 cases (23%) each. Neutrophil-lymphocyte ratio was normal in all cases. 3 infants (43%) had evidence of pneumonia on chest radiograph, of which 1 had adult respiratory distress syndrome (ARDS)-like patterns and 1 infant had cardiomegaly and perihilar infiltrates. 1 infant (13 months old) died of ARDS with multi-organ dysfunction with refractory shock and hemophagocytic lymphohistiocytosis. The authors note that India still has a	This case series describes the demographic, epidemiologic, clinical, radiological, laboratory features, and outcomes of 13 infants with SARS-CoV-2 infection admitted to a teaching hospital in Pune, India 1 April - 7 August, 2020. Results demonstrate that infants can develop severe COVID-19, particularly in those who have severe acute malnutrition and anemia, although larger studies are needed to confirm this.	Kulkarni R, Rajput U, Dawre R, et al. Severe Malnutrition and Anemia Are Associated with Severe COVID in Infants [published online, 2020 Dec 14]. <i>J Trop Pediatr.</i> 2020;fmaa084. doi:10.1093/tropej/fmaa084

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					huge burden of malnutrition and anemia in children which may explain differences in risk factors observed in this case series than in reports from other countries. Laboratory abnormalities described in this series are consistent with those described in adults with severe COVID-19 except for 2 notable abnormalities: direct hyperbilirubinemia, seen in 4 cases, and normal neutrophil-lymphocyte ratio in all cases.		
crisis care, pediatric care, neonatal care, resource allocation protocols, COVID-19, US	14-Dec-20	<a href="#">Allocating Resources Across the Life Span During COVID-19—Integrating Neonates and Children Into Crisis Standards of Care Protocols</a>	Journal of the American Medical Association (JAMA) Pediatrics	Opinion	Existing resource allocation protocols in crisis care in the US often do not account for varying mortality risks among children and adult patients, an issue exacerbated by the COVID-19 pandemic. Current allocation protocols that rely on the Sequential Organ Failure Assessment to assess in-hospital mortality have not been sufficiently validated to support widespread use in pediatric and neonatal populations. To address these shortcomings, the authors make 4 recommendations for hospital resource allocation across differing ages: 1) protocols should account for accumulating morbidities that modify mortality risk in pediatric & neonatal patients, 2) clinicians should use clinical judgment in unique cases not able to be scored by existing systems, 3) protocols must differentiate disability status and mortality risk to maintain priority for disabled individuals, and 4) triage teams must include members with neonatal and pediatric critical care expertise. The adoption of these suggestions in future protocol development and implementation will ensure the maintenance of equitable health systems that adequately meet the needs of children and neonates.	The limited application of current resource allocation protocols for crisis care to pediatric and neonatal populations requires changes to promote more equitable care. The authors make clear suggestions for how to incorporate the needs of pediatric and neonatal patients into crisis care through 4 recommendations.	Lemmon ME, Truog RD, Ubel PA. Allocating Resources Across the Life Span During COVID-19-Integrating Neonates and Children Into Crisis Standards of Care Protocols. JAMA Pediatr. 2020 Dec 14. doi: 10.1001/jamapediatrics.2020.5215. PMID: 33315093.
COVID-19; clinical features; coronavirus; epidemiological features; children; pediatric; Kazakhstan	14-Dec-20	<a href="#">COVID-19 in the paediatric population of Kazakhstan</a>	Paediatrics and International Child Health	Original Research	The authors collected data of 650 pediatric patients (mean 7.1 years; range 0-18 years old) of confirmed COVID-19 cases from an electronic medical database in Kazakhstan from March 6-June 11, 2020. Children were subdivided into four age groups: neonates and infants (<1 years), young children (1–4 years), older children (5–12 years) and adolescents (13–18 years). Asymptomatic and mild forms of infection were diagnosed in 85.8% of cases. COVID-19 infection was asymptomatic or mild in 70.5% of neonates and infants, in 87.2% of young children, in 91.8% of older children and in 88.2% of adolescents. The common symptoms were cough (14.8%), sore throat (12.8%), fever (9.1%) and rhinorrhea (5.5%). Diarrhea (2%), dyspnea (1.8%) and muscle pain were rare (1.1%). The authors state that the results confirm previously published data which indicate that COVID-19 infection in children is mainly asymptomatic or mild compared to adults.	The authors collected data of 650 pediatric patients of confirmed COVID-19 cases from an electronic medical database in Kazakhstan from March 6-June 11, 2020. In this study, 85.8% of the children had an asymptomatic or mild form of the disease.	Bayesheva D, Boranbayeva R, Turdalina B, et al. COVID-19 in the paediatric population of Kazakhstan [published online ahead of print, 2020 Dec 14]. Paediatr Int Child Health. 2020;1-7. doi:10.1080/20469047.2020.1857101
US, perinatal, pandemic, racial disparities	14-Dec-20	<a href="#">COVID-19 and Perinatal Care: Facing Challenges, Seizing Opportunities</a>	Journal of Midwifery and Women's Health	Commentary	This commentary notes that the US reproductive health care system needs rapid improvement, especially in light of current barriers, increased health inequities, and exposure risks caused by the COVID-19 pandemic. National experts, leaders, and organizations have been calling for equitable perinatal care that is integrated across birth settings and teams; the pandemic can and should accelerate implementation. Care providers, scientists, and policymakers should seize this opportunity to realize the National Academy of Medicine's goals and improve care across settings and providers. To accomplish this goal, systems should incorporate lessons from prior pandemics and integrate perinatal care systems; the authors detail 5 characteristics of integrated perinatal care for reference. The	This commentary notes that the US reproductive health care system needs rapid improvement, especially in light of current barriers, increased health inequities, and exposure risks caused by the COVID-19 pandemic. The authors conclude that the current pandemic presents opportunities to overcome	Tilden EL, Phillippi JC, Snowden JM. COVID-19 and Perinatal Care: Facing Challenges, Seizing Opportunities [published online ahead of print, 2020 Dec 14]. J Midwifery Womens Health. 2020;10.1111/jmwh.13193.

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					process of improving care will be challenging, requiring new collaborations, interprofessional compromise, and better communication, as well as commitment to dismantling systemic and individual racism. Increasing access to a wide range of birth settings and culturally responsive care models may particularly benefit the health of Black and marginalized individuals with regard to SARS-CoV-2 exposure, risk of perinatal complications, and the intersection of these 2 factors. The pandemic has prompted individuals to re-examine birth choices. The authors conclude that the current pandemic presents opportunities to overcome longstanding polarization and embrace science-based innovation to meet reproductive health needs in the United States with a focus on promotion of health equity. The authors outline 3 steps for overcoming polarization of attitudes and priorities surrounding childbirth in the healthcare field.	longstanding polarization and embrace innovation to meet reproductive health needs. The authors detail 5 characteristics of integrated perinatal care and 3 steps for overcoming polarization of attitudes and priorities surrounding childbirth in the healthcare field.	doi:10.1111/jmwh.13193
Absence epilepsy; Child; Ethosuximide; Hyperventilation; Seizure; Telemedicine	13-Dec-20	<a href="#">Diagnosing and managing childhood absence epilepsy by telemedicine</a>  <a href="#">[Free Access to Abstract Only]</a>	Epilepsy and Behavior	Brief Communication	The authors present a small series of pediatric patients with childhood absence epilepsy, who were seen via remote synchronized 2-way audiovisual tele-visit during the COVID-19 pandemic. The authors conducted a retrospective chart review of patients referred to the Pediatric Neurology Division at Johns Hopkins Hospital (US) for staring spells or suspected absence seizures during March-June 2020. A total of 17 children (4-12 years old) were evaluated. 7 children were referred with classic symptoms, 6 children developed typical episodes in response to a remote hyperventilation trial, and the remaining children had spontaneous absence seizures and classic staring spells witnessed during the visit. The authors presented a list of patients, current treatment, seizure characteristics, and EEG results in a table. These cases demonstrate that children with staring spells suspected of being seizures can be evaluated using telemedicine. Office-based assessments and provocative tests of staring spells, which may include hyperventilation, can be utilized successfully during a tele-visit. Although EEG is considered essential when available, the authors state that requiring EEG before starting treatments needs to be reconsidered during the pandemic. Anti-seizure treatment should not be delayed in these cases.	The authors present a case study of 17 children (4-12 years old) with childhood absence epilepsy, who were seen via remote synchronized 2-way audiovisual tele-visit in March-June 2020 in the United States. These cases demonstrate that children with staring spells suspected of being seizures can be evaluated using telemedicine during the COVID-19 pandemic.	Stafstrom CE, Sun LR, Kossoff EH, et al. Diagnosing and managing childhood absence epilepsy by telemedicine. <i>Epilepsy Behav.</i> 2021. doi:10.1016/j.yebeh.2020.107404
Placenta, pathology, neonate, vertical transmission, histology	13-Dec-20	<a href="#">Trophoblast damage with acute and chronic intervillitis: disruption of the placental barrier by severe acute respiratory syndrome coronavirus 2</a>	Human Pathology	Original Research	This study compared placental histo-pathology between pregnant women who tested positive (n=75) and negative (n=75) for SARS-CoV-2 at the time of delivery in New York, USA from March 20-June 15, 2020. All neonates born to positive mothers were also tested by SARS-CoV-2 RT-PCR within 12-72 hours of delivery. Of note, clinical diagnoses of non-reassuring fetal heart rate (NRFHR) or Category 2 fetal heart tracing was significantly more prevalent in the SARS-CoV-2 negative women (22/75 vs 6/75, p<0.002). Placental examination was normal in 12/75 (16%) of the positive and 3/75 (4%) of the negative subjects, respectively (p=0.403). Placental pathology in both groups correlated with obstetric comorbidities without significant differences between SARS-CoV-2-positive and SARS-CoV-2-negative women for any of the pathologic findings. Placental samples were additionally studied with anti-SARS-CoV-2 immuno-histochemistry and/or in situ hybridization. SARS-CoV-2 was identified in only 1/75 placentas from positive women. Viral staining was predominantly localized to the	The authors compared placental histo-pathology findings between pregnant women positive for SARS-CoV-2 at delivery compared to a negative cohort in New York, USA. There was no difference in pathologic findings between the two groups. SARS-CoV-2 was identified by immuno-histochemistry in the syncytiotrophoblast of one placenta from an infected woman. All neonates born to positive women tested negative	Debelenko L, Katsyv I, Chong AM, Peruyero L, Szabolcs M, Uhlemann AC. Trophoblast damage with acute and chronic intervillitis: disruption of the placental barrier by severe acute respiratory syndrome coronavirus 2. <i>Hum Pathol.</i> 2020; doi:10.1016/j.humpath.2020.12.004

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					syncytiotrophoblast, which demonstrated marked damage accompanied by peri-villous fibrin deposition and mixed intervillitis. All neonates born to positive mothers tested negative for SARS-CoV-2. The authors conclude that SARS-CoV-2 is seldom identified in placentas of infected women, although it can have placental involvement, particularly in the syncytiotrophoblast.	for SARS-CoV-2 within 12-72 hours of birth.	
Prenatal care, pregnancy, obstetrics, history	13-Dec-20	<a href="#">The evolution of prenatal care delivery guidelines in the United States</a>  <a href="#">[Free Access to Abstract Only]</a>	American Journal of Obstetrics and Gynecology	Expert Review	In this paper, the authors share a historical review of the evolution of prenatal care guidelines in the United States up to recent changes brought about by the COVID-19 pandemic. They begin with the relatively unstructured beginnings of prenatal care in the 19th century, when most medical care fell within the domain of laypeople. They explore how early discoveries created the groundwork for future prenatal care interventions, including screening of urine and blood pressure—which in turn created a need for routine prenatal care visits. They then discuss the organization of the medical profession, including the field of obstetrics and gynecology. In the early 20th century, new data increasingly revealed high rates of infant and maternal mortalities, leading to a greater emphasis on prenatal care. These discoveries culminated in the first codification of a prenatal visit schedule in 1930, which remained essentially unchanged for almost a century—monthly visits until 28 weeks’ gestation, bimonthly visits until 36 weeks’ gestation, and weekly visits until delivery. However, COVID-19 forced the field to change, to reconsider both the need for in-person visits and frequency of visits. The authors conclude that obstetricians should consider how to use what we have learned in this unprecedented time to shape future prenatal care.	This article provides a historical review of the evolution of prenatal care delivery guidelines in the United States. The COVID-19 pandemic forced obstetricians to reconsider the need for in-person and the frequency of prenatal care visits, despite a century of mostly unchanged recommendations. Moving forward, the authors call on obstetricians to consider using lessons from the pandemic to shape the future of prenatal care.	Peahl AF, Howell JD. The evolution of prenatal care delivery guidelines in the United States . Am J Obstet Gynecol. 2020; doi:10.1016/j.ajog.2020.12.016
immigrants; pregnancy; COVID-19; policy; antenatal care; United States of America	13-Dec-20	<a href="#">Pregnancy, Pandemics, and Public Health Policy: The Disparate Impact of COVID-19 on Pregnant Immigrants</a>	Women's Health Issues	Commentary	This commentary describes how the COVID-19 pandemic has affected low-income immigrant populations in the United States, focusing on pregnant immigrants who are less likely to access adequate antenatal care even outside of the pandemic. The majority of US states do not provide publicly funded prenatal care to undocumented immigrants, nor are undocumented immigrants covered by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Fears of inability to pay for care, poor treatment by providers, and apprehension by immigration enforcement all restrict access to SARS-CoV-2 testing, antenatal care, and other needed care. Furthermore, the Trump administration has used the threat of COVID-19 to expand immigration restrictions. The authors state that in order to combat the COVID-19 pandemic, the unique dangers posed to immigrants must be considered. Additionally, immigrants may be unable to utilize telemedicine options due to technology and internet barriers. The authors recommend that state governments provide publicly funded antenatal care for all low-income residents, regardless of immigration status, for the duration of the COVID-19 pandemic.	This commentary summarizes the additional challenges pregnant immigrants in the United States, both documented and undocumented, face in accessing adequate antenatal care during the COVID-19 pandemic. The authors recommend publicly funded antenatal care be made available to all low-income residents to mitigate the impact of the pandemic on pregnant immigrants.	Ludmir J, Fabi, RE. Pregnancy, Pandemics, and Public Health Policy: The Disparate Impact of COVID-19 on Pregnant Immigrants. Women's Health Issues. 2020. doi:10.1016/j.whi.2020.12.001
USA, COVID-19 Vaccine, approval	13-Dec-20	<a href="#">The Advisory Committee on Immunization Practices' Interim</a>	Morbidity and Mortality Weekly Report	Early Release Report	The Advisory Committee on Immunization Practices (ACIP) issued an interim recommendation on December 12, 2020 for use of the Pfizer-BioNTech COVID-19 vaccine in persons ≥16 years. One randomized, double-blind, placebo-controlled Phase II/III clinical trial in >43,000 participants (median age = 52 years, range = 16-91 years) was used for analysis. Interim	Authors report that the Advisory Committee on Immunization Practices has issued an interim recommendation for the use of	Oliver S, Gargano J, Marin M, et al. The Advisory Committee on Immunization Practices' Interim

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		<a href="#">Recommendation for Use of Pfizer-BioNTech COVID-19 vaccine --United States, December 2020</a>			findings indicate that the vaccine is 95.0% effective (95% CI = 90.3%–97.6%) in preventing symptomatic laboratory-confirmed COVID-19 in persons without evidence of previous SARS-CoV-2 infection. Consistent high efficacy (≥92%) was observed across age, sex, race, and ethnicity categories and among persons with underlying medical conditions as well as among participants with evidence of previous SARS-CoV-2 infection. Severe local and systemic adverse reactions (grade ≥3, defined as interfering with daily activity) occurred. Among vaccine recipients, 8.8% reported any grade ≥3 reaction; the most common symptoms were fatigue (4.2%), headache (2.4%), muscle pain (1.8%), chills (1.7%), and injection site pain (1.4%). The level of certainty for the benefits of the Pfizer-BioNTech COVID-19 vaccine was graded type 1 (high certainty) for the prevention of symptomatic COVID-19. Additional studies of safety and effectiveness are planned after authorization and will be important to inform future ACIP recommendations as well as increase public confidence in the COVID-19 vaccination program. This report also makes reference to clinical considerations and details of administration for special populations, such as pregnant women, in a separate article.	the Pfizer-BioNTech COVID-19 vaccine in persons ≥16 years old. Data from Phase II/III clinical trials shows high efficacy (≥92%) across age, sex, race, and ethnicities.	Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine — United States, December 2020. MMWR Morb Mortal Wkly Rep. ePub: 13 December 2020. DOI: <a href="http://dx.doi.org/10.15585/mmwr.mm6950e2">http://dx.doi.org/10.15585/mmwr.mm6950e2</a> external icon
COVID-19, pediatric specialty hospital service	12-Dec-20	<a href="#">Changes in hospital prescribing activity at a specialist children's hospital during the COVID-19 pandemic - an observational study</a>	medRxiv	Preprint (not peer-reviewed)	This retrospective observational study quantified how the COVID-19 emergency in the UK affected Great Ormond Street Hospital (GOSH), a pediatric tertiary care hospital based in central London, by comparing hospital activity, patient case mix and medication prescribing and administration before and during the COVID-19 emergency. Data from pediatric inpatients at GOSH between 29 April 2019 - 6 September 2020 were used, with 23 March 2020 marking the start of the COVID-19 emergency. Between March 23 and 6 September, day cases (no overnight stay) dropped by ~ 37% (p<0.001) as compared to before the pandemic. Both admissions and discharges for inpatients (at least one overnight stay) decreased (p<0.001), leading to a small reduction in hospital bed days but no reduction in hospital bed nights. The effect on hospital activity in different patient groups varied substantially, with increased day cases in some groups (such as a 13% increase in medical oncology, p<0.001). As a result, the patient case mix in the hospital was very different during the pandemic. Overall weekly medication administrations decreased for day cases and inpatients, but weekly medication administrations per bed day increased by 10% for day cases and 6% for inpatients, likely reflecting changes to the patient population, with only those children with severe conditions being treated during the pandemic. The authors conclude that, despite not being badly affected by the disease itself, specialist pediatric hospital services have been greatly affected by the pandemic.	This retrospective observational study quantified how the COVID-19 emergency in the UK affected Great Ormond Street Hospital (GOSH), a pediatric tertiary care hospital based in central London, by comparing hospital activity, patient case mix and medication prescribing and administration before and during the COVID-19 emergency. The authors conclude that, despite not being badly affected by the disease itself, specialist pediatric hospital services have been greatly affected by the pandemic.	Vestesson, E., Alonso, C., Booth, J., et al. Changes in hospital prescribing activity at a specialist children's hospital during the COVID-19 pandemic - an observational study. medRxiv. 2020. <a href="https://doi.org/10.1101/2020.12.21.20248153">https://doi.org/10.1101/2020.12.21.20248153</a>
COVID-19, SARS-CoV-2, laboratory testing, RT-qPCR, pediatric	12-Dec-20	<a href="#">Combined RT-qPCR and Pyrosequencing of a SARS-CoV-2 Spike Glycoprotein Polybasic</a>	medRxiv	Preprint (not peer-reviewed)	The authors sought to improve the diagnostic accuracy of SARS-CoV-2 testing, especially between negative and false-negative specimens, with the combination of the RT-qPCR workflow and subsequent pyrosequencing of an S-gene amplicon. In this paper, the authors provide a preliminary report of their epidemiological survey, as well as a detailed protocol for an expanded SARS-CoV-2 (+)RNA detection method. The authors tested the combined method in a large pediatric cohort from 2 German medical	The authors sought to improve the diagnostic accuracy of SARS-CoV-2 testing, especially between negative and false-negative specimens, with the combination of the RT-qPCR workflow and subsequent	Weil P. P., Hentschel J., Schult F., et al. Combined RT-qPCR and Pyrosequencing of a SARS-CoV-2 Spike Glycoprotein Polybasic Cleavage Motif

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		<a href="#">Cleavage Motif Uncovers Rare Pediatric COVID-19 Spectrum Diseases of Unusual Presentation</a>			centers comprising 769 children (56% male; 53.6% 0-5 yrs, 28.7% 6-12 yrs, 17.7% 13-17 yrs) without indication for routine COVID-19 testing as defined by the WHO at time of presentation. Pyrosequencing after RT-qPCR enabled them to uncover 6 previously unrecognized cases of pediatric SARS-CoV-2 infection, some of which exhibited unusual and heterogeneous presentations. In the course of RT-qPCR/pyrosequencing method establishment, researchers did not observe any case of false-positive diagnosis when confirmed SARS-CoV-2-positive specimens were used from foregoing routine testing. The authors conclude that the proposed combined protocol allows for specific and sensitive detection of SARS-CoV-2, similar to the detection limits of RT-qPCR. Combined RT-qPCR/pyrosequencing does not negatively affect the preceding RT-qPCR pipeline in SARS-CoV-2 diagnostics, and could be routinely applied to inspect conflicting RT-qPCR results.	pyrosequencing of a S-gene amplicon. The authors conclude that combined RT-qPCR/pyrosequencing does not negatively affect the preceding RT-qPCR pipeline in SARS-CoV-2 diagnostics, and could be routinely applied to inspect conflicting RT-qPCR results.	Uncovers Rare Pediatric COVID-19 Spectrum Diseases of Unusual Presentation. medRxiv. 2020. <a href="https://doi.org/10.1101/2020.12.19.20243428">https://doi.org/10.1101/2020.12.19.20243428</a>
Neonate, lung ultrasound, imaging, respiratory	12-Dec-20	<a href="#">Use of lung ultrasound in neonates during the COVID-19 pandemic</a>	Radiologia brasileira	Original Research	In this study, the authors present lung ultrasound (LUS) findings from 27 asymptomatic neonates [ages not provided, but neonates assessed during routine postnatal care after delivery] born to women with a suspected or confirmed diagnosis of COVID-19 in Brazil [dates not provided]. A pediatric sonographer performed ultrasound examinations using a 7.5-10.0 MHz linear transducer and all neonates were tested for SARS-CoV-2. In the asymptomatic SARS-CoV-2-negative neonates [number not provided], the LUS findings ranged from normal (A lines, few B lines, a thin, linear pleural line, and no pleural effusion), to showing coalescent B lines and pleural thickening, diffuse hyperechoic images throughout the lungs without A lines, irregular pleural surface with consolidation and air bronchograms, or areas of pulmonary condensation in the posterior chest wall. In the asymptomatic SARS-CoV-2-positive neonates, the LUS findings ranged from a pattern of multiple coalescent B lines, especially in the posterior lung fields, with pleural thickening and areas of pulmonary condensation to one in which there was a large area of pulmonary condensation in the posterior lung field. The authors conclude that in neonates, LUS is capable of identifying features of COVID-19 and can help differentiate COVID-19 from other respiratory diseases inherent to the neonatal period.	In this study, 27 asymptomatic neonates born to mothers with suspected or confirmed COVID-19 in Brazil were tested for SARS-CoV-2 and evaluated using lung ultrasound (LUS). In the SARS-CoV-2 positive neonates, LUS showed findings of multiple coalescent B lines, pleural thickening and areas of pulmonary consolidation. The authors conclude that LUS can help differentiate COVID-19 in neonates from other respiratory diseases inherent to the neonatal period.	Matsuoka MW, da Rocha SMS, Gibelli MABC, Nicolau CM, de Carvalho WB, Suzuki L. Use of lung ultrasound in neonates during the COVID-19 pandemic. Radiol Bras. 2020; doi:10.1590/0100-3984.2020.0110
Pregnancy, High-Risk; Heart Diseases/Complications, Respiratory Insufficiency; COVID-19; Coronavirus; Severe Acute Respiratory Syndrome	12-Dec-20	<a href="#">COVID-19 Infection in a Cardiopatic [sic] Pregnant Woman</a>	Arquivos Brasileiros de Cardiologia	Research Letter	This case study describes the hospitalization of a 26-year-old pregnant woman in Brazil, who had received a mitral valve replacement 9 years ago due to rheumatic disease. The woman, when at 36 weeks and 5 days gestation, was admitted to an emergency clinic on March 30, 2020 while showing COVID-19 symptoms. An orotracheal intubation was performed on the patient and her blood pressure controlled, and she was referred for a c-section under general anesthesia. Her neonate was born in fetal distress requiring resuscitation. Upon admission to the neonatal-ICU, the infant was mechanically ventilated until April 8th and discharged upon full recovery. The neonate tested negative for COVID-19. The next day (April 1), the patient showed clinical improvement while under mechanical ventilation and was diagnosed with COVID-19. On April 7th, the patient went into acute respiratory failure and was treated with invasive mechanical ventilation, sedation, and curarization. On April 9th, she went into cardiac	This case study describes the hospitalization of a 26-year-old pregnant woman in Brazil with COVID-19. Her history of heart disease might have contributed to her newborn's fetal distress and her eventual death.	Holanda LS, Vieira L, Campos MT et al. COVID-19 Infection in a Cardiopatic Pregnant Woman. Arq Bras Cardiol. 2020 Nov;115(5):936-938. doi: 10.36660/abc.20200517

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					arrest and died, despite attempts to revive her. The authors note that there is little data on how COVID-19 affects pregnant women with a history of heart disease, and that the course of disease might negatively impact both mother and infant.		
SARS-CoV-2, neonatal outcome, breastfeeding, hygiene, postpartum care, vertical transmission, COVID-19	12-Dec-20	<a href="#">Epidemiology, management and risk of SARS-CoV-2 transmission in a cohort of newborns born to mothers diagnosed with COVID-19 infection</a>	Anales de Pediatría	Original Research	The authors present the results of an observational, prospective study in one hospital in Spain evaluating the outcomes of neonates born to mothers with documented SARS-CoV-2 infection between March 15-August 17, 2020. Care of the mother/neonate dyad included adherence to a closed circuit of hospital care as well as the Sociedad Española de Neonatología's guidelines promoting skin-to-skin contact, breastfeeding, mask/hand hygiene and rooming-in accommodations. 73 mothers were included (median age 34 years, IQR 27-37); 71 had singleton pregnancies and 2 had twin pregnancies. Most (95.9%) maternal SARS-CoV-2 infections were diagnosed in the third trimester, with 4.1 % diagnosed in the second trimester. Median neonatal weight was 3050 g (IQR 2780-3450). The authors report median gestation age at birth as 38 weeks (IQR 37-40), although the authors also state that 20% (15/75) of infants were born preterm. 16% of neonates required resuscitation, and one, born at 24 weeks' gestation, required intubation. 19 infants required neonatal ICU admission. 2 patients died (one each with necrotizing enterocolitis or severe hypoxic ischemic encephalopathy). Most neonates received skin-to-skin contact (68%), delayed cord clamping (57.3%), and exclusive breastfeeding with maternal milk (64%). The first neonatal SARS-CoV-2 PCR, conducted before 24 hours of age, was negative for all 75 infants. Follow-up testing at 14 days was possible in 54 neonates (72%), all of whom were asymptomatic. One PCR test was positive.	The authors present a maternal/neonatal dyad study showing no vertical transmission of SARS-CoV-2 to neonates born to SARS-CoV-2-positive mothers. They also show the relative safety of skin-to-skin contact, maternal/child rooming-in accommodations, and breastfeeding, while adhering to masking and hand hygiene guidelines. 64% of neonates were exclusively breastfed.	Solís-García G, Gutiérrez-Vélez A, Pescador Chamorro I, et al. Epidemiology, management and risk of SARS-CoV-2 transmission in a cohort of newborns born to mothers diagnosed with COVID-19 infection. An Pediatr (Engl Ed). 2021 Jan 26. doi: 10.1016/j.anpede.2020.12.006. Epub ahead of print. PMID: 33521167; PMCID: PMC7834971.
Adult congenital heart disease; COVID-19; Corona; Position paper; SARS-CoV-2; pregnancy	12-Dec-20	<a href="#">Coronavirus disease 2019 in adults with congenital heart disease: a position paper from the ESC working group of adult congenital heart disease, and the International Society for Adult Congenital Heart Disease</a>	European Heart Journal	Position Paper	The severity of COVID-19 and the risk of adverse outcomes are increased in patients with pre-existing cardiovascular disease. This article discusses the broad impact of COVID-19 on patients with adult congenital heart disease (ACHD), focusing on pathophysiology, risk stratification for work, self-isolation, hospitalization, impact on pregnancy, psychosocial health, and longer-term implications for the provision of ACHD care. Cited studies of pregnant women with COVID-19 in China and the US suggest that pregnant women have a similar clinical course of COVID-19 compared to non-pregnant women, and neither study found any association between SARS-CoV-2 infection and increased risk of spontaneous abortion or preterm birth. Furthermore, neither study reported any cases of vertical transmission of SARS-CoV-2. Despite these re-assuring results, the authors recommend that pregnant women diagnosed with COVID-19 be given meticulous care by a multidisciplinary team, particularly pregnant women with ACHD. The authors offer a guide for assessing risk in ACHD patients during the COVID-19 pandemic (stratified as low, moderate, or high risk). This is illustrated in a figure outlining anatomical and physiological risk factors specific to ACHD patients, as well as non-ACHD specific risk factors.	This article discusses the broad impact of COVID-19 on patients with adult congenital heart disease (ACHD), focusing on pathophysiology, risk stratification for work, self-isolation, hospitalization, impact on pregnancy, psychosocial health, and longer-term implications for the provision of ACHD care.	Diller GP, Gatzoulis MA, Broberg CS, et al. Coronavirus disease 2019 in adults with congenital heart disease: a position paper from the ESC working group of adult congenital heart disease, and the International Society for Adult Congenital Heart Disease [published online ahead of print, 2020 Dec 12]. Eur Heart J. 2020;ehaa960. doi:10.1093/eurheartj/ehaa960
COVID-19; SARS-CoV-2; adverse	12-Dec-20	<a href="#">Evaluation of Maternal Serum Afamin and</a>	Journal of Medical Virology	Original Research	Vitamin E facilitates blood-brain barrier transport and may have a neuro-protective function during pregnancy. Afamin is a glyco-protein that binds to vitamin E and can indicate oxidative stress (OS) and increased risk of	This prospective case-control study from Turkey found that obstetric complication rate and	Erol SA, Tanacan A, Anuk AT, et al. Evaluation of Maternal

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outcome; afamin; pregnancy; vitamin E; Turkey		<a href="#">Vitamin E Levels in Pregnant Women with COVID-19 and Its Association with Composite Adverse Perinatal Outcomes</a>			pregnancy-related disorders. In this prospective case-control study from Turkey, the authors evaluated maternal serum afamin and vitamin E levels in SARS-CoV-2-infected pregnant patients and uninfected pregnant patients to assess a potential association with composite adverse perinatal outcomes. Obstetric complications were higher in the infected group (13.3% vs 2.8%, p=0.01). Afamin levels were higher and vitamin E levels were lower among infected patients (p=0.02, p<0.001, respectively). Vitamin E levels were lower in the infected group for all trimesters (p<0.001, p<0.001, p=0.004, respectively). The authors conclude that higher afamin and lower vitamin E levels may support the elevated OS in the etio-pathogenesis of COVID-19 and could contribute to adverse perinatal outcomes. The authors also include predictive afamin values for pregnancy complications in both infected and uninfected pregnant patients.	afamin levels were higher in SARS-CoV-2-infected patients than uninfected patients, while vitamin E levels were lower in infected patients. The authors include predictive afamin values for pregnancy complications in both infected and uninfected pregnant patients.	Serum Afamin and Vitamin E Levels in Pregnant Women with COVID-19 and Its Association with Composite Adverse Perinatal Outcomes. J Med Virol. 2020;10.1002/jmv.26725. doi:10.1002/jmv.26725
COVID-19; nasopharyngeal suction; interventions, barrier; PPE	11-Dec-20	<a href="#">Pediatric barrier enclosure for nasopharyngeal suctioning during Covid-19 pandemic: A simulation based-study</a>	The American Journal of Emergency Medicine	Original Research	Nasopharyngeal Suctioning (NS) is a common procedure for upper respiratory tract infections in children. However, this procedure represents a risk of transmission of SARS-CoV-2. In addition to the use of PPE, plastic barrier enclosures have been designed to reduce the risk of transmission during intubation of COVID-19 patients. These barriers consist of a large plexiglass box installed above the head and torso of a patient lying supine during an advanced airway procedure. This study aimed to evaluate the benefit of a pediatric barrier enclosure for NS for healthcare providers (HCP). To simulate the NS procedure, a fluorescent solution of 50% Glow Germ® solution was mixed with 50% Normal Saline. The authors connected a 50 ml syringe to two laryngo-tracheal mucosal atomization devices, intermittently pressing the plunger during suctioning to simulate sneezing/coughing. The pediatric barrier added a significant protection against large droplet transmission for a HCP performing NS on a pediatric manikin. 6 pictures display the study and further resources (such as barrier design and video) are available in the web page.	This study evaluated the benefit of a pediatric barrier enclosure for nasopharyngeal suctioning (NS) for healthcare providers (HCP) caring for COVID-19 patients. The authors conclude that the pediatric barrier added significant protection against large droplet transmission for a HCP performing NS on a pediatric manikin.	<a href="#">Buyck M, Levy A, Tabone L, Aubin C, Jouvet P, Baudin F. Pediatric barrier enclosure for nasopharyngeal suctioning during covid-19 pandemic: A simulation based-study. Am J Emerg Med. 2020. doi: https://doi.org/10.1016/j.ajem.2020.11.077</a>
Infant, vertical transmission, respiratory failure, critical care, convalescent plasma, remdesivir	11-Dec-20	<a href="#">SARS-CoV-2 pneumonia in a newborn treated with remdesivir and COVID-19 convalescent plasma</a>	Journal of the Pediatric Infectious Diseases Society	Case Report	The authors present a case of a newborn with SARS-CoV-2 suspected to be vertically acquired. A 15-year-old woman presented at 40 weeks gestation with contractions in Florida, USA. Universal testing returned positive for SARS-CoV-2 and she developed fever prior to delivery. A female infant was delivered vaginally without complications. Apgar scores were 8 and 9 at 1 and 5 minutes of life. The infant roomed in with the mother with the open bassinet situated 6 feet apart except when feeding. The mother attempted breastfeeding during the first day. When breastfeeding, mothers were instructed to wash their hands and breasts prior to each feed and wear a level 3 mask. Both patients were under strict contact and enhanced droplet isolation per hospital protocol. Infant SARS-CoV-2 testing obtained at 24 hours of life returned positive for SARS-CoV-2. At 25 hours, she became febrile, tachycardic, and tachypneic and was started on antibiotics and nasal continuous positive airway pressure (CPAP). On day of life (DOL) 4, the infant had oxygen desaturations requiring increased CPAP. Chest radiograph revealed prominent bilateral perihilar interstitial markings. Remdesivir was started under compassionate use. On DOL 5, the infant had	The authors present a case of a newborn born to a SARS-CoV-2 positive mother who tested positive for SARS-CoV-2 at 24 hours of life. She developed respiratory failure and was treated with ventilatory support, remdesivir, and convalescent plasma. The authors conclude this was likely a case of vertically acquired COVID-19.	Hopwood AJ, Jordan-Villegas A, Gutierrez LD, et al. SARS-CoV-2 pneumonia in a newborn treated with remdesivir and COVID-19 convalescent plasma. J Pediatric Infect Dis Soc. 2020; doi:10.1093/jpids/piaa165

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					acute respiratory failure requiring intubation. Convalescent COVID-19 plasma was administered under compassionate use on DOL 8. She was intubated and ventilated for 13 days and on positive pressure support for 30 days before eventually weaning off respiratory support. The authors conclude this was likely a case of vertically acquired COVID-19.		
COVID-19; transient hyperphosphatemia; child health; alkaline phosphatase	11-Dec-20	<a href="#">Transient benign hyperphosphatasemia due to COVID-19: the first case report</a>	Journal of Pediatric Endocrinology and Metabolism	Case Report	The authors report a previously healthy 16-month-old female patient who developed a secondary transient benign hyperphosphatasemia (THI) associated with SARS-CoV-2 infection in Turkey. THI is a benign condition associated with marked elevation of alkaline phosphatase (ALP) without any other kidney, bone, and liver pathologies. All of the patient's immediate family members tested positive for SARS-CoV-2 infection and were hospitalized. The patient presented with acute onset of malaise, nausea, cough, and fever on admission. Except for oropharyngeal hyperemia, her physical examination was unremarkable. Laboratory examination showed normal values for all parameters other than high ALP activity [1860 IU/L, normal range: 145-420 IU/L]. The patient was subsequently diagnosed with THI in the absence of other pathologies. No antiviral treatment was administered, and the patient was treated for later symptoms of diarrhea, fever, and cough. After 7 days, the patient and her family were discharged and followed until symptom and ALP level resolution at 1-month post-discharge. The authors suggest that THI be considered in COVID-19 patients in the absence of accompanying pathology.	The authors report a previously healthy 16-month-old female patient who developed a secondary transient benign hyperphosphatasemia (THI) associated with SARS-CoV-2 infection in Turkey. After 7 days, the patient and her family were discharged and followed until symptom and ALP level resolution at 1-month post-discharge. The authors suggest that THI be considered in COVID-19 patients in the absence of accompanying pathology.	Erat T, Atar M, Kontbay T. Transient benign hyperphosphatasemia due to COVID-19: the first case report. <i>J Pediatr Endocrinol Metab.</i> 2020;10.1515/jpem-2020-0503.
SARS-CoV-2, COVID-19, pregnancy, infant, newborn, delirium, altered mental status, preeclampsia	11-Dec-20	<a href="#">Delirium in a Pregnant Woman with SARS-CoV-2 Infection in India</a>	Asian Journal of Psychiatry	Letter to the Editor	The authors of this letter discussed a case of a pregnant woman of unknown age at 30 weeks gestation who was positive for SARS-CoV-2 infection and developed altered mental status 14 hours after admission to the hospital for preeclampsia. She maintained normal oxygen saturation levels and developed no other symptoms of SARS-CoV-2. She delivered vaginally 6 hours after the first episode of agitation. The neurological and psychiatric evaluation confirmed a diagnosis of delirium, secondary to comorbidities related to pregnancy, including anemia, severe preeclampsia, poor obstetric history, and preterm delivery, as well as SARS-CoV-2 infection. She had a similar episode on day 4 postpartum. Postpartum psychosis was ruled out as the patient did not develop any delusions or hallucinations. Her neurological examination, including a CT scan, was normal. Her symptoms gradually improved, and she was subsequently discharged from the hospital on day 31. The authors also highlight several challenges when managing psychiatric emergencies in pregnant women with COVID-19 in low-resource settings. They recommend the training of healthcare workers on early recognition and appropriate treatment of psychiatric emergencies in pregnancy and the postpartum period.	The authors discuss a case of a pregnant woman of unknown age at 30 weeks gestation with SARS-CoV-2 infection who presented to the hospital with preeclampsia and developed delirium. Her symptoms gradually improved, and she was subsequently discharged from the hospital on day 31. The authors also highlight the challenges faced in managing psychiatric emergencies in pregnant women with COVID-19 in low-resource settings and recommend training healthcare workers on early recognition and appropriate treatment of psychiatric emergencies in pregnancy and the postpartum period.	Mahajan NN, Gajbhiye RK, Pednekar RR, et al. Delirium in a pregnant woman with SARS-CoV-2 infection in India. <i>Asian J Psych.</i> 2021;55:102513. doi: <a href="https://doi.org/10.1016/j.ajp.2020.102513">https://doi.org/10.1016/j.ajp.2020.102513</a> .
COVID-19; screen tie; children;	11-Dec-20	<a href="#">Physical activity and screen time of children and</a>	Scientific Reports	Original Research	The authors compared the time spent on sports activity, physical activity, and recreational screen time of a representative sample of children and adolescents ages 4-17 years (n = 1711) before (2009-2012, 2015-2017) and	This article examined the changes in physical activity and recreational screen time of	Schmidt SCE, Anedda B, Burchartz A, et al. Physical activity and

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
adolescents; physical activity		<a href="#">adolescents before and during the COVID-19 lockdown in Germany: a natural experiment</a>			during the first COVID-19 lockdown (April 2020) in Germany. The data was collected using the MoMo PA Questionnaire and interviews with parents and their children. Participants reported a decrease in the total amount of sports activity of 10.8 min per day, and an interaction between the lockdown and age was significant ( $p < 0.01$ ): 14 to 17-year-olds reduced their total amount of sports by 15.6 min per day, whereas 4 to 5-year-olds reduced it by 2.2 min. The time spent participating in habitual physical activities increased (an increase of 36.2 minutes per day, $p < 0.01$ ) during the lockdown period. There was a significant 11.1% overall increase ( $p < 0.01$ ) in physical activity during the lockdown, with differences being larger for younger participants (4 to 5-year-olds, 14.7%) than older (14 to 17-year-olds, 4.8%). At the same time, there was a 17.5% overall decrease in adherence to the recreational screen time guidelines during the lockdown, with a substantially larger decrease for participants aged 14–17 years (–18.4%) compared to 4 to 5-year-olds (–4.1%). The authors conclude that children's physical activity is context-dependent and screen time is not always directly related to a change in physical activity type.	children and adolescents before and during the first COVID-19 lockdown period in Germany. The authors found that time spent in sports activities declined, whereas recreational screen time increased. However, a substantial increase in habitual physical activities resulted in an overall increase in physical activity during the lockdown.	screen time of children and adolescents before and during the COVID-19 lockdown in Germany: a natural experiment. <i>Sci Rep.</i> 2020;10(1):21780. Published 2020 Dec 11. doi:10.1038/s41598-020-78438-4
COVID-19, epilepsy, teleconsultation, France	11-Dec-20	<a href="#">Usefulness, limitations, and parental opinion about teleconsultation for rare pediatric epilepsies</a>  <a href="#">[Free Access to Abstract Only]</a>	Epilepsy & Behavior	Original Research	This study aims to evaluate the usefulness and the parental opinion about tele-consultation (TC) for rare pediatric epilepsies during the COVID-19 pandemic. The authors conducted a prospective survey in France of physicians and parents on TCs, and 151 TCs for 145 patients were included in the study. The survey addressed TCs that occurred March 23 - April 23, 2020. The mean age of patients at the time of TC was $8.7 \pm 5.7$ years [age range not included]. The physicians felt confident to organize a TC for the next visit of 74.8% of the children. The physicians felt more confident for a new TC in older patients ( $9.5 \pm 5.5$ years versus $5.3 \pm 4.3$ years) and in stable patients (73.8% were confident for unstable, 82.8% for stable). 99% of parents were satisfied with TC, primarily because the TC was more conducive to asking questions than the clinic setting. For the next appointment, 49.5% of parents preferred a TC with video conferencing system, 41.4% preferred attending a clinic at the hospital, and 9.1% preferred TC via phone. The authors concluded that TC seems useful for addressing patient needs, according to both physicians and families.	This study aims to evaluate the usefulness and the parental opinion about tele-consultation (TC) for rare pediatric epilepsies during the COVID-19 pandemic in France. The authors concluded that TC seems useful for addressing patient needs, according to both physicians and families.	Dozières-Puyravel B, Auvin S. Usefulness, limitations, and parental opinion about teleconsultation for rare pediatric epilepsies. <i>Epilepsy &amp; Behavior.</i> 2020. doi:10.1016/j.yebeh.2020.107656
COVID-19; avoidance; cross-sectional survey; hesitancy; paediatric healthcare; parents; Ireland	11-Dec-20	<a href="#">Parental Hesitancy and Concerns around Accessing Paediatric Unscheduled Healthcare during COVID-19: A Cross-Sectional Survey</a>	International Journal of Environmental Research and Public Health	Original research	The aim of this cross-sectional study was to examine avoidance behavior and the level of hesitancy, along with associated factors, among parents in Ireland towards accessing healthcare for their children during the COVID-19 pandemic. 1,044 parents with children under the age of 16 years completed an online survey to assess hesitancy in two stages of the pandemic; the lockdown phase (12 March – 17 May 2020) and phase 1, during which restrictions were eased (18 May – data collection 10 June 2020). 62% of the participants were women, 52.7% had a university degree/postgraduate qualification and 83.7% were married/cohabitating. Overall, 34% of participants stated that their child required healthcare during the pandemic, of whom 22% ( $n=80$ ) decided against seeking healthcare. Compared to respondents with “normal” stress levels, parents who reported mild-moderate and severe-extremely severe stress levels during the lockdown period were more likely to be hesitant about	This cross-sectional study in Ireland reported on parental hesitancy in care-seeking for their children during the initial lockdown phase of the COVID-19 pandemic, and when the restrictions were lifted. The authors found that higher stress levels and interpretation of government messaging to avoid health services were associated with increased hesitancy for care-seeking.	Nicholson, E., McDonnell, T., Conlon, C., et al. Parental Hesitancy and Concerns around Accessing Paediatric Unscheduled Healthcare during COVID-19: A Cross-Sectional Survey. <i>International journal of environmental research and public health.</i> 2020. 17(24):E9264.

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					accessing care (Relative Risk (RR) = 2.31, 95% CI: 1.54–3.47 and RR = 3.37, 95% CI; 1.81–6.27, respectively). Parents who understood government lockdown advice to mean avoiding health services were more likely to be hesitant to attend (RR: 1.71, CI; 1.10–2.67). These effects held when restrictions began to be lifted. The authors conclude that public health messaging during the pandemic needs to ensure that parents are reassured on the accessibility and safety of pediatric healthcare services.		doi:10.3390/ijerph17249264
COVID-19; schools; attitudes; United States; reopening	11-Dec-20	<a href="#">Racial and Ethnic Differences in Parental Attitudes and Concerns About School Reopening During the COVID-19 Pandemic — United States, July 2020</a>	Morbidity and Mortality Weekly Report	Original research	This study used data from 3 online surveys conducted in the United States from July 8-12, 2020 to collect information on race, ethnicity, and attitudes/concerns regarding school re-opening during the COVID-19 pandemic, among 858 parents of school aged children (kindergarten (K) to 12th grade). [Other age descriptors not included in this report.] 55.6% (N=571) of the respondents were White, 13.2% (N=88) were Black, 24.4% (N=140) were Hispanic and 6.75 (N=59) were Other, non-Hispanic. 51.1% of respondents were female, and half had a child in grades K-4. 56.5% of parents strongly or somewhat agreed that school should re-open in the Fall of 2020, with some differences by race/ethnicity: compared with 62.3% of White parents, 46.0% of Black parents (p = 0.007) and 50.2% of Hispanic parents (p = 0.014) agreed that school should re-open this fall. Fewer White parents (62.5%) than Hispanic (79.5%, p = 0.026) and non-Hispanic parents of other racial/ethnic groups (66.9%, p = 0.041) were supportive of a mask mandate for students and staff. The majority (89.4%) of parents were concerned with the quality of their children’s education; there were no racial differences. The authors conclude that differences in parental attitudes and concerns can inform communication and mitigation strategies, particularly because of the inequitable risks for severe COVID-19 and family resource needs, when developing options for school attendance during the COVID-19 pandemic.	The authors examined survey data collected in the United States in July 2020 and reported differences in attitudes to school re-opening in the Fall of 2020 by racial/ethnic groups, during the COVID-19 pandemic. White parents were more likely to agree that schools should re-open, but less supportive of a mask mandate for students and staff.	Gilbert LK, Strine TW, Szucs LE, et al. Racial and Ethnic Differences in Parental Attitudes and Concerns About School Reopening During the COVID-19 Pandemic — United States, July 2020. MMWR Morb Mortal Wkly Rep 2020;69:1848–1852
Behavior; COVID-19; Peripartum; Postpartum; Pregnancy; Psycho-social functioning; Qualitative research; India	11-Dec-20	<a href="#">Impact of COVID-19 on psychosocial functioning of peripartum women: A qualitative study comprising focus group discussions and in-depth interviews</a>	International Journal of Gynaecology and Obstetrics	Original research	This qualitative study aimed to capture peripartum women's lived experiences during the COVID-19 pandemic in India. In September 2020, 3 focus group discussions and 10 in-depth interviews were conducted with a total of 14 pregnant women (>30 weeks’ gestational age) and 11 postpartum women (up to 1 month postpartum). The mean age of participants was 28.5 years [age range not included]. Women with confirmed SARS-CoV-2 infection and a history of significant psychiatric comorbidity were excluded. 2 major domains were identified: 1) the psychological domain including the categories of thoughts, emotions (including fear and anxiety), and behavior, and 2) the social domain comprising categories of relationships with family members and friends, perceived loss of social support, doctor-patient relationship, and social determinants of health. Fears of getting infected with SARS-CoV-2 and possible health implications of SARS-CoV-2 infection for the fetus were shared by all participants. Coping mechanisms reported by the women included binge-watching television shows and spending time with family. The authors concluded that the pandemic has impacted the psychosocial functioning of peripartum women in India and suggest that clinicians and	In this qualitative study, the authors examined peripartum (30 weeks’ gestational age to 1 month postpartum) women’s experiences during the COVID-19 pandemic in India. They reported 2 domains (psychological and social) that include fear of SARS-CoV-2 infection, anxiety, lack of social support, and coping mechanisms.	Kumari, A., Ranjan, P., Sharma, K. A., et al. Impact of COVID 19 on psychosocial functioning of peripartum women: A qualitative study comprising focus group discussions and in-depth interviews. International Journal of Gynaecology and Obstetrics. doi:10.1002/ijgo.13524

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					mental health specialists develop healthy coping strategies for peripartum women, based on the lived experiences shared in the study.		
Pediatric, SARS-CoV-2, genetic engineering, vaccination, advocate, nurses, COVID-19	11-Dec-20	<a href="#">COVID-19 vaccines for children: The essential role of the pediatric nurse</a>	Journal of Pediatric Nursing	Column	This column reviews the genetic engineering of the COVID-19 vaccines, discusses the pressing need for children to participate in vaccination trials, and emphasizes pediatric nurses' role in COVID-19 vaccination and vaccination advocacy. The promise of new genetically engineered vaccines provides hope for an avenue toward a "new normal." Nurses' role in vaccination is crucial, as they are experts in administering childhood vaccinations and are uniquely positioned to review vaccination histories to ensure routine vaccinations are not missed. Nurses can be advocates by increasing awareness of the need for clinical vaccination trials for children and pregnant mothers. In conclusion, pediatric nurses can promote children's wellbeing by administering vaccines, educating patients and families to alleviate fears, and leading campaigns to increase awareness for COVID-19 and routine childhood vaccinations.	This column reviews the genetic engineering of the COVID-19 vaccines, vaccination trials, and the pediatric nurses' role in COVID-19 vaccination. The author concludes that pediatric nurses can promote children's wellbeing by administering vaccines, educating patients, and leading campaigns to increase awareness for childhood vaccinations.	Goldschmidt K. COVID-19 vaccines for children: The essential role of the pediatric nurse. J Pediatr Nurs. 2020. doi: <a href="https://doi.org/10.1016/j.pedn.2020.12.004">https://doi.org/10.1016/j.pedn.2020.12.004</a> .
US, SARS-CoV-2, mitigation, prevention, cost, school, safety	11-Dec-20	<a href="#">Estimated Resource Costs for Implementation of CDC's Recommended COVID-19 Mitigation Strategies in Pre-Kindergarten through Grade 12 Public Schools — United States, 2020–21 School Year</a>	Morbidity and Mortality Weekly Report	Report	This report estimates resource costs for implementation of CDC's recommended COVID-19 mitigation strategies in pre-kindergarten through grade 12 public schools in the US during the 2020–21 school year. The average school district will need to invest an average of \$55 per student for materials and consumables only. This cost increases to a maximum average of \$442 per student if a school district employs the maximum number of additional custodial staff members per school and adds additional transportation. Costs related to food service operations and employing contact tracers were not included. Costs for contact tracing were excluded because school districts do not bear the responsibility for employing contact tracers. Only a 1-month supply of face masks for the school population was estimated based on the assumption that this would not be an ongoing cost. These cost estimates illustrate the level of resources needed to help schools operate in the safest possible manner. The cost estimates of supplies are provided in 2 tables; one details the items and consumables needed while the other details costs by geographic location, specified by state. This cost data can be used as a baseline for future studies examining the cost-effectiveness of mitigation strategies in school settings and those comparing costs and benefits across multiple sectors of the economy.	This report estimates resource costs for implementation of CDC's recommended COVID-19 mitigation strategies in pre-kindergarten through grade 12 public schools in the US during the 2020–21 school year. The authors estimate that school districts will need to invest an average of \$55 per student for materials and consumables only. This cost increases to \$442 per student if a school district employs the maximum number of additional custodial staff members per school and adds additional transportation.	Rice KL, Miller GF, Coronado F, Meltzer MI. Estimated Resource Costs for Implementation of CDC's Recommended COVID-19 Mitigation Strategies in Pre-Kindergarten through Grade 12 Public Schools — United States, 2020–21 School Year. MMWR Morb Mortal Wkly Rep. ePub: 11 December 2020. DOI: <a href="http://dx.doi.org/10.15585/mmwr.mm6950e1e">http://dx.doi.org/10.15585/mmwr.mm6950e1e</a> xternal icon.
COVID-19, pediatric, Brazil, respiratory illness, hospitalization	11-Dec-20	<a href="#">Impact of social isolation due to COVID-19 on the seasonality of pediatric respiratory diseases</a>	PLOS One	Research Article	The authors determine the impact of social isolation due to COVID-19 on the seasonal behavior of respiratory diseases in children. A cross-sectional study was carried out using data from pediatric (0-17 years) admissions to a private hospital in São Paulo, Brazil between January 2015 and July 2020. Of the 2236 admissions included, 81% of hospitalizations for respiratory disease were in children <5 years old in the period without social isolation. During this period, pneumonia was the main diagnosis (65%) in all age groups. During social isolation (April to June 2020) pediatric respiratory admissions for children <5 years old decreased dramatically, with this age group accounting for 45% of hospitalizations (p=0.002). The authors conclude that the social isolation measures adopted during the COVID-19 pandemic dramatically interfered with the seasonality of childhood	The authors performed a cross-sectional study on pediatric hospital admissions for respiratory illness in São Paulo, Brazil. They suggest that because of social distancing related to the COVID-19 pandemic that hospitalizations for respiratory illness in for children <5 years old were significantly reduced.	Nascimento MS, Baggio DM, Fascina LP, Prado CD. Impact of social isolation due to COVID-19 on the seasonality of pediatric respiratory diseases. Plos One. 2020;15(12). doi:10.1371/journal.pone.0243694

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Neglect, child abuse, CDC, pediatrics, hospitalization, United States	11-Dec-20	<a href="#">Trends in U.S. Emergency Department Visits Related to Suspected or Confirmed Child Abuse and Neglect Among Children and Adolescents Aged &lt;18 Years Before and During the COVID-19 Pandemic — United States, January 2019–September 2020</a>	Morbidity and Mortality Weekly Report	Report	respiratory diseases. This was reflected in the unexpected reduction in the number of hospitalizations in the pediatric population during this period. Using National Syndromic Surveillance Program (NSSP) data from January 6, 2019–September 6, 2020, the United States CDC tabulated weekly numbers of emergency department (ED) visits related to child abuse and neglect and calculated the proportions per 100,000 ED visits. They also assessed the percentage of ED visits related to child abuse and neglect that ended in hospitalization stratified by age group (0–4, 5–11, and 12–17 years). They then compared data from 2020 to the same time periods in 2019. The total number of ED visits related to child abuse and neglect began decreasing below the corresponding 2019 period during week 11 (March 15–March 22, 2020) for all age groups examined, coinciding with the declaration of a national emergency due to the COVID-19 pandemic on March 13, 2020. Simultaneously, the proportion of these visits per 100,000 ED visits began increasing above the 2019 baseline for all age groups. Hospitalizations for child abuse and neglect did not decrease in 2020, suggesting that injury severity did not decrease during the pandemic, despite decreased ED visits. Significant increases in the percentage of ED visits related to child abuse and neglect ending in hospitalization were observed for children aged 0–4 years (3.5% in 2019 versus 5.3% in 2020; $p < 0.001$ ), 5–11 years (0.7% in 2019 versus 1.3% in 2020; $p < 0.001$ ), and adolescents aged 12–17 years (1.6% in 2019 versus 2.2% in 2020; $p = 0.002$ ). As a result, the authors conclude that implementation of strategies to prevent child abuse and neglect is important, particularly during public health emergencies.	The CDC assessed changes in emergency department visits for child abuse and neglect in the United States during the COVID-19 pandemic compared to the year prior. Although the overall number of visits decreased, the percentage of visits resulting in hospitalization increased compared with 2019.	Swedo E, Idaikadar N, Leemis R, et al. Trends in U.S. Emergency Department Visits Related to Suspected or Confirmed Child Abuse and Neglect Among Children and Adolescents Aged <18 Years Before and During the COVID-19 Pandemic — United States, January 2019–September 2020. MMWR Morb Mortal Wkly Rep 2020;69:1841–1847. DOI: <a href="http://dx.doi.org/10.15585/mmwr.mm6949a1">http://dx.doi.org/10.15585/mmwr.mm6949a1</a>
Italy, blood coagulation test, children, thrombosis, MIS-C, COVID-19, prophylaxis	11-Dec-20	<a href="#">SARS-CoV-2 Associated Coagulopathy And Thromboembolism Prophylaxis in Children: A Single Centre Observational Study</a>	Journal of Thrombosis and Homeostasis	Original Research	This article aimed to detail the experience of managing SARS-CoV-2 associated pro-coagulant state in hospitalized children at a hospital in Italy. The authors collected data on D-dimer levels from 35 pediatric patients (from birth to 21 years old) admitted to the hospital for SARS-CoV-2 related manifestations. They also checked coagulation and inflammatory markers at multiple time points in moderately to critically ill patients and MIS-C cases and compared the results between COVID-19 and MIS-C pediatric patients. The results showed that D-dimer levels did not differ between different severity levels of COVID-19 but markedly differed between patients with COVID-19 and MIS-C. Also, D-dimer and C reactive protein levels increased in both the COVID-19 and MIS-C cohorts but returned to normal levels upon disease resolution. Additionally, the authors noted that 6 patients had thrombotic risk factors and received pharmacological thromboprophylaxis. No deaths, thrombotic, or bleeding complications occurred. The authors concluded that COVID-19 pediatric patients show mildly altered coagulation and inflammatory parameters, whereas MIS-C patients show signs of inflammatory driven pro-coagulation status. They suggest that COVID-19/MIS-C pediatric patients with multiple prothrombotic risk factors might benefit from anticoagulant prophylaxis.	Findings from this study suggests that COVID-19 pediatric patients show mildly altered coagulation and inflammatory parameters, whereas MIS-C patients show signs of inflammatory driven pro-coagulation status. The authors recommend that anticoagulant prophylaxis may be offered to COVID-19/MIS-C pediatric patients with multiple prothrombotic risk factors.	Del Borrello G, Giraudo I, Bondone C, et al. SARS-CoV-2 Associated Coagulopathy And Thromboembolism Prophylaxis In Children: A Single Centre Observational Study. J Thromb Haemost. 2020 Dec 11. doi: <a href="https://doi.org/10.1111/jth.15216">10.1111/jth.15216</a> .

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childcare; social determinants of health; COVID-19; pandemic; racial disparities; Pediatricians; US	11-Dec-20	<a href="#">Childcare during the COVID-19 pandemic: A bad situation made worse</a>	Journal of the American Academy of Pediatrics	Review	Childcare is an often-overlooked social determinant of health that can significantly benefit both children and their families through improved cognitive development and increased maternal workforce participation. The authors of this review the ways in which COVID-19 pandemic has added to problems for families in obtaining access to competent and affordable childcare, with a focus on the US context. Essential workers require childcare flexibility when many options are closing due to decreased revenue. While SARS-CoV-2 has had mild direct impacts on children's health, the secondary effects of the pandemic have been profound. Increased food insecurity, housing instability, school closures, and lack of childcare have exacerbated socio-economic and racial disparities in the US. Before the pandemic, waitlists for childcare were long, and the costs were high, but with school closures, older children are also in need of childcare. Mothers who face a disproportionate burden of arranging childcare often are taken away from the workforce, while 40% of mothers earn the majority of the household income. In Washington, DC, the addition of 2 free years of childcare in 2009 increased maternal employment from 65% to 76.4%. Pediatricians should advocate for policy changes in childcare availability, screen for childcare issues, and work with colleagues to assist families in arranging childcare, possibly beginning before birth due to long waitlists.	This review discusses the ways in which the COVID-19 pandemic has had significant effects on children's health, including increased food insecurity, housing instability, school closures, and lack of childcare options. Limited access to childcare for working families has exacerbated socio-economic and racial disparities in the US. The authors stress that pediatricians must help address the need for adequate childcare as a social determinant of child health through advocacy, screening, and collaboration across multi-disciplinary teams.	Kalluri N, Kelly C, Garg A. Childcare During the COVID-19 Pandemic: A Bad Situation Made Worse [published online ahead of print, 2020 Dec 11]. <i>Pediatrics</i> . 2020;e2020041525. doi:10.1542/peds.2020-041525
Children, hospitalization, health disparities, disease severity, pediatrics	10-Dec-20	<a href="#">A Surge in Pediatric Coronavirus Disease 2019 Cases: The Experience of Texas Children's Hospital from March to June 2020</a>	Journal of the Pediatric Infectious Diseases Society	Original Research	To better characterize the epidemiology of SARS-CoV-2 in children from infancy to young adulthood, the authors conducted a retrospective review of 16,554 patients ≤ 21 years of age (0-21 years) tested for SARS-CoV-2 by RT-PCR between March 10-June 28, 2020 in Texas, USA. Of the 16,554 patients, 1215 (7.3%) tested positive for SARS-CoV-2. Infants <1 year of age and patients aged 18-21 years had the highest percent of positive tests at 9.9% (230/2329) and 10.7% (79/739), respectively. Hispanic children accounted for 66% (802/1215) of positive tests, though they only represented 42.1% (6972/16554) of all children tested for SARS-CoV-2. Of the 1215 children with a positive test, 55.7% had fever, 40.9% had cough, 39.8% had congestion or rhinorrhea, 21.9% had gastro-intestinal complaints, and 15.9% were asymptomatic. Only 97 (8%) patients were hospitalized (of which 68% were Hispanic). Most hospitalized patients had underlying medical conditions (62/97, 63.9%), including obesity. 34 children (34/97, 35%) required intensive care, 31 (31/97, 32%) required respiratory support and 9 patients (9/97, 9.3%) received SARS-CoV-2 antiviral therapy. 2 children died. The authors conclude that most children with SARS-CoV-2 had uncomplicated illness courses, however Hispanic children disproportionately tested positive and required hospitalization for SARS-CoV-2.	In this retrospective review of 16,554 children 0-21 years of age tested for SARS-CoV-2 in Texas, USA, the authors found that infants <1 year of age and children 18-21 years of age had the highest rates of positive tests. Most children with SARS-CoV-2 had an uncomplicated clinical course, however Hispanic children disproportionately tested positive and required hospitalization.	Foster CE, Marquez L, Davis AL, et al. A Surge in Pediatric Coronavirus Disease 2019 Cases: The Experience of Texas Children's Hospital from March to June 2020. <i>J Pediatric Infect Dis Soc</i> . 2020; doi:10.1093/jpids/piaa164
COVID-19; pregnancy; maternal mortality; remdesivir;	10-Dec-20	<a href="#">Coronavirus disease 2019 vaccines in pregnancy</a>	American Journal of Obstetrics and Gynecology MFM	Review	The authors review the available data regarding treatment and prevention of COVID-19 during pregnancy, and discuss vaccine access and administration in the pregnant population in the United States. Social distancing and personal hygiene guidelines have been recommended for prevention of COVID-19. No clinical trials to evaluate COVID-19 treatment or vaccination have included pregnant women. Remdesivir and	The authors review the available data regarding treatment and prevention of COVID-19 during pregnancy and discuss vaccine access and administration in the pregnant population.	Craig AM, Hughes BL, Swamy GK. Coronavirus disease 2019 vaccines in pregnancy. <i>Am J Obstet Gynecol MFM</i> . 2020;3(2):100295.

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vaccination; United States					dexamethasone are recommended for use in pregnant women by the NIH COVID treatment panel guidelines, given the existing safety data and probable maternal benefit. The Pfizer and Moderna mRNA-based vaccines have 95% and 94.1% efficacy against SARS-CoV-2, respectively. AstraZeneca has manufactured a vaccine using a viral vector demonstrating early efficacy, and this next-generation platform has previously been utilized with the Ebola vaccine and safely administered during pregnancy with an acceptable safety profile. Based on increased COVID-19-related morbidity and mortality during pregnancy combined with the currently available efficacy and safety profile of COVID-19 vaccines in nonpregnant people, vaccines should not be withheld from women solely based on their pregnancy or lactation status when they otherwise meet the criteria for vaccination. Patient-provider discussions should consider the patient's individual risk-benefit profile regarding exposure at work or at home, exposing members of their household, current health status, and perceived risk of COVID-19-related complications.	Remdesivir and dexamethasone are recommended for use in pregnant women. Based on increased COVID-19-related morbidity and mortality during pregnancy combined with the currently available efficacy and safety profile of COVID-19 vaccines in nonpregnant people, vaccines should not be withheld from women solely based on their pregnancy or lactation status when they otherwise meet the criteria for vaccination.	doi:10.1016/j.ajogmf.2020.100295.
COVID-19; infant; respiratory support; aerosol generation; Denmark	10-Dec-20	<a href="#">Aerosol generation by respiratory support of neonates may be low</a>	Acta Paediatrica	Brief Report	This study used a manufacturer-calibrated Optical Particle Sizer TSI 3330 (TSI Inc) to measure average aerosol particle mass concentration and size distribution near 7 infants with different types of respiratory support. The study was carried out in patient rooms in a neonatal ICU in Denmark. The air exchange rates in the patients' rooms were 6-8 per hour. The infants were awake or asleep, none were heavily sedated or receiving muscle relaxants, and none were suspected to have COVID-19. Measurements were performed 10, 50, and 100 cm from the infant's mouth and nose and close to the exhaust valve of a ventilator without a viral filter, and during 1 open endo-tracheal suction procedure. The infants did not receive any interventions during measurements. The average aerosol particle mass concentrations were very low (range of 1.85-11.67µg/m <sup>3</sup> for all the respiratory support systems, compared to 112.6 µg/m <sup>3</sup> for a Bubble continuous positive airway pressure chamber 10 L/min (positive reference)). The mass concentrations of smaller particles during non-invasive and invasive respiratory support were comparable (a table reviews exact concentrations). The mass concentrations in the exhaust air of the ventilator without viral filter were slightly lower than near the patients' face (0.05 vs. 0.06µg/m <sup>3</sup> for tidal volume 5.6mL/kg, and 0.02 vs. 0.04µg/m <sup>3</sup> for tidal volume 6mL/kg). These results indicated that providing neonates with respiratory support was associated with minimal aerosol generation.	This study used a manufacturer-calibrated Optical Particle Sizer TSI 3330 (TSI Inc) to measure average aerosol particle mass concentration and size distribution near 7 infants with different types of respiratory support in Denmark. The results indicated that providing neonates with respiratory support was associated with minimal aerosol generation.	Pooririsak P, Bivolarova MP, Bekö G, et al. Aerosol generation by respiratory support of neonates may be low. Acta Paediatr. 2020;10.1111/apa.15704. doi:10.1111/apa.15704.
SARS-CoV-2, antibodies, pregnancy, pregnant women, delivery, seroprevalence, COVID-19	10-Dec-20	<a href="#">SARS-CoV-2 IgG Antibody Response in Pregnant Women at Delivery</a>	Journal of Gynecology Obstetrics and Human Reproduction	Original Article	The authors aimed to assess the prevalence of SARS-CoV-2 IgG antibody response in pregnant women at the time of delivery during the COVID-19 pandemic. This study is a preliminary analysis involving one perinatal center in Paris, France, as part of a larger prospective French multicenter study to assess seroprevalence at the time of delivery and the maternal and neonatal impact of COVID-19 infection during pregnancy (COVIPREG study). 529 pregnant women (age > 18 years) were prospectively included in this preliminary study at the time of delivery between April 29 and June 26, 2020. Each study participant was tested for SARS-CoV-2 IgG antibodies	The authors performed a preliminary analysis as part of the COVIPREG study in France to assess the prevalence of SARS-CoV-2 IgG antibody response in pregnant women at the time of delivery during the COVID-19 pandemic. They found that the seroprevalence	Tsatsaris V, Mariaggi A, Launay O, et al. SARS-CoV-2 IgG antibody response in pregnant women at delivery. J Gynecol Obstet Hum Reprod. 2021;50(7):102041. doi:

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					via ELISA. The results showed that only 25 (4.7%) patients tested positive for SARS-CoV-2 IgG antibodies with a confidence interval at 95% (3.0%-6.9%). None of the participants had symptoms of SARS-CoV-2 at the time of admission. Maternal and neonatal characteristics were compared between the two groups of patients with positive and negative SARS-CoV-2 serology. No significant difference was found between the two groups regarding maternal age, BMI, twin pregnancy, prematurity rate, mode of delivery, and the rate of fetal loss. The authors concluded that the seroprevalence of SARS-CoV-2 IgG in pregnant women at the time of delivery was low (4.7%), approximately 2–3 months after the start of the COVID-19 pandemic in France.	of SARS-CoV-2 IgG antibodies was low at the time of delivery (4.7%).	<a href="https://doi.org/10.1016/j.jogoh.2020.102041">https://doi.org/10.1016/j.jogoh.2020.102041</a> .
Vaccines, vaccine-preventable diseases, telehealth,	10-Dec-20	<a href="#">Routine Pediatric Vaccination in Pakistan During COVID-19: How Can Healthcare Professionals Help?</a>	Frontiers in Pediatrics	Perspective Article	The COVID-19 pandemic has decreased the immunization rate in Pakistan, due to restricted movements and shortages of vaccines. More than one-third of all Pakistani infants are not vaccinated on the first day of life, making them vulnerable to diseases such as polio, influenza, mumps, measles, tuberculosis, tetanus, diphtheria, and pertussis. The expanded program on immunization was developed in Pakistan in response to this need, but it has been interrupted by COVID-19. During the current pandemic, children may therefore be more prone to vaccine-preventable diseases, resulting in another infectious disease catastrophe. The Pakistan government needs to aggressively ensure optimal vaccine coverage soon. Actions could include establishing drive-through vaccine services and telehealth services, identifying and registering children with missed vaccine doses, and introducing mass vaccination campaigns and public awareness campaigns. These efforts could help enhance the vaccination rate during the ongoing health crisis.	During the COVID-19 pandemic in Pakistan, children could get vaccine-preventable diseases due to low vaccination rates, resulting in another infectious disease catastrophe. Public education programs for immunization, telehealth services, community pharmacy involvement, and a drive-through vaccination system may help enhance the vaccination rate during the ongoing health crisis.	Khan A, Bibi A, Sheraz Khan K, et al. Routine Pediatric Vaccination in Pakistan During COVID-19: How Can Healthcare Professionals Help?. Front Pediatr. 2020;8:613433. Published 2020 Dec 10. doi:10.3389/fped.2020.613433
parents of special needs children, state anxiety, COVID-19, parenting stress, social support, mental health	10-Dec-20	<a href="#">The Influence of Factors Such as Parenting Stress and Social Support on the State Anxiety in Parents of Special Needs Children During the COVID-19 Epidemic</a>	Frontiers in Psychology	Original Research	In this analysis of online survey responses of 1451 Chinese parents of special needs children between February 18-22, 2020, the authors sought to understand factors related to state (temporary) anxiety levels during the COVID-19 epidemic in Guangdong province. They found that educational background, family monthly income, and type of their child's disability significantly affected parents' state anxiety levels. Anxiety was negatively associated with social support and positively associated with both parenting stress and parental mental/behavioral problems. While the focus on children's mental health is important, parents' mental health concerns must also be addressed and supported to ensure special needs children receive their necessary care.	In analyzing survey data from 1451 Chinese parents of special needs children, the authors found that educational background, family monthly income, and type of child's disability significantly affected parents' state anxiety levels during the early stages of the COVID-19 pandemic. The authors suggest that more attention be given to supporting parents of special needs children, especially during the pandemic.	Ren J, Li X, Chen S, Chen S, Nie Y. The Influence of Factors Such as Parenting Stress and Social Support on the State Anxiety in Parents of Special Needs Children During the COVID-19 Epidemic. Front Psychol. 2020;11:565393. Published 2020 Dec 10. doi:10.3389/fpsyg.2020.565393
covid-19; isolation; public health; quarantine; sars-cov-2; sustained	10-Dec-20	<a href="#">Sustained Positivity and Reinfection With SARS-CoV-2 in Children: Does Quarantine/Isola</a>	Cureus	Original Research	The authors conducted a retrospective review of 989 SARS-CoV-2 PCR positive pediatric patients to assess sustained positivity and SARS-CoV-2 reinfection. The study included patients aged less than 20 years who visited the Arkansas Children's Hospital System (USA) from February 1 to August 30, 2020. 172 of these patients had several consecutive repeated tests over months, and 68 COVID-19 patients had two or more positive tests with an	This article is a retrospective review of 989 SARS-CoV-2 PCR positive patients in the United States to assess sustained positivity and SARS-CoV-2 re-infection. The authors observed	Patwardhan A. Sustained Positivity and Reinfection With SARS-CoV-2 in Children: Does Quarantine/Isolation Period Need

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
positivity; transmission; USA		<a href="#">tion Period Need Reconsideration in a Pediatric Population?</a>			average interval between the two subsequent positive tests of 22.5 days with a median of 14 days. Out of 68 patients, 27 qualified for sustained-positive status or sustained secretors (sustained positive test for $\geq 17$ days). The mean duration of virus shedding in these sustained positive patients' respiratory secretion was 34 days (17-110 days) with a median of 26 days. Among the 172 patients who had repeat testing, 4 pediatric patients turned positive within a short period after turning negative and getting re-exposed to the virus. While reinfections in adults occurred at least 45 days from the past infection, it took only 1-3 weeks for the pediatric cohort to get reinfected. No tests were performed to confirm if patients with reinfection were shedding replication-competent virus. Sustained-positive patients' average age was 9.9 years (range 1.6-18 years), predominantly black females, with 20 (74%) asymptomatic. The authors suggest that prospective extensive group studies are needed to test the applicability of quarantine/isolation guidelines for adults to children.	that the re-infection interval for children was much shorter than that for adults, suggesting that children's quarantine/isolation period needs to be reconsidered.	Reconsideration in a Pediatric Population?. Cureus. 2020;12(12). Published 2020 Dec 10. doi:10.7759/cureus.12012
Preterm birth, exposure, telemedicine, quality improvement, London	10-Dec-20	<a href="#">Rapid quality improvement in a preterm birth clinic care pathway during the COVID-19 pandemic</a>	British Medical Journal	Quality Improvement	The authors conducted a quality-improvement study at Imperial College Healthcare NHS Trust, a preterm birth (PTB) prevention clinic in London, UK, aimed at reducing exposure of COVID-19 among women at high risk of PTB. Objectives were to minimize potential exposure by reducing face-to-face contact of patients and their families. The authors used quality improvement methodology to design and evaluate change ideas including stakeholder engagement, process mapping, identifying key drivers, successive Plan Do Study Act (PDSA) cycles (brief tests of change) and rapid cycles of improvement, and sustaining and spreading successful changes from March 23- May 29, 2020. The authors developed an altered care pathway incorporating telephone visits and amended their referral criteria to exclude several lower-risk referral types (eg. previous full-dilation C-section). After multiple PDSA cycles, the number of face-to-face appointments was successfully reduced by 54% by increasing remote telephone consultations from 0% to 64% and reducing the intensity of surveillance. Although not the primary outcome, the authors also increased the rate of regional anesthetic use from 53% to 95% for cerclage placement minimizing the number of aerosol-generating procedures. No patients tested positive for COVID-19 during the study period. The authors conclude that their new care pathway was effective in reducing patient exposure to COVID-19.	The authors conducted a quality improvement study aimed at reducing the potential exposure to COVID-19 for pregnant women at higher risk of preterm birth by reducing face-to-face clinic visits. The number of face-to-face appointments was successfully reduced by 54% by increasing remote telephone consultations from 0% to 64% and reducing the intensity of surveillance.	Zarasvand S, Bayar E, Adan M, Mountain K, Lewis H, Joash K, Teoh TG, Bennett PR, Das S, Sykes L. Rapid quality improvement in a preterm birth clinic care pathway during the COVID-19 pandemic. BMJ Open Qual. 2020 Dec;9(4):e001049. doi: 10.1136/bmjog-2020-001049. PMID: 33372041.
Reproductive health, public health, ZIKV, pregnancy, Brazil	10-Dec-20	<a href="#">Navigating women's reproductive health and childbearing during public health crises: Covid-19 and Zika in Brazil</a>	World Development	Original Article	The experiences of Brazilian women with COVID-19 and ZIKV (Zika virus) offer insights about women's reproductive health during a public health crisis. The authors conducted a mixed methods study integrating longitudinal survey data from 2,382 women 18-34 years of age in Brazil with in-depth interviews and follow-up from 2017-2019. The authors highlight 4 takeaways from the preliminary baseline survey data along with interviews with 56 women during the COVID-19 pandemic (April and May 2020). 1) Uncertainty about a new disease leads to worry about getting pregnant, contraception, and sexual behavioral change to avoid pregnancy. 2) Women's confidence in their ability to manage risk of infection and of pregnancy varies dramatically by socio-economic status. Women with	The authors share insights from a longitudinal mixed-methods study on the ZIKA virus epidemic in Brazil along with interviews with women during the COVID-19 pandemic. They highlight 4 key takeaways regarding women's reproductive health during a public health crisis.	Marteletto LJ, Dondero M. Navigating women's reproductive health and childbearing during public health crises: Covid-19 and Zika in Brazil. World Development.;139:105305.

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		<a href="#">[Free Access to Preview Only]</a>			higher levels of education feel they can take measures to mitigate the risk of infection and of pregnancy more than women with lower levels of education. 3) These findings signify potential changes in women's reproductive health and fertility, which in turn have population-level demographic consequences on live births. 4) Pregnant women face unique risks since pregnancy suppresses the immune system, making pregnant women more susceptible to respiratory illnesses. The authors conclude that these points highlight the urgent need for public health responses to support women's reproductive health during the COVID-19 pandemic.		
Kyrgyzstan, determinants, newborn mortality, fertility, maternal and child health systems	10-Dec-20	<a href="#">Improving maternal and newborn health in Kyrgyzstan</a>	The Lancet Global Health	Commentary	The authors summarize the study conducted by Kamali et al. on the maternal and newborn mortality trends in Kyrgyzstan. Kamali et al. analyzed maternal and neonatal health from 1990 to 2020 based on publicly available data and the national birth registry. Despite the country's effort to promote maternal and child health (MCH), universal access to health services including routine immunizations and reproductive health services remains challenging given the high out-of-pocket payments. Historically, maternal and neonatal mortality in Kyrgyzstan declined more slowly between 1990 and 2017 compared to the central Asian region. The study has also revealed declining contraceptive access and an increase in the total fertility rate. COVID-19 pandemic has aggravated the situation because of disruptions to routine health care and access to necessities. The Kyrgyzstan Ministry of Health has set up a coordinating committee to minimize the COVID-19's impact on MCH. The ministry has endorsed a protocol for home visits to conduct wellness checks for healthy young children. They also aim to work with international development partners to support telemedicine for antenatal and postnatal care. Increasing government funding is critical to improving access to essential health services.	The authors summarize Kamali et al's maternal and newborn mortality trends analysis in Kyrgyzstan. The COVID-19 pandemic has aggravated the lack of maternal and children's healthcare care access in the country.	Rechel B, Moldoisaeva S. Improving maternal and newborn health in Kyrgyzstan. The Lancet Global Health. 2020;0(0). doi:10.1016/S2214-109X(20)30511-8
sexual dysfunction; COVID-19; Turkey	10-Dec-20	<a href="#">Examination of the effect of COVID-19 on sexual dysfunction in women</a>	The International Journal of Clinical Practice	Original research	The authors investigated the effect of COVID-19 on sexual dysfunction in women diagnosed with COVID-19 and hospitalized at a tertiary hospital in Turkey from May-June 2020. The Female Sexual Function Index (FSFI) and Short Form-36 Quality of Life Scale were used for data collection and measurement [timing of interviews not explicitly stated]. The average age for the 15 participants was 33.3 years (range 19-49 years), 93.3% of the women did not have chronic disease [unspecified chronic disease] and the most commonly reported COVID-19 symptom was cough (33%, N=5). All participants had been discharged from the hospital > 14 days prior to the study period. The average frequency of weekly sexual intercourse decreased from 2.9 times before having COVID-19 to 2.0 times afterwards (p=0.047). Sexual satisfaction scores also decreased significantly (from 3.47 to 2.93 [score range not given]; p=0.012). The overall FSFI score also decreased, but this change was not statistically significant. Quality of life scores did not change significantly before and after disease.	The authors aimed to assess the effect of COVID-19 on sexual dysfunction in women diagnosed with COVID-19 in Turkey. They found that frequency of sexual intercourse and sexual satisfaction in women decreased after COVID-19 disease, while quality of life did not change in a statistically significant way.	Kaya, Y., Kaya, C., Tahta, T., et al. Examination of effect of COVID-19 on sexual dysfunction in women. The International journal of clinical practice. 2020. doi:10.1111/ijcp.13923

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China, SARS-CoV-2, Human Adenovirus, signs, symptoms, severity	10-Dec-20	<a href="#">Comparative analysis of clinical features of SARS-CoV-2 and adenovirus infection among children</a>	Virology Journal	Original Research	This study compared SARS-CoV-2 and Human Adenovirus infections among pediatric patients in Guangzhou, Shenzhen, and Wuhan, China. 72 pediatric pairs (0-11 years old, median age 2 years old) with either SARS-CoV-2 or Human Adenovirus (HAdV) infection were matched based on age and compared by laboratory and imaging characteristics. SARS-CoV-2 cases were identified between January 23 – February 23, 2020 and HAdV cases were identified between November 1, 2016 – March 31, 2020. Only 50 SARS-CoV-2 positive patients were symptomatic; therefore only 50 patient pairs were compared for symptoms. Infections were confirmed with RT-PCR assays. Among symptomatic pairs (n=50) fever and cough were the most common symptoms for both infections but were seen more often in HAdV than in COVID-19 patients (92% vs. 66% and 60% vs. 18%, respectively). Compared with COVID-19 patients, children with HAdV infection had statistically significantly higher values of neutrophil count (p = 0.004), neutrophil percentage (p<0.001), activated partial thromboplastin time (p < 0.001), prothrombin time (p<0.001), lactate dehydrogenase (p=0.004), C-reactive protein (p<0.001), and procalcitonin (p<0.001), but lower values of lymphocyte percentage (p<0.001), total bilirubin (p<0.001), potassium (p<0.001), and sodium (p<0.001). Thoracic computed tomography also revealed more anomalies in HAdV patients than in COVID-19 patients (95% vs. 67%). Signs/symptoms and laboratory findings are presented in four figures. These results indicate that SARS-CoV-2 is an overall less symptomatic and less severe infection at admission compared to HAdV respiratory infection in the pediatric population.	This case-control study compared SARS-CoV-2 and Human Adenovirus infections among pediatric patients in Guangzhou, Shenzhen, and Wuhan, China. 72 pediatric pairs (0-11 years old, median age 2 years old) with either SARS-CoV-2 and Human Adenovirus (HAdV) infection were matched based on age and compared by laboratory and imaging characteristics. Only 50 patient pairs were compared for symptoms. Results indicate that SARS-CoV-2 is an overall less symptomatic and less severe infection at admission compared to HAdV respiratory infection in pediatric population.	Li K, Li L, Wang X, et al. Comparative analysis of clinical features of SARS-CoV-2 and adenovirus infection among children. <i>Virology</i> . 2020;17(1):193. Published 2020 Dec 10. doi:10.1186/s12985-020-01461-4
United Kingdom, UK, pediatric cancer, SARS-CoV-2	10-Dec-20	<a href="#">Severity of COVID-19 in children with cancer: Report from the United Kingdom Paediatric Coronavirus Cancer Monitoring Project</a>	British Journal of Cancer	Article	The authors compile the incidence and outcomes from SARS-CoV-2 in children with cancer attending all hospitals treating this population across the UK. Data from all children and adolescents <16 years with cancer in the UK were used in a cohort between April 7 and July 31, 2020. SARS-CoV-2-positive cases were identified via RT-PCR reaction. During this time, 54 patients were SARS-CoV-2 positive (median age= 5 years, range 10 months-15 years, 9 months). 15 (28%) asymptomatic, 34 (63%) mild infection, and 5 (10%) moderate, severe, or critical infection. 87% of all symptomatic patients presented with fever, 62% has either cough or coryzal symptoms, 10% had GI symptoms. Of the 5 most severe infections, all patients were under 10 years. No patients died from COVID-19 and only 3 needed ICU support. Overall estimated incidence of SARS-CoV-2 infection in children with cancer was <3%. Children with cancer with SARS-CoV-2 infection do not appear at increased risk of severe infection compared to the general pediatric population. This is reassuring and supports the continued delivery of standard treatment.	Incidence and course of infection of SARS-CoV-2 is identified in pediatric (<16 years) patients with cancer in the UK. The authors find that children with cancer are not at higher risk of contracting the virus or of severe infection, so anticancer treatment should continue on schedule.	Millen, G.C., Arnold, R., Cazier, JB. et al. Severity of COVID-19 in children with cancer: Report from the United Kingdom Paediatric Coronavirus Cancer Monitoring Project. <i>Br J Cancer</i> (2020). <a href="https://doi.org/10.1038/s41416-020-01181-0">https://doi.org/10.1038/s41416-020-01181-0</a>
Cesarian section, C-section, general anesthesia, pregnancy, neonatal	10-Dec-20	<a href="#">The effect of COVID-19 disease on general anaesthesia rates for</a>	Anaesthesia	Correspondence	This correspondence is in response to an article by Bhatia et. al. that showed a reduction in anesthesia rates for C-section before and during the first wave of COVID-19 pandemic. They attribute this reduction to organizational changes during the pandemic, including increased consultant anesthetist presence on the labor ward. The authors argue that these changes are likely to alter decision-to-delivery intervals and/or neonatal outcomes. The authors argue that any reduction in general	The authors respond to a recent study by Bhatia et. al. showing reduction in anesthesia rates for C-sections in the wake of the COVID-19 pandemic. These authors argue that data on neonatal outcomes and	Russell, R. and Lucas, D.N. (2020), The effect of COVID-19 disease on general anaesthesia rates for caesarean section. <i>Anaesthesia</i> . <a href="https://doi">https://doi</a>

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		<a href="#">caesarean section</a>			anesthesia rates can only be viewed as successful if they do not come at the cost of increased neonatal morbidity and mortality, details that they cite as absent from Bhatia et al.'s recent publications.	maternal mortality are notably absent and an important consideration.	.org/10.1111/anae.15346
Vaccine, pregnancy, CDC, safety, obstetrics, United States	10-Dec-20	<a href="#">COVID-19 Vaccines in Pregnancy</a>	American Journal of Obstetrics and Gynecology MFM	Expert Review	In this article, the authors discuss treatment of COVID-19 in pregnancy and address how to approach vaccine administration in the pregnant population in the United States. To date, no randomized clinical treatment for COVID-19 has focused on pregnant women, despite being deemed a high-risk population. However both remdesivir and dexamethasone are recommended for use by the National Institutes of Health given the existing safety data and probable maternal benefit. Pregnant women have also not been included in any Phase 2 or Phase 3 COVID-19 vaccine clinical trials to date. On December 1, 2020, The Society for Maternal-Fetal Medicine strongly recommended that pregnant women have access to COVID-19 vaccines in all phases of future vaccine campaigns. The authors note that COVID-19 is an active outbreak, that pregnancy is associated with increased susceptibility disease severity, and that the best approach to protect the infant is through passive placental antibody transfer. However, the fetal impact of COVID-19 vaccination is unknown and there is a theoretical risk for fetal harm from any untested medical intervention. The authors propose that pregnant individuals should be given the opportunity, along with their obstetric provider, to weigh the potential risk of severe maternal disease against the unknown risk of fetal exposure and make an autonomous decision about whether to accept the vaccine until pregnancy safety data are available. To improve safety data, the CDC recently funded Duke University to conduct a multi-site prospective observational study to evaluate the safety of COVID-19 vaccines in pregnant women who are immunized under standard of care practices. In addition, the CDC is launching a smartphone-based application called V-SAFE, which will utilize text messaging and surveys to monitor vaccinated individuals for six weeks.	The authors discuss how to approach COVID-19 vaccine administration for pregnant women in the United States. Based on increased COVID-19-related morbidity and mortality during pregnancy and the currently available efficacy and safety profile of COVID-19 vaccines in non-pregnant people, they conclude that FDA-approved COVID-19 vaccines should not be withheld from women solely based on their pregnancy or lactation status, and that pregnant women should be given the opportunity to make an autonomous decision about whether to accept the vaccine.	Craig AM, Hughes BL, Swamy GK, COVID-19 Vaccines in Pregnancy, American Journal of Obstetrics & Gynecology MFM (2021), doi: <a href="https://doi.org/10.1016/j.ajogmf.2020.100295">https://doi.org/10.1016/j.ajogmf.2020.100295</a> .
PTSD, post-partum depression, confinement, breastfeeding, France, COVID-19, pregnancy, childbirth, mental health	10-Dec-20	<a href="#">Birth experience during COVID-19 confinement (CONFINE): protocol for a multicentre prospective study</a>	British Medical Journal (BMJ) Open	Protocol	The absence of companionship during childbirth is known to cause difficult emotional birth experience and increase the risk of postpartum depression and post-traumatic stress disorder. In the longer term, maternal mental illness can have a negative impact on the mother-child interaction and on marital and family relationships. The authors present the protocol for a national multicenter prospective cohort study in France that will compare mothers' sense of control during childbirth between a group of women who gave birth during confinement ('confinement' group) versus a group of women who gave birth after confinement but in the context the COVID-19 epidemic ('epidemic' group) versus a group of control women ('control' group; excluding confinement and epidemic context). They expect to include 927 women in a period of 16 months. Women will be recruited immediately in post-partum during 3 different time periods. The maternal sense of control will be evaluated by the Labour Agency Scale questionnaire completed immediately in post-partum. Postnatal depression (Edinburgh Postnatal Depression Scale), post-traumatic stress disorder (Impact of Event Scale-Revised) and breastfeeding (evaluative statement) will be evaluated at 2 months post-partum. The enrollment of	The authors present the protocol for a national multicenter prospective cohort study in France that will compare mothers' sense of control during childbirth between 3 groups: women who gave birth during confinement ('confinement' group), women who gave birth after confinement but in the context the COVID-19 epidemic ('epidemic' group), and women who gave birth outside of the COVID-19 epidemic context and without confinement ('control' group).	Bertholdt C, Epstein J, Banasiak C, et al. Birth experience during COVID-19 confinement (CONFINE): protocol for a multicentre prospective study. BMJ Open. 2020;10(12):e043057. Published 2020 Dec 10. doi:10.1136/bmjopen-2020-043057

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					women started in April 2020 and full recruitment should be achieved by August 2021.		
Israel, stillbirth, obstetrics, emergency admissions, SARS-CoV-2	10-Dec-20	<a href="#">Impact of the COVID-19 Pandemic on Excess Perinatal Mortality and Morbidity in Israel</a>	American Journal of Perinatology	Original Research	The authors aimed to evaluate the effect of the first wave of the COVID-19 pandemic on obstetrical emergency attendance at the labor ward in Shamir Medical Center (Zerifin, Israel) and analyze the consequential perinatal outcomes. Prenatal emergency admission numbers and obstetric outcomes during the peak of the first COVID-19 pandemic from February 21 and April 30, 2020, in Israel (study group) were compared with the combined corresponding periods for 2017 to 2019 (control group). The results showed that the mean number of prenatal emergency admissions during the COVID-19 pandemic, by daily count and per woman, was lower ( $48.6 \pm 12.2$ vs. $57.8 \pm 14.4$ , $p < 0.0001$ ) than matching periods in 2017, 2018, and 2019. Of note, a significantly ( $p = 0.0370$ ) higher rate of stillbirth was observed in the study group (0.4%) compared with the control group (0.1%). All stillbirth cases tested negative for SARS-CoV-2 infection. Furthermore, gestational age at delivery, premature delivery rates, pregnancy complications, postdate delivery, mode of delivery, and numbers of emergency cesarean deliveries were similar in both groups. The authors suggest that the decrease in emergency admissions during the COVID-19 pandemic was likely due to patients' fear of contracting SARS-CoV-2 infection during hospital visits.	This study showed decreased obstetrical ER admissions and significantly higher stillbirth rates during the first wave of the COVID-19 pandemic in Israel. The authors suggest that the lockdown policy, combined with patients' fear of contracting the SARS-CoV-2 virus, could explain these findings.	Mor M, Kugler N, Jauniaux E, et al. Impact of the COVID-19 Pandemic on Excess Perinatal Mortality and Morbidity in Israel. Am J Perinatol. 2020 Dec 10. doi: 10.1055/s-0040-1721515.
Israel, transmission, school setting	10-Dec-20	<a href="#">The Sheba Medical Center healthcare workers' children's school: can we open schools safely?</a> <a href="#">[Free Access to Abstract Only]</a>	Clinical Microbiology and Infection	Original Research	This study explores SARS-CoV-2 transmission in a school setting for 9 weeks in Israel (March 12 – May 17, 2020). During a 9-week national lockdown, an alternative school for the children (aged 3-12 years) of healthcare workers (HCW) was opened. Educators wore face masks and were instructed to practice frequent hand hygiene. Researchers conducted a cross-sectional study of HCWs and their children after one teacher tested positive for SARS-CoV-2, comparing these parents and children with those who remained at home during the lockdown. A total of 435 children attended the alternative school, of which 53 were exposed to the teacher within 7 days prior to the teacher's initial symptoms. All exposed children and parents were tested for SARS-CoV-2 by RT-PCR of nasopharyngeal swab on days 7 and 14 of last potential exposure, and none tested positive. For the cross-sectional study, researchers investigated 106 children and 78 of their parents; 70 of the children (mean age 7.7 years) attended the alternate school and 36 children (mean age 8.3 years) stayed at home. 16% in either group reported symptoms consistent with COVID-19, but none tested positive for SARS-CoV-2, despite reporting differences in SARS-CoV-2 exposure. 30% of the school group reported exposure to a confirmed COVID-19 case, compared to 6% of those who stayed home ( $p=0.01$ ). The authors conclude that these results suggest no increased risk of	This study compared transmission of SARS-CoV-2 among children and their parents in an alternative school during a 9-week lockdown in Israel to controls who stayed at home. No children or parents in either group tested positive for SARS-CoV-2 by PCR despite differences in exposure, indicating no greater risk of transmission in the school setting.	Kruger O, Lustig Y, Cohen C, et al. The Sheba Medical Center healthcare workers' children's school: can we open schools safely? [published online ahead of print, 2020 Dec 9]. Clin Microbiol Infect. 2020;S1198-743X(20)30726-6. doi:10.1016/j.cmi.2020.11.030

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					transmission of SARS-CoV-2 in a school setting as compared to children who stayed at home.		
Japan, mental health, caregivers	10-Dec-20	<a href="#">Caregivers' mental distress and child health during the COVID-19 outbreak in Japan</a>	PLoS One	Original Research	The present study examined the mental health of caregivers during the COVID-19 pandemic in Japan and its association with child health issues. The researchers conducted an internet-based, nationwide cross-sectional study between April 30 and May 13, 2020, of 1,200 caregivers of children aged 3–14 years [mean age not reported]. 75% of children included in this study were school aged (6-14 years old). Caregivers' mental status was assessed using the Japanese version of the Kessler Psychological Distress Scale-6, and child health issues were classified in a binary fashion as "at least one" or "none." Among the participants, 289 (24.1%) had moderate and 352 (29.3%) had severe mental distress and 69.8% of children in their care had health issues. After adjusting for covariates, child health issues increased among caregivers with moderate mental distress (OR 2.24, 95% CI 1.59–3.16) and severe mental distress (OR 3.05, 95% CI 2.17–4.29) compared with caregivers with no mental distress. The number of caregivers with mental distress was more than double that reported during the 2016 national survey. These results indicate the pandemic has significantly affected the mental health of caregivers in Japan, and more research is needed to identify vulnerable populations and present interventions.	The present study examined the mental health of caregivers of children aged 3-14 years during the COVID-19 pandemic in Japan and its association with child health issues. Researchers found that the number of caregivers with mental distress was more than double that reported during the 2016 national survey, and greater mental distress in caregivers was associated with greater health issues in children.	Horiuchi S, Shinohara R, Otawa S, et al. Caregivers' mental distress and child health during the COVID-19 outbreak in Japan. PLoS One. 2020;15(12):e0243702. Published 2020 Dec 10. doi:10.1371/journal.pone.0243702
COVID-19; MIS-C; children; diagnosis	9-Dec-20	<a href="#">Oral manifestations of COVID-2019-related multisystem inflammatory syndrome in children: a review of 47 pediatric patients</a>	American Dental Association	Original Research	Although much is still unknown about the full effects of pediatric COVID-19, literature from the early stages of the COVID-19 pandemic supports a postviral immunologic reaction resulting in MIS-C. The purpose of this study was to report the rates of documented oral and oropharyngeal manifestations among these patients and to determine the association of these findings with other MIS-C symptoms. The authors conducted a retrospective review of pediatric patients with COVID-19 who were admitted to the Morgan Stanley Children's Hospital of New York-Presbyterian (USA) March 15 – June 1, 2020. Of the 150 patients who tested positive for SARS-CoV-2 during this time period, 47 patients <21 years old fulfilled the Centers for Disease Control and Prevention criteria for MIS-C. 3 tables and figures present demographics, laboratory values and pictures of symptoms. The mean age of MIS-C patients was 9.0 years (SD = 5.0 years, range= 1.3-20.0 years). 23 (48.9%) patients had red or swollen lips, whereas only 5 had a strawberry tongue. Oral or oropharyngeal findings were associated significantly with the presence of systemic rash (p = 0.04), conjunctivitis (p = 0.02), and absence of cough (p = 0.02). The presence of oral or oropharyngeal changes may be an early indicator of MIS-C in the setting of COVID-19.	The purpose of this US study was to report documented oropharyngeal/oral symptoms and determine the association of these findings with other MIS-C symptoms. The authors conclude that the presence of oral or oropharyngeal changes may be an early indicator of MIS-C in the setting of COVID-19.	Halepas S, Lee KC, Myers A, Yoon RK, Chung W, Peters SM. Oral manifestations of COVID-2019–related multisystem inflammatory syndrome in children: A review of 47 pediatric patients. J Am Dent Assoc. 2021;152(3):202-208. doi: https://doi.org/10.1016/j.adaj.2020.11.014.
COVID-19; narcolepsy; children; education; online learning	9-Dec-20	<a href="#">Two sides of a coin: differential response to COVID-19 distancing measures in</a>	Journal of Clinical Sleep Medicine	Original Research	Narcolepsy is a chronic neurological sleep disorder, debuting before the age of 15 years in one-third of the cases. Narcolepsy has a negative influence on quality of life, with daily functioning being affected by concomitant cognitive, behavioral and social problems. This study from the Netherlands reports 3 illustrative cases of narcolepsy affected by the COVID-19 pandemic: a 16-year-old female, a 9-year-old male and a 14-year-old male. The 16-year-old female experienced more sleep attacks with	This study from the Netherlands reports the effect of the COVID-19 lockdown on 3 adolescents with narcolepsy: a 16-year-old female, a 9-year-old male, and a 14-year-old male. The authors conclude that the flexibility	Quaedackers L, Overeem S, Pillen S. Two sides of a coin: differential response to COVID-19 distancing measures in children with narcolepsy

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		<a href="#">children with narcolepsy</a>			the transition to online learning, but adapted her routine to yield positive outcomes. The 9-year-old male received positive benefits with the transition to online learning, self-structured days, and one-on-one attention from his parents. The 14-year-old male experienced similar benefits with online learning, being able to sleep when needed. The authors conclude that personalizing education is important for narcoleptic children. Involvement of specialized student counselors, flexibility in the way education is delivered and enhancing environmental factors could help in guiding young narcolepsy patients through the challenges at school.	afforded by distance learning could help guide young narcolepsy patients through school challenges.	[published online ahead of print, 2020 Dec 9]. <i>J Clin Sleep Med</i> . 2020;10.5664/jcsm.9040. doi:10.5664/jcsm.9040
Children, kindergarten, transmission, schools	9-Dec-20	<a href="#">SARS-CoV-2 infections in kindergartens and associated households at the start of the second wave in Berlin, Germany – a cross sectional study</a>	medRxiv	Preprint (not peer-reviewed)	To assess the contribution of kindergartens to transmission of SARS-CoV-2 in Germany, the authors conducted a cross-sectional study evaluating the prevalence of SARS-CoV-2 infections and IgG sero-reactivity among pre-school children, educators, and household members connected with 12 Berlin kindergartens during the second wave of the SARS-CoV-2 pandemic (September 28– October 2, 2020). 720 participants completed a digital questionnaire, had their temperature taken, and provided nasal swabs and finger-prick blood samples (155 pre-school children, 78 staff, 487 household members). The median age of kindergarten children was 4.4 years (range 1-6.3 years). Signs and symptoms were present in one in four kindergarten children, including runny nose (17.0%, 26/153), cough (11.1%, 17/153), and sore throat (2.0%, 3/153). Common complaints among symptomatic educators (28.9%) were headache (14.7%, 11/75), runny nose (13.5%, 10/74), and cough (11.8%, 9/76). Swabs were collected for 98.1% (152/155) of children, all educators (78), and 96.7% (471/487) of household members. SARS-CoV-2 was not detected in any of the 701 samples. Only one childcare worker showed IgG sero-reactivity (0.15%; 1/672). The authors conclude that these findings are reassuring that daycares are not transmission reservoirs, although do not exclude the possibility that community infections occur in these settings.	The authors assessed the prevalence of SARS-CoV-2 and IgG sero-reactivity among children, educators, and household members connected with 12 Berlin kindergartens in Germany. Although 1 in 4 kindergarten children reported signs or symptoms of COVID-19, there was no SARS-CoV-2 detected in any samples. Only one childcare worker showed IgG sero-reactivity. These findings are reassuring that the kindergartens do not seem to be large contributors to community transmission.	Thielecke M, Theuring S, van Loon W, et al. SARS-CoV-2 infections in kindergartens and associated households at the start of the second wave in Berlin, Germany– a cross sectional study. medRxiv. 2020; doi.org/10.1101/2020.12.08.20245910
Istanbul; SARS-CoV-2; Turkey; coronavirus; health care; pandemics; pediatrics; telehealth; telemedicine	9-Dec-20	<a href="#">Telemedicine Applications in a Tertiary Pediatric Hospital in Turkey During COVID-19 Pandemic</a>	Telemedicine Journal and e-Health	Article	The authors describe a prospective study to assess delivery of health services to children aged 0-21 years through telemedicine at a tertiary pediatric hospital in Turkey during the COVID-19 pandemic [dates not reported]. 263 patients/guardians and 263 physicians were asked to complete a questionnaire following a telemedicine interview to measure the level of satisfaction and quality of service. From the patient's side, most of the respondents were parents (77% mother, 15% father) and only 4% were the patients themselves [patient age range/mean not reported]. 61% of patient/guardian respondents had at least a high school degree. Overall patient and physician satisfaction were 99% and 87%, respectively. 85% of the patients/guardians felt comfortable in the interview, and 94% found it useful. 15% of patients/guardians and 19% of physicians experienced technical problems. The main advantage of telemedicine declared by the patients was time saved on transportation. Concerns mentioned by patients/guardians included the lack of physical examination (n=56), lack of laboratory tests (n=50), and inability to obtain a prescription (n=26). Overall, telemedicine was considered to be a feasible alternative to in-person visits during and after the pandemic.	The authors describe a questionnaire-based prospective study to assess delivery of telemedicine health services at a tertiary pediatric hospital in Turkey during the COVID-19 pandemic. Overall patient and physician satisfaction with telemedicine were 99% and 87%, respectively. Telemedicine was considered to be a feasible alternative to in-person visits during and after the pandemic.	Aydemir S, Ocak S, Saygılı S, et al. Telemedicine Applications in a Tertiary Pediatric Hospital in Turkey During COVID-19 Pandemic. <i>Telemed J E Health</i> . 2020. doi:10.1089/tmj.2020.0381.

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children, epidemiology, laboratory results, CT exam	9-Dec-20	<a href="#">Epidemiological and clinical characteristics analysis of 11 children with 2019 novel coronavirus infection in Chongqing: A single-center retrospective study</a>	Translational Pediatrics	Original Research	This article details the results from a retrospective analysis of the epidemiology, clinical symptoms, laboratory examinations, chest CT results, and treatment effects of 11 children (mean age 11 years, range 2-15 years) infected by SARS-CoV-2 in Chongqing, China. The children were diagnosed between January 25 - February 29, 2020 at Chongqing University Three Gorges Hospital. 2/11 cases were imported cases originating in Wuhan, and the remaining 9 involved familial cluster-onset. Regarding disease severity, 5 were asymptomatic, 2 had mild cases, and 4 had disease presentation similar to that of adults. The most common reported symptoms were fever (45%), cough (27%), sore throat (9%), and diarrhea (9%). Additionally, laboratory results indicated that pro-calcitonin was increased in 4 cases, and C-reactive protein was increased in 1 case. IL-6 was increased in 7 cases, tumor-necrosis factor-alpha was increased 1 case, and interferon-gamma was increased in 6 cases. 6 patients presented with abnormal chest CT, 2 of which were asymptomatic. All patients were discharged from the hospital. The authors determined that children are susceptible to COVID-19, and the main route of infection with SARS-CoV-2 is through close interaction with an infected family member. They also determined that the clinical symptoms are mild, but the laboratory and chest CT examinations are more varied than those of adults.	This study details the clinical and epidemiological findings from 11 pediatric cases of SARS-CoV-2 infection in Chongqing, China. They concluded that, while disease presentation is often mild in children, laboratory results and chest CT examination results are more varied than those of adults.	Chen Q, Tian X, Luo Y, et al. Epidemiological and clinical characteristics analysis of 11 children with 2019 novel coronavirus infection in Chongqing: a single-center retrospective study. <i>Transl Pediatr.</i> 2020 Dec;9(6):818-826. doi: 10.21037/tp-20-429.
SARS-CoV-2, COVID-19, Pregnant Woman, Neonates, Fetuses, Newborns, Fetal Outcome, Maternal Outcome, Vertical Transmission	9-Dec-20	<a href="#">COVID-19 Infection in Pregnant Women: Review of Maternal and Fetal Outcomes</a>	International Journal of Gynaecology and Obstetrics	Review	The authors reviewed literature from January 1 to August 31, 2020, assessing the effect of SARS-CoV-2 infection in pregnancy, including maternal and fetal outcomes, vertical transmission, and the benefits of screening for SARS-CoV-2 in pregnant women. The results showed no evidence that pregnant women are at higher risk of getting SARS-CoV-2 infections than non-pregnant women. A meta-analysis by Dubey et al. reported that rates of cesarean deliveries and adverse pregnancy outcomes were substantially higher in Chinese studies than American and European studies. However, the rates of preterm births were lower in American studies compared to Chinese and European studies. SARS-CoV-2 infected pregnant women with comorbidities were more likely to develop complications than those without comorbidities. Maternal complications, including pneumonia, premature rupture of membranes, and gestational hypertension and pre-eclampsia, were common. However, maternal morbidity and mortality were low. Neonatal outcomes mostly included preterm births (39%), fetal distress (43%), intrauterine growth retardation (10%), miscarriage (2%), and perinatal death (7%). The current data does not suggest a high risk of abortion or premature gestational loss. Regarding vertical transmission, multiple studies confirmed the absence of SARS-CoV-2 isolates in the amniotic fluid, cord blood, breast milk, and neonatal throat swabs. Both the American College of Obstetricians and Gynecologists and the Royal College of Obstetricians and Gynecologists recommend screening pregnant women for SARS-CoV-2 to prevent disease transmission. The authors concluded that there is currently limited knowledge about SARS-CoV-2 infections in pregnancy.	The authors conducted a literature review to assess the effect of SARS-CoV-2 infections in pregnancy on maternal and fetal outcomes. Although there is an increased risk of maternal complications in pregnant women infected with SARS-CoV-2 with co-morbidities, overall maternal and neonatal mortality rates were low. Though uncommon, the authors caution that vertical transmission is possible.	Salem D, Katranji F, Bakdash T. COVID-19 infection in pregnant women: Review of maternal and fetal outcomes [2020 Dec 10]. <i>International Journal of Gynaecology &amp; Obstetrics.</i> 2020;10.1002/ijgo.13533. doi:10.1002/ijgo.13533

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Dentistry; health profession; emergency medicine; pediatrics; clinical practice guide; quality; guidelines; AGREE II; COVID-19	9-Dec-20	<a href="#">Quality assessment of clinical practice guidelines for the management of paediatric dental emergencies applicable to the COVID-19 pandemic, using the AGREE II instrument. A systematic review</a>	Heliyon	Review Article	This systematic review evaluated the quality of clinical practice guidelines (CPG) published from 2000-2020 for the management of paediatric dental emergencies applicable during the COVID-19 pandemic. The American Dental Association and Centers for Medicare and Medicaid Services have recommended that dental procedures be limited to emergencies only to reduce SARS-CoV-2 transmission and spread between patients and dental staff. Urgent dental care is focused on moderate to severe pain treatments, reducing the risk of infections, and alleviating emergency departments' burdens. Clinical dentists must have access to high-quality CPGs to promote and recommend practical solutions during the COVID-19 pandemic. The authors used the Appraisal of Guidelines for Research and Evaluation in Europe (AGREE II) to determine the quality of CPG available to dentists. 23 CPGs were identified from a literature search and reviewed for eligibility, with only 5 studies in the AGREE II analysis. Of the 5 studies, only 1 CPG was exclusively made for pediatrics [no age criteria mentioned], and only 1 was considered a recommended CPG after AGREE II analysis. The 6 domains of the AGREE II analysis were compared, Domain I, "scope and purpose," had the highest global score of 76% (average score 57%-94%); Domain III, "rigour of development," is one of the most critical elements of CPGs but only had a global mean score of 44.4% (38%-65%) and Domain V "applicability" had the lowest global score of 24%. Due to the low global scores across all domains, the authors stress the need to ensure CPGs are of high quality and applied to the COVID-19 pandemic for paediatric dental care.	The authors assessed available literature on clinical practice guidelines (CPG) on paediatric dental emergencies available from 2000-2020 for quality and applicability during the COVID-19 pandemic. Urgent and emergent dental care is necessary for paediatric patients, but with the risk of SARS-CoV-2 spread in dental offices, high-quality CPGs must be applied. Only one available CPG was found to be recommended using the authors' analysis of quality.	Arieta-Miranda J, Alcaychahua AS, Santos GP, et al. Quality assessment of Clinical Practice Guidelines for the management of paediatric dental emergencies applicable to the COVID-19 pandemic, using the AGREE II instrument. A Systematic Review [published online ahead of print, 2020 Dec 9]. <i>Heliyon</i> . 2020;6(12):e05612. doi:10.1016/j.heliyon.2020.e05612
COVID-19; cystic fibrosis; SARS-CoV-2; care and management	9-Dec-20	<a href="#">Care of Cystic Fibrosis Children in COVID-19 Pandemic</a>	Turkish Thoracic Journal	Letter to the Editor	In this article, the authors highlighted issues in the care of children with cystic fibrosis (CF), an autosomal recessive condition primarily affecting the lungs, during the COVID-19 pandemic. Since viruses are common causes for CF exacerbation, COVID-19 should also be suspected in cases of CF exacerbation. In cases of possible COVID-19, routine CF medications should be continued, and nebulizer use restricted to hospital and home settings. The authors also recommend limiting pulmonary function tests, due to their potential for COVID-19 transmission, and using them only after all risks and benefits are considered. They encourage using telemedicine to provide resources to patients and reduce their anxieties, but they acknowledge that the lack of in-person evaluations could hinder drug trials and the recognition of disease progression. Additionally, they suggest the use of home monitoring equipment (e.g., oximeters and anthropometric equipment) with cautious interpretations of the results obtained, in addition to sending blood and sputum samples to CF care centers to avoid in-person visits. Finally, they recommend strict adherence to prescribed medications in addition to diet, exercise, hydration, and following public health measures. The authors highlight the need for financial support and motivation for CF patients and their families to face the challenges posed by COVID-19 and the ensuing changes. Thus, the authors suggest medication adherence, telemedicine, and maintenance of patient health and mental well-being as measures to continue CF care in the face of a pandemic.	In this article, the authors highlight the changes to care and management of patients with cystic fibrosis (CF) in the challenging environment created by the COVID-19 pandemic. For the care of CF children, the authors recommend the use of telemedicine, routine medication, diet, exercise, and mental well-being during the pandemic.	Kumar P, Goyal JP. Care of Cystic Fibrosis Children in COVID-19 Pandemic. <i>Turk Thorac J</i> . 2020 Nov;21(6):461-462. doi: 10.5152/TurkThoracJ.2020.20102. Epub 2020 Nov 1. PMID: 33352105.

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Refugees; migrants; home deliveries; COVID-19; antenatal care; postnatal care; Kenya; qualitative inquiry	9-Dec-20	<a href="#">"We have a lot of home deliveries": A Qualitative Study on the Impact of COVID-19 on Access to and Utilization of Reproductive, Maternal, Newborn and Child Health Care among Refugee Women in Urban Eastleigh, Kenya</a>	Journal of Migration and Health	Original research	This qualitative study aimed to improve understanding of the impact of the COVID-19 pandemic on female refugees' access to and utilization of antenatal care, delivery and postnatal care in Eastleigh, Kenya. In-depth interviews were conducted with health care staff (N=10) and women attending antenatal (N=10) and postnatal (N=5) care services in October 2020. 11 of the 15 patients were Somali, 2 were Tanzanian, 1 woman was from Uganda, and 1 was from Eritrea. [No data on age of women or health workers given]. The authors report an increase in home deliveries during the pandemic, delays in care-seeking (including bringing children for vaccinations) and challenges utilizing services at facilities. There were a number of contributing factors, including fear of contracting SARS-CoV-2, limited staff, lockdowns, increased financial concerns, and the fact that refugees are not included in the maternal health care policies in Kenya. The authors suggest the development of refugee-inclusive public health policies, particularly during a pandemic, and the need to tailor health care services to refugees at facilities and in communities.	This qualitative study conducted in-depth interviews with health care workers and pregnant and postpartum refugees in Eastleigh, Kenya in October 2020 to assess the impact of the COVID-19 pandemic on access to and utilization of antenatal, delivery and postnatal care. The authors found that home deliveries had increased since the start of the pandemic, and that refugee women are delaying seeking care due to fear of SARS-CoV-2 infection, increased financial burdens, and lack of inclusion in Kenyan health care policies.	Lusambili AM, Martini M, Abdirahman F, et al. 'We have a lot of home deliveries': A Qualitative Study on the Impact of COVID-19 on Access to and Utilization of Reproductive, Maternal, Newborn and Child Health Care among Refugee Women in Urban Eastleigh, Kenya. Journal of Migration and Health. 2020. 1-2. doi:10.1016/j.jmh.2020.100025
measles vaccination; coverage; COVID-19; immunizations; United States	9-Dec-20	<a href="#">Potential impact of COVID-19 pandemic on vaccination coverage in children: A case study of measles-containing vaccine administration in the United States (US)</a>	Vaccine	Communication	In this article, submitted for publication in October 2020, the authors propose a model to estimate the impact of COVID-19 stay-at-home orders on vaccination coverage rates for the measles mumps and rubella (MMR) vaccine in the United States. Using data from the US CDC and the US Census Bureau, they projected MMR vaccination coverage for the cohort of children turning 1 year old during 2020 under different scenarios of stay-at-home order durations and catch-up vaccination efforts. Assuming a 2-month stay-at-home order and a corresponding 50% reduction in MMR vaccine administration, the authors estimate a reduction in coverage from 90% (2019) to 82%. However, if well-child visits increase to 5%, 10%, or 15% above baseline in a "catch-up" scenario after stay-at-home orders are lifted, then coverage would increase to 85%, 88% and 90%. In the scenario where voluntary social distancing continues after the order is lifted and well-child visits decline by 5%, 10% or 15%, then the vaccine coverage could drop below 80%. If there were a second stay-at-home order, coverage could drop below 75%, and even a 15% increase in well-child visits would not obtain the pre-pandemic coverage of 90%. The authors conclude that innovative strategies should be considered to support catch-up vaccination, in order to avoid outbreaks of measles and potentially life-threatening disease.	Using demographic data, the authors modeled potential scenarios of the impact of COVID-19 stay-at home orders and increases in well-child catch-up visits on measles vaccination coverage among 1-year-old children in the United States. They find that if catch-up vaccination efforts are not accelerated and sustained, measles vaccination coverage could decline significantly.	C. Carias, M. Pawaskar, M. Nyaku, et al. Potential impact of COVID-19 pandemic on vaccination coverage in children: A case study of measles-containing vaccine administration in the United States (US). Vaccine. 2020. doi:10.1016/j.vaccine.2020.11.074
Pregnancy, midwives, emotional health, women, Spain	9-Dec-20	<a href="#">Experiences and attitudes of midwives during the birth of a pregnant woman with COVID-19 infection: a qualitative study</a>	Women and Birth	Original Research	This qualitative study sought to investigate the experiences of midwives providing pregnancy and childbirth care to women with confirmed or suspected COVID-19 in Spain. 14 midwives were recruited by purposive sampling technique (selecting individuals that are especially knowledgeable). Data were collected through individual in-depth interviews from May-June, 2020 and analyzed using Giorgi's descriptive method of determining themes and meaning (phenomenological approach). Mean age of participants was 37.4 years old and average midwifery experience was 8 years. Three main categories of responses	This qualitative study highlights the experiences of midwives in Spain caring for pregnant women with suspected or confirmed COVID-19. Three categories of responses included 1) the challenges of working in a pandemic, 2) emotional and mental	González-Timoneda A, Hernández Herrández V, Pardo Moya S, Alfaro Blázquez R. Experiences and attitudes of midwives during the birth of a pregnant woman with COVID-19 infection: a

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					were identified: “challenges and differences when working in a pandemic”, “emotional and mental health and wellbeing”, and “women’s emotional impact perceived by midwives”. Midwives pointed to several factors tied to a safe, supportive and empowering workplace: support from staff and managers, access to adequate PPE, and reliable guidelines. They also dealt with professional and personal challenges during the pandemic, showing feelings of fear, anxiety, uncertainty, discomfort, lack of support, and knowledge. Finally, midwives expressed their concerns about the feelings of pregnant women with COVID-19, such as fear, anxiety, and loneliness. The results of this study show some of the challenges for midwives during the course of the COVID-19 pandemic, emphasizing the value of a communication, emotional support, and stress management in providing woman-centered care.	wellbeing, and 3) women's emotional impact perceived by midwives.	qualitative study. Women and Birth(2020). doi:https://doi.org/10.1016/j.wombi.2020.12.001
Child, depression, COVID-19, lockdown, school closure, UK	9-Dec-20	<a href="#">Longitudinal increases in Childhood depression Symptoms During the COVID-19 Lockdown</a>	Archives of Disease in Childhood	Original Research	The authors studied childhood depression and anxiety during the COVID-19 lockdown (including social distancing and school closures) in the UK (April 29 -June 19, 2020) by conducting assessments (self-reports, caregiver reports, teacher reports) before and during the lockdown on 168 children (age range: 7.6-11.6 years). Three mental health measures were used: the Strengths and Difficulties Questionnaire (SDQ), Emotional Problems subscale, and RCADS-short form subscales for depression and anxiety. Mean mental health scores before and during the UK lockdown were compared using mixed linear models. A significant increase in depression symptoms during the UK lockdown was observed as measured by the Revised Child Anxiety and Depression Scale (RCADS) short form. However, there was no significant change in the SDQ and Emotional Problems subscales before and during the lockdown. These findings suggest that children’s depression ratings significantly increased during the COVID-19 lockdown, compared to before the lockdown. Furthermore, changes in anxiety and emotional problems were small and not statistically significant, suggesting that depression may be particularly susceptible. The authors recommend that these findings be considered in future decisions regarding complete or partial school closures.	The authors found a significant increase in depression symptoms in children during the April to June 2020 COVID-19 lockdown in the UK compared to before the lockdown. They suggest that this finding be included in future decisions regarding partial or full school closures.	Bignardi G, Dalmaijer ES, Anwyll-Irvine AL, Smith TA, Siugzdaite R, Uh S, Astle DE. Longitudinal increases in childhood depression symptoms during the COVID-19 lockdown. Arch Dis Child. 2020 Dec 9:archdischild-2020-320372. doi: 10.1136/archdischild-2020-320372. Epub ahead of print. PMID: 33298552.
Uganda, child abuse, COVID-19, prevention, early detection	9-Dec-20	<a href="#">Increased child abuse in Uganda amidst COVID-19 pandemic</a>	Journal of Paediatrics and Child Health	Viewpoint	This article provides an insight into the increased cases of child abuse in Uganda during the COVID-19 pandemic. The data and information were primarily compiled from government and child welfare organization open-source databases. 1 in 3 girls and 1 in 6 boys have suffered sexual violence during childhood, and 70% of boys have suffered physical violence in 2020. This pandemic has put children at an increased risk of different forms of child abuse due to a lack of social support. Since the implementation of the COVID-19 lockdown in Uganda, there has been a rise in child abuse and child neglect, with girls being the most affected. Limited access to basic needs has led to an increasing number of child neglect, which has a detrimental impact on children’s emotional and physical health. Increased cases of child labor, physical, and sexual abuse against children have been reported in different parts of the country. Increasing community awareness and early detection and effective management of child abuse cases are critical to protecting vulnerable children. Global, multi-level	This article provides an insight into the increased cases of child abuse in Uganda during the COVID-19 pandemic. Increasing community awareness and early detection and effective management of child abuse cases are critical to protecting vulnerable children.	Sserwanja Q, Kawuki J, Kim JH. Increased child abuse in Uganda amidst COVID-19 pandemic [published online, 2020 Dec 9]. J Paediatr Child Health. doi:10.1111/jpc.15289

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					cooperation is urgently needed to increase financial and social support to address the devastating repercussions of the COVID-19 pandemic.		
Study protocol, child development, COVID-19, racism, longitudinal, US	9-Dec-20	<a href="#">The Healthy Brain and Child Development Study-Shedding Light on Opioid Exposure, COVID-19, and Health Disparities</a>	Journal of the American Medical Association (JAMA) Psychiatry	Viewpoint	This article describes a planned large-scale longitudinal study, the Healthy Brain and Child Development (HBCD) Study. In this study, researchers will deploy a wide range of research tools to study brain development and physical and mental health during pregnancy and following children's growth until 10 years old. The HBCD study will investigate the associations of adverse environments and socio-economic disadvantage with the development of both brain and behavior development throughout early childhood. Upon participant recruitment in 2022, approximately 7500 women are expected to enroll in the second trimester of pregnancy or right after delivery. Their children will be followed up with periodic structural and functional brain imaging. During the initial phase of feasibility studies, investigators have been examining the association of the COVID-19 pandemic with prenatal care, family health and well-being, and birth outcomes. Results from the feasibility studies will help delineate the appropriate research questions and outcomes of COVID-19 to be included in the full HBCD protocol. The HBCD study findings will help inform policymakers and guide the development of interventions to mitigate the neuro-developmental effects of psychosocial stress surrounding the COVID-19 pandemic, including those associated with poverty, deprivation, and structural racism.	The Healthy Brain and Child Development (HBCD) Study will examine factors associated with child development. Feasibility studies have reviewed the impact of COVID-19 on prenatal care, family health/well-being, and children's brain development. The HBCD study findings will help inform policymakers and guide the development of interventions to mitigate the neuro-developmental effects of adverse environments.	Volkow ND, Gordon JA, Freund MP. The Healthy Brain and Child Development Study-Shedding Light on Opioid Exposure, COVID-19, and Health Disparities [published online, 2020 Dec 9]. JAMA Psychiatry. doi:10.1001/jamapsychiatry.2020.3803
UK, SARS-CoV-2, ICU, cardiac, dysfunction, MIS-C, COVID-19, pediatric	9-Dec-20	<a href="#">Paediatric inflammatory multisystem syndrome temporally associated with COVID-19: a new case presentation</a>	British Medical Journal (BMJ)	Case Report	In this case report, an 11-year-old male patient presented on the 26th of April, 2020 to a hospital in Dumfries, UK, with features resembling PIMS-TS, including persistent fever, hemodynamic instability and abdominal pain. Laboratory tests, including raised inflammatory markers, D-dimer, troponin and a coagulopathy, were consistent with PIMS-TS. Laboratory values are presented in 2 tables. The patient required transfer to the ICU; an echocardiography revealed left ventricular dysfunction. He was treated with IV immunoglobulins (Igs), corticosteroids and aspirin, with full resolution of clinical symptoms. A follow-up echocardiogram 1 month after discharge was unremarkable. Three SARS-CoV-2 PCRs on respiratory samples were negative, as was a SARS-CoV-2 PCR on feces 1 month after presentation; titers of IgG were elevated. The negative PCRs in the presence of elevated titers of IgG suggest that the inflammatory syndrome might have developed in a late phase of SARS-CoV-2 infection. The authors conclude that acute gastro-intestinal pain in the context of persistent fever should lead to suspicion of PIMS-TS or MIS-C and that cardiac inflammation is a feature of this presentation. It appears from this case report that early treatment with Igs and IV steroids is helpful. The authors stress that negative SARS-CoV-2 PCR tests do not exclude COVID-19 and SARS-CoV-2 IgG serology ought to be performed. PCR on feces should be considered early on, in particular in cases presenting with mainly gastro-intestinal symptoms.	In this case report, an 11-year-old male patient in the UK presented with features resembling PIMS-TS. The negative PCRs in the presence of elevated titers of IgG suggest that the inflammatory syndrome might have developed in a late phase of SARS-CoV-2 infection. The patient fully recovered.	Makiello P, Svirpliene S, Finlay L, et al. Paediatric inflammatory multisystem syndrome temporally associated with COVID-19: a new virus and a new case presentation. BMJ Case Rep. 2020;13(12):e238531. Published 2020 Dec 9. doi:10.1136/bcr-2020-238531

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England, SARS-CoV-2, policy, child health, education, national	9-Dec-20	<a href="#">Priorities for the child public health response to the COVID-19 pandemic recovery in England</a>	British Medical Journal (BMJ)	Review	This article outlines the impacts of COVID-19 on children in England. The authors provide an overview of mitigation strategies and policy recommendations aimed to assist both national and local professionals across child health, education, social care and related fields to inform COVID-19 policy response. Key priorities relate to the diversion of healthcare during lockdown; interruption and return to schooling; increased health risks and long-term impacts on child poverty and social inequalities. Children are especially vulnerable to determinants of health such as living conditions, family income, parental employment, education, and access to health services, all of which have been negatively impacted by the COVID-19 pandemic. The authors argue that strategies have already been developed to improve child health and reduce inequalities in the context of a crisis and that policymakers should stick to accepted principles developed with and in the best interests of children and young people (C&YP) and aligned to the UN Convention on Rights of the Child. The voices of C&YP should inform policy responses. When surveyed, C&YP continually emphasize the importance of being loved, safe and listened to, and they stress the importance of having well-funded schools and family finances to meet basic needs. A proactive and concerted policy focus on children is required at a national and local level to ensure that they are not further overlooked in the pandemic recovery phase.	This article outlines COVID-19 impacts on children in England; it provides an overview of mitigation strategies and policy recommendations. Key priorities relate to the diversion of healthcare during lockdown; interruption and return to schooling; increased health risks and long-term impacts on child poverty and social inequalities.	Hefferon C, Taylor C, Bennett D, et al. Priorities for the child public health response to the COVID-19 pandemic recovery in England [published online ahead of print, 2020 Dec 9]. <i>Arch Dis Child</i> . 2020;archdischild-2020-320214. doi:10.1136/archdischild-2020-320214
Pregnancy, parenting, lockdown, app, anxiety, England	9-Dec-20	<a href="#">Experiences, Attitudes, and Needs of Users of a Pregnancy and Parenting App (Baby Buddy) During the COVID-19 Pandemic: Mixed Methods Study</a>	JMIR Mhealth and Uhealth	Original Research	Baby Buddy is a pregnancy and parenting app approved by the National Health Service in England designed to support expectant and new parents through pregnancy and early parenthood. In this mixed-method web-based survey of 436 Baby Buddy app users conducted from April 15-May 31, 2020, the authors aimed to assess the impact of COVID-19 on the experiences of being pregnant or parenting a young infant, along with parental use of the Baby Buddy app. 32 telephone interviews were also conducted. 88.5% (n=386) of survey respondents reported that the pandemic had increased their levels of anxiety around pregnancy, birth, and being a new parent. Over 60% of respondents identified their own emotional and mental health to be a main concern. For post-natal respondents, primary concerns were regarding their infant's health (63.3%, 119/188). Many pregnant patients (125/235, 53.2%) were worried about staying safe at antenatal appointments. New parents were particularly anxious about the impact of the lockdown on infant development and socialization. 90.0% (392/436) of respondents identified at least one way in which the app was helping them during the pandemic. Access to reliable information was cited by 82.6% (360/436) as a main strength of the app. The authors conclude that although the COVID-19 pandemic has created heightened anxiety and stress among expectant parents and those with an infant, the free and evidence-based Baby Buddy app is well positioned to meet this need.	The authors assessed the impact of the COVID-19 pandemic and lockdown on the experiences of being pregnant or parenting an infant in England, and assessed the role of the Baby Buddy app in supporting parents during the pandemic.	Rhodes A, Kheireddine S, Smith AD. Experiences, Attitudes, and Needs of Users of a Pregnancy and Parenting App (Baby Buddy) During the COVID-19 Pandemic: Mixed Methods Study. <i>JMIR Mhealth Uhealth</i> . 2020 Dec 9;8(12):e23157. doi: 10.2196/23157.

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Children, dermatology, MIS-C, mucocutaneous findings, USA	9-Dec-20	<a href="#">Mucocutaneous Manifestations of Multisystem Inflammatory Syndrome in Children During the COVID-19 Pandemic</a>	Journal of the American Medical Association (JAMA) Dermatology	Case Series	This retrospective case series of 35 children (median age 2 years; range, 0.2-17 years) who met CDC and/or epidemiologic criteria for MIS-C admitted to 2 hospitals in New York City, USA from April 1-July 14, 2020, describe the mucocutaneous findings seen in children with MIS-C. Of the 35 patients, 29 (83%) exhibited mucocutaneous changes, with conjunctival injection (n=21), palmoplantar erythema (n=18), lip hyperemia (n=17), peri-orbital erythema and edema (n=7), strawberry tongue (n=8), and malar erythema (n=6) being the most common findings. Recognition of mucocutaneous findings occurred a mean of 2.7 days (range 1-7 days) after the onset of fever. The duration of mucocutaneous findings varied from hours to days (median duration, 5 days; range, 0-11 days). Neither the presence nor absence of mucocutaneous findings was significantly associated with overall disease severity. There was no significant difference between patients < 3 years (n=17) and those aged ≥ 3 years (n=18) with regard to the development of certain mucocutaneous symptoms. The authors conclude that mucocutaneous findings may aid in the recognition of MIS-C but are not specific to its diagnosis.	This case series describes the mucocutaneous findings of 35 children with MIS-C in New York, USA. Although common (83%), mucocutaneous findings were not associated with disease severity and did not differ between children aged <3 years or ≥3 years.	Young TK, Shaw KS, Shah JK, et al. Mucocutaneous Manifestations of Multisystem Inflammatory Syndrome in Children During the COVID-19 Pandemic. JAMA Dermatol. 2020 Dec 9. doi: 10.1001/jamadermatol.2020.4779.
perinatal health; depression; anxiety; resiliency; COVID-19 pandemic	8-Dec-20	<a href="#">Mood disorders and resilience during the first COVID-19 pandemic wave in Spain: Conclusions of the first Spanish survey</a>	Journal of Psychosomatic Research	Original Research	This research letter summarizes the findings of a study analyzing the psychological impact of the COVID-19 pandemic on pregnant women in Spain. 454 women (mean gestational age: 26.1 weeks; SD: 8.7) participated between April 15- May 14, 2020 across the country. 35.9% of participants scored above the cut-off for significant depressive symptoms; higher scores were associated with low income, reduced income due to the COVID-19 pandemic, and unemployment. 43.4% and 45.6% of participants reported above-average trait and state anxiety scores, respectively, with higher scores found among women with prior mental disorders. [No statistical strength variables are listed for these associations.] 30.6% of participants scored <25th percentile of resiliency, and 25.4% scored >75th percentile. Women who had undergone a C-section and those with an income of <600 euros/month had significantly higher resilience scores, and women that struggled with thoughts about COVID-19 or earned >3600 euros/month scored significantly lower. The researchers conclude that their results can be used to target populations at risk of perinatal mental health disorders during the COVID-19 pandemic.	This research letter summarizes findings of a study analyzing the psychological impact of the COVID-19 pandemic on pregnant women in Spain. A significant portion of women reported symptoms of anxiety and depression, and resiliency was impacted by medical history and income.	Lubián López DM, Butrón Hinojo CA, Arjona Bernal JE, et al. Mood disorders and resilience during the first COVID-19 pandemic wave in Spain: Conclusions of the first Spanish survey. J Psychosom Res. 2021 Jan;140:110327. doi: 10.1016/j.jpsychores.2020.110327.
COVID-19; epidemiology; attack rate; transmission	8-Dec-20	<a href="#">Epidemiological characteristics and transmission dynamics of paediatric cases with coronavirus disease 2019 in Hubei province, China</a>	Journal of Child Paediatric Health	Original Research	This study aimed to identify the epidemiological characteristics and transmission dynamics of pediatric cases for SARS-CoV-2. Information on 1369 pediatric cases with SARS-CoV-2 from 8 December 2019 to 7 March 2020 in Hubei province (China) was extracted from the National Infectious Disease Surveillance System. The median age was 9 years old. The attack rate of COVID-19 in children was significantly lower than that of adults (0.12% vs. 1.50%, p<0.01). The proportion of severe and critical cases in pediatric cases was significantly lower than that in adult cases (3.6% vs. 18.6%, p<0.01), and infants had the highest proportion among pediatric groups (6.2%). The proportion of asymptomatic cases in pediatric cases was significantly higher than that in adult cases (15.4% vs. 2.9%, p<0.01). The proportions of children with clear contact history of confirmed cases or cluster history were much higher than those of adults (contact history: 44.5	This study aimed to identify the epidemiological characteristics and transmission dynamics of pediatric cases for SARS-CoV-2 from China. The authors conclude that most pediatric cases had milder clinical manifestations, high rates of household transmission, and a high number of asymptomatic cases. The authors recommend increased nucleic acid testing	Wang M, Nie X, Huang S, et al. Epidemiological characteristics and transmission dynamics of paediatric cases with coronavirus disease 2019 in Hubei province, China [published online ahead of print, 2020 Dec 8]. J Paediatr Child Health. 2020;10.1111/jpc.15287 . doi:10.1111/jpc.15287

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					vs. 22.4%, $p < 0.01$ ; cluster history: 22.9 vs. 12.5%, $p < 0.01$ ). The authors conclude that the epidemiological characteristics of pediatric cases were different from adult cases. Most pediatric cases had milder clinical manifestations. Household transmission was crucial for pediatric cases and the high proportion of asymptomatic patients might make pediatric cases an important spreader of SARS-CoV-2. The authors recommend the following measures to prevent the spread of SARS-CoV-2: increase nucleic acid testing and isolate infected cases in time.	and early isolation of infected cases.	
Adolescents, mental health, sports, school closure, anxiety, depression	8-Dec-20	<a href="#">Mental Health, Physical Activity, and Quality of Life of US Adolescent Athletes During COVID-19-Related School Closures and Sport Cancellations: A Study of 13 000 Athletes</a>	Journal of Athletic Training	Original Research	The authors assessed the mental health, physical activity, and health-related quality of life (HRQoL) of USA adolescent athletes in May 2020, when school closures and sport cancellations were implemented due to the COVID-19 pandemic. A convenience sampling of 13,002 athletes (mean age 16.3±1.2 years, range 13-19 years) across 46 states completed an online survey. The General Anxiety Disorder 7-Item (GAD-7) and Patient Health Questionnaire 9-Item (PHQ-9) surveys were used to evaluate anxiety and depression symptoms. Physical activity level was assessed with the Hospital for Special Surgery Pediatric Functional Activity Brief Scale (PFABS), and HRQoL was measured with the Pediatric Quality of Life Inventory 4.0 (PedsQL). Females demonstrated a higher prevalence of moderate to severe anxiety symptoms than males (42.3% versus 25.4%, respectively) and higher GAD-7 scores (worse anxiety symptoms) (8.5, 95% CI: 8.3-8.8 vs 6.3, 95% CI: 6.0-6.6, respectively). The prevalence of depression symptoms was highest for those who played a team sport (74.1%) and lowest in those who played an individual sport (64.9%). The total Pediatric Quality of Life Inventory score was lowest (worst) for athletes from counties with the highest poverty levels (high: 74.5, 95% CI: 73.7-75.3; middle: 78.9, 95% CI: 78.0-79.8; and low poverty: 78.3, 95% CI: 77.4-79.1). The authors conclude that public health officials need to consider these differences when developing policies to limit the spread of COVID-19.	This online survey assessed the mental health, physical activity, and health-related quality of life of adolescent athletes in the USA during school closures and sport cancellations due to the COVID-19 pandemic in May, 2020. The authors found a higher prevalence of anxiety among females compared to males, worse depressive symptoms in those who played team sports than those who played individual sports, and lower quality of life scores for athletes from counties with higher poverty levels than those with lower poverty levels. The authors conclude that public health officials should consider these differences in the development of policy to limit spread of COVID-19.	McGuine TA, Biese KM, Petrovska L, et al. Mental Health, Physical Activity, and Quality of Life of US Adolescent Athletes During COVID-19-Related School Closures and Sport Cancellations: A Study of 13 000 Athletes. J Athl Train. 2020; doi:10.4085/1062-6050-0478.20
Hematology, pediatrics, children, complement, thrombosis, biomarkers, renal dysfunction	8-Dec-20	<a href="#">Evidence of thrombotic microangiopathy in children with SARS-CoV-2 across the spectrum of clinical presentations</a>	Blood Advances	Original Research	In this study, the authors assessed whether soluble C5b9 (sC5b9), a clinically available complement system biomarker, was a marker of complement-mediated thrombotic micro-angiopathy (TMA) in pediatric patients with SARS-CoV-2. 50 hospitalized pediatric patients (5-17 years of age) in Philadelphia, USA with acute SARS-CoV-2 or MIS-C were enrolled from April 3-July 7, 2020. sC5b9 was measured in plasma and compared with normal control samples (n=26). The median sC5b9 level in the controls (57 ng/mL; IQR, 9-163 ng/mL) differed significantly from patients with minimal COVID-19 (392 ng/mL; IQR, 244-622 ng/mL), severe COVID-19 (646 ng/mL; IQR, 203-728 ng/mL), and MIS-C (630 ng/mL; IQR, 359-932 ng/mL) ( $p < 0.001$ in each case). Higher sC5b9 levels were associated with higher serum creatinine ( $p = 0.01$ ). 13 (38%) of 34 patients met clinical criteria for TMA, and of those, the median sC5b9 level was 420 ng/mL, compared with 634 ng/mL in patients who did not meet criteria ( $p = 0.60$ ). The authors conclude that terminal complement activation is present in children across the spectrum of SARS-CoV-2 infection. A high proportion of these children	The authors assessed the levels of sC5b9, a complement system biomarker, in children with acute SARS-CoV-2 or MIS-C compared to healthy controls, and assessed the association between sC5b9 levels and thrombotic micro-angiopathy. The median sC5b9 levels were significantly higher in children across all spectrums of SARS-CoV-2 disease severity than in healthy controls. 38% of children with SARS-CoV-2 met criteria for TMA, however there was no significant difference in	Diorio C, McNerney KO, Lambert M, et al. Evidence of thrombotic microangiopathy in children with SARS-CoV-2 across the spectrum of clinical presentations. Blood Adv. 2020;4(23):6051-6063. doi:10.1182/bloodadvances.2020003471

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					met clinical criteria for TMA, however, elevations in sC5b9 occurred independently of other laboratory markers associated with COVID-19 and MIS-C and were associated with evidence of renal dysfunction.	sC5b9 levels between children with SARS-CoV-2 who did and did not meet TMA criteria. However, elevated sC5b9 levels were associated with higher serum creatinine.	
SARS-CoV-2; RT-PCR; pediatric; Conakry, Guinea	8-Dec-20	<a href="#">COVID-19 infection in pediatric subjects: Study of 36 cases in Conakry</a>	Pan African Medical Journal	Short Communication	The authors conducted a retrospective study of children 0-18 years (mean age 9.66±1.32 years) from April 1- September 30, 2020, who were admitted to a pediatric ward in Conakry, Guinea, with a positive RT-PCR for SARS-CoV-2. 36 patients were included in this review, of which 55.55% were male, 13 (36.11%) had close contact with a COVID-19 positive relative, and 5 (13.88%) had contact with a classmate who was positive for SARS-CoV-2. 23 (63.88%) of the patients had no known contact with an infected person. All 36 children had a history of malaria sometime in the past, 1 had a history of epilepsy and 4 with HIV. Fever, weakness, cough, runny nose, sore throat, and irritability were common symptoms; however, 30.55% were asymptomatic. High C-reactive protein and sedimentation rates were found in 94.44% of the patients, and high lymphocyte and monocyte count in 100% of the children. Chest computed tomography was normal in 80.55%, frosted glass opacities were found in 19.44%, and Kerley lines were present in 11.11% of the patients. All 36 patients recovered. The authors stress that due to delayed onset or the absence of symptoms in children, immediate observation of children in contact with SARS-CoV-2 known patients should occur, including identification of children with comorbidities.	The authors conducted a retrospective study of children 0-18 years from April 1- September 30, 2020, who were admitted to a pediatric ward in Conakry, Guinea, with a positive RT-PCR for SARS-CoV-2.	Atakla HG, Noudohounsi MMUD, Salami AY, et al. COVID-19 infection in pediatric subjects: study of 36 cases in Conakry. <i>Pan Afr Med J.</i> 2020;37(Suppl 1):42. Published 2020 Dec 8. doi:10.11604/pamj.supp.p.2020.37.42.26573
COVID-19; Caregivers; Children with epilepsy; Self-management; Stress	8-Dec-20	<a href="#">Experience during COVID-19 lockdown and self-managing strategies among caregivers of children with epilepsy: A study from low middle income country</a>  <a href="#">[Free Access to Abstract Only]</a>	Seizure	Article	This study describes difficulties posed by COVID-19 lockdowns to caregivers of children (aged 6 months - 16 years) with epilepsy along with self-management strategies to overcome these difficulties. A cross-sectional all-island survey was carried out at pediatric neurology centers in Sri Lanka [time period not specified]. Parental stress level was evaluated using a self-rating Stress Assessment Questionnaire. Parents of children with a epilepsy diagnosis <6 months or requiring treatment review visits less than 3x per month were excluded. Caregivers of 140 children with epilepsy were interviewed; the mean age of children was 7.87 years (SD 4.0) and mean duration of epilepsy was 4.43 years (SD 3.37) [there is a discrepancy between mean duration of epilepsy reported in main text and abstract]. The majority were on 1 (52.1 %) or 2 (20 %) anti-seizure medications regularly. The pandemic did not affect epilepsy control in a majority (87.3 %) of children; however, a 79.3% faced difficulties over regular treatment review visits and prescription refills largely due to transportation issues or changes in clinic operation. Despite difficulties, 87.1 % of parents maintained dispensing anti-seizure medications to their child regularly. Caregivers demonstrated healthy self-management strategies such as awareness of medications and access methods to healthcare during lockdown and remained confident of accessibility to services. Stress was experienced in <5% of respondents. The authors conclude that COVID-19 lockdowns did not significantly affect the control of epilepsy in children in	Results of this cross-sectional survey of caregivers of children with epilepsy in Sri Lanka indicate that COVID-19 lockdowns did not significantly affect the control of epilepsy in children, largely due to caregivers' self-management strategies. However, there were difficulties with regular treatment review visits and obtaining medications.	Wanigasinghe J, Jayawickrama A, Hewawitharana G, et al. Experience during COVID-19 lockdown and self-managing strategies among caregivers of children with epilepsy: A study from low middle income country. <i>Seizure.</i> 2021;84:112-115. doi:10.1016/j.seizure.2020.12.001

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					Sri Lanka, largely due to caregivers' self-management strategies, although there were difficulties with regular treatment review visits and obtaining medications.		
COVID-19, Neonate, Pregnancy, Medical ethics, Pediatrics, Infection, Viral infection	8-Dec-20	<a href="#">COVID-19: Neonatal-perinatal perspectives</a>	Journal of Perinatology	Review	This review provides an overview of neonatal-perinatal perspectives on COVID-19, including the virology of SARS-CoV-2 infection, epidemiological data, diagnosis and outcomes, and management recommendations for SARS-CoV-2 related to pregnant women and newborns, as well as emerging psycho-social, ethical, and racial/ethnic considerations. Current data suggest that pregnant women with COVID-19 are at increased risk for hospitalization and ICU admission, compared to non-pregnant women of reproductive age. SARS-CoV-2 infection alone is not an indication for preterm delivery or C-section, and timing of delivery should be informed by disease severity, maternal comorbidities, gestational age, and maternal and fetal status. The risk of neonatal transmission (via the transplacental route or environmental exposure after birth) is low, and infected neonates are most commonly asymptomatic or mildly symptomatic. Management of SARS-CoV-2 infection in neonates is largely supportive, and includes respiratory support, oxygen, fluid and electrolyte therapy, and empiric antibiotics if there is suspected bacterial co-infection. Remdesivir, an RNA-dependent inhibitor of RNA polymerase in coronaviruses, can be administered to patients with no minimum age. There remains a critical need for adaptation of the healthcare system, as information is changing rapidly and the knowledge informing best practices in the care of pregnant women and newborns continues to evolve.	This review provides an overview of neonatal-perinatal perspectives of COVID-19, including the virology of SARS-CoV-2 infection, epidemiological data, diagnosis and outcomes, and management recommendations for SARS-CoV-2 related to pregnant women and newborns, as well as emerging psycho-social, ethical, and racial/ethnic considerations. There remains a critical need for adaptation of the healthcare system, as information is changing rapidly and the knowledge informing best practices in the care of pregnant women and newborns continues to evolve.	Barrero-Castillero A, Beam KS, Bernardini LB, et al. COVID-19: neonatal-perinatal perspectives. J Perinatol. 2020;1-12. doi:10.1038/s41372-020-00874-x.
COVID-19; sex trafficking; theoretical approach; gender-based violence; women; children	8-Dec-20	<a href="#">The COVID-19 pandemic: Theoretical and practical perspectives on children, women and sex trafficking</a>	Health Care for Women International	Original Research	The authors elucidate the causation and change of sex trafficking of women and girls globally during the COVID-19 pandemic through theory-building and theory-testing. They begin with a literature review on recent perspectives on human trafficking, along with theoretical views. Tracing qualitative methodology was employed to test feminist theory, to understand the phenomenon of the COVID-19 pandemic and whether it has influenced and caused changes in the human trafficking tendency of girls and women. Feminist theory was found to explain how lockdown has increased the probability and propensity of female exploitation in various forms, including gender sexual exploitation and human trafficking. The authors argue that timely, vital, and consistent cross-country policies are needed to strengthen the fight against sex trafficking.	This article examines the causation and change of sex trafficking of women and girls globally during the COVID-19 pandemic. Feminist theory was found to explain how lockdown has increased the propensity for female exploitation, including sex trafficking.	Asongu SA, Usman UM. The COVID-19 pandemic: Theoretical and practical perspectives on children, women and sex trafficking Health Care Women Int. 2020;1-14. doi:10.1080/07399332.2020.1849219
Ethiopia; antenatal care; COVID-19; pregnant women; prenatal care	8-Dec-20	<a href="#">Antenatal Care Service Utilization of Pregnant Women Attending Antenatal Care in Public Hospitals During the COVID-19 Pandemic Period</a>	International Journal of Women's Health	Original research	This study aimed to assess the impact of the COVID-19 pandemic on antenatal care (ANC) utilization among pregnant women attending public facilities in Northeast Ethiopia, using a facility-based cross-sectional survey. A total of 389 pregnant women were included. The mean age was 26 years old (age range not given), 95% were married, 55% had completed secondary school, and the majority were housewives. 55.5% (n=216) reported missing or delaying ANC services during the pandemic. Reasons included fear of SARS-CoV-2 infection (56%, n=122), interruption of maternal health service provision (33.3%, n=72), and lockdown orders (17%, n=66) [more than one response possible]. Only 29.3% (n=140) of the pregnant women reported fully utilizing ANC services during the pandemic.	This cross-sectional survey characterizes antenatal care (ANC) utilization in Northeast Ethiopia during the COVID-19 pandemic. The authors report that only 29.3% of women fully utilized ANC, and they describe barriers to utilization, including fear of SARS-CoV-2 infection, interruption in service provision, and lockdown orders.	Tadesse E. Antenatal Care Service Utilization of Pregnant Women Attending Antenatal Care in Public Hospitals During the COVID-19 Pandemic Period. International Journal of Women's Health. 2020.

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		<a href="#">[Free Access to Abstract Only]</a>			Mothers ≥35 years old were 12 times more likely to utilize ANC services than mothers aged ≤24 years (AOR=11.79, 95% CI=1.18– 117.8). Mothers who had no formal education were 79% less likely to utilize ANC services than those with secondary and higher education (AOR=0.21, 95% CI=0.05–0.96). Access to transportation increased utilization compared to those with no access (AOR=4.15, 95% CI=1.04–16.54). Fear of SARS-CoV-2 infection reduced full-service utilization by 87% (AOR=0.13, 95% CI=0.06–0.31). The authors suggest addressing the identified factors to help design strategies for improving ANC utilization during the pandemic.		doi:10.2147/IJWH.S287534
COVID-19, pediatrics, children, symptoms, outcomes	8-Dec-20	<a href="#">Prevalence, Clinical characteristics, and Outcomes of Pediatric COVID-19: A systematic review and meta-analysis</a>	Journal of Clinical Virology	Systematic Review	This systematic review included studies published until June 16, 2020 related to COVID-19 in the pediatric population. 20 eligible studies were included, comprising 1810 pediatric patients <21 years old with positive PCR SARS-CoV-2 test results. The median age was approximately 8 years [no age range provided], with male to female ratio of 1.34. In pooled data, 17% of patients were aged <2 years; 21% were 2–6 years; 25% were 6–10 years; 23% were 10–14 years; and 15% were 8–24 years. 13% were asymptomatic; among those with symptoms, headache (67%), fever (55%), and cough (45%) were the most prevalent. Leukopenia (12%) and lymphopenia (15%) were also common, along with elevated Ferritin (26%), Procal (25%), and C-reactive protein (19%). Common radiological features were ground-glass opacities (36%), normal finding (33%), and consolidation (29%). Only 5% of cases were found to be severe with majority of cases falling in the non-severe (84%) category [there is a discrepancy between abstract and full text in the reported percentage of severe cases]. Mortality was observed in 0.3% of the overall cases. The authors conclude that all pediatric age groups are susceptible to SARS-CoV-2 infection, and children have a milder course of COVID-19 with favorable prognosis. Laboratory and radiological features are inconsistent and require further investigation.	This systematic review included 20 studies published until June 16, 2020 related to COVID-19 in the pediatric population (<21 years old). Age distribution, symptoms, laboratory findings, radiological features, and outcomes are described. The authors conclude that all pediatric age groups are susceptible to SARS-CoV-2, and children have a milder course of COVID-19 with favorable prognosis. Laboratory and radiological features are inconsistent and require further investigation.	Badal S, Thapa Bajgain K, Badal S, et al. Prevalence, clinical characteristics, and outcomes of pediatric COVID-19: A systematic review and meta-analysis. Journal of Clinical Virology. 2021;135:104715. doi: <a href="https://doi.org/10.1016/j.jcv.2020.104715">https://doi.org/10.1016/j.jcv.2020.104715</a> .
SARS-CoV-2, transmission, school closures, social distancing, modeling, children, the Netherlands	8-Dec-20	<a href="#">Model-based evaluation of school- and non-school-related measures to control the COVID-19 pandemic</a>	medRxiv	Preprint (not peer-reviewed)	Because the role of school-based contacts in SARS-CoV-2 transmission is not well understood, it has been difficult for health policymakers to make informed decisions regarding school closures and re-opening strategies. This study used an age-structured transmission model fitted to seroprevalence data (n=3,2017; April-May 2020) and hospital admission data (n=10,961; 27 February-6 May 2020) from the Netherlands to estimate the impact of school contacts on SARS-CoV-2 transmission. Compared to adults >60 years, estimated susceptibility was 23% (95% Credible Interval (CrI) 20–28%) for children 0-20 years. Time points considered were (i) August 2020 when the effective reproduction number (Re) was 1.31 (95%CrI 1.15–2.07) and schools had just opened after summer holidays and non-school-based measures were re-enforced, and (ii) November 2020 when measures had effectively reduced Re to 1.00 (95% Confidence Interval (CI) 0.94–1.33), a target which indicates no increased spread, while schools remained open. The model predicts that keeping schools closed after summer holidays, in the absence of other measures, would have reduced Re by 10% from 1.31 to 1.18 (95%CrI 1.04–1.83) and thus would not have prevented the Netherlands' 2nd wave of COVID-19. Reducing non-school-based contacts in August to the level observed during	This study used an age-structured transmission model to estimate the impact of school contacts on SARS-CoV-2 transmission in the Netherlands. Results indicate that school closures alone would have been insufficient in preventing a second wave of COVID-19. However, if opportunities to reduce the effective reproduction number (Re) of SARS-CoV-2 with non-school-based measures are exhausted or undesired and Re is close to 1 (the target for controlling community transmission), the additional benefit of school-based measures may be	Rozhnova G, van Dorp CH, Buijning-Verhagen P, et al. Model-based evaluation of school- and non-school-related measures to control the COVID-19 pandemic. medRxiv. 2020. doi: <a href="https://doi.org/10.1101/2020.12.07.20245506">10.1101/2020.12.07.20245506</a> .

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					the 1st wave would have reduced Re to 0.83 (95%CrI 0.75—1.10). The model also predicts that closing schools in November with unchanged non-school based contacts could reduce Re from 1.00 to 0.84 (95%CrI 0.81—0.90). Reductions in Re due to closing schools in November 2020 were 8% for children 10-20 years old, 5% for children 5-10 years old and negligible for children 0-5 years old. The authors conclude that if opportunities to reduce Re with non-school-based measures are exhausted or undesired and Re is close to 1, the additional benefit of school-based measures may be considerable, particularly among older school children.	considerable, particularly among older school children aged 10-20 years.	
school, SARS-CoV-2 transmission, school-aged children, UK	8-Dec-20	<a href="#">The role of schools and school-aged children in SARS-CoV-2 transmission</a>	The Lancet Infectious Disease	Commentary	This article discusses the role of schools in transmitting SARS-CoV-2 infection. The authors summarize a study by Ismail et al., which reported few SARS-CoV-2 outbreaks despite a median of 928,000 children attending educational settings daily in the UK in June and early July 2020. They found secondary cases linked to within-school exposure, especially among teaching and administrative staff; 31% (55/177) of instances were traced to an exposure at school. This was in the context of small class sizes, half-empty schools, and extensive hygiene measures. The authors of this commentary report that 2 large-scale, population-based swabbing studies in the UK have shown that the highest SARS-CoV-2 infection rates are in young adults (18–25 years old), followed by secondary school children (11–18 years old), when education institutions were fully open in September 2020. Despite a potentially minor role of children in the SARS-CoV-2 transmission within schools, the commentary authors state that secondary school-aged children are 8 times more likely to introduce household transmissions than adults. Nevertheless, based on the data from passive surveillance, Ismail and colleagues' study findings support that schools' opening during the pandemic is mostly safe for children.	This article summarizes the role of school re-opening in SARS-CoV-2 transmission. School re-openings during the pandemic would likely be safe for children, but secondary schools might play a considerable role in household transmission.	Flasche S, Edmunds WJ. The role of schools and school-aged children in SARS-CoV-2 transmission. The Lancet Infectious Diseases. 2020;0(0). doi:10.1016/S1473-3099(20)30927-0
Iran, SARS-CoV-2, common variable immunodeficiency, pediatric	8-Dec-20	<a href="#">COVID-19 in a child with primary antibody deficiency</a>	Clinical Case Reports	Case Report	The authors report a case of primary antibody deficiency who was infected with SARS-CoV-2 (confirmed via RT-PCR testing). The patient is an 8-year-old male patient in Iran with inherently low IgM and IgA levels and low specific antibody responses, consistent with common variable immunodeficiency (CVID). The patient receives IV immunoglobulin replacement therapy each month as well as at-home administration of nebulized aminoglycoside and salbutamol. After presenting with mild rhinorrhea and modest productive cough after 1 year of regular treatment (April 24, 2020), chest radiography showed perihilar consolidation with right middle lobe prominence. The patient then received positive COVID-19 diagnosis and was admitted to the COVID-19 ward with ad hoc oxygen supplementation and was discharged after 7 days with no ICU admission. After 6 months of follow-up the patient is well with no complications. The authors point out that the symptoms of COVID-19 presented here are unusual compared to immunocompetent children, so physicians should be watchful of mild symptoms.	Authors report on a case of an 8-year old male patient in Iran with common variable immunodeficiency who contracted SARS-CoV-2. Authors show that symptoms were mild and unusual compared to the population, so physicians should be wary of cold-like symptoms in immunocompromised pediatric patients.	Ahanchian, H, Moazzen, N, Sezavar Dokht Faroughi, M, et al. COVID-19 in a child with primary antibody deficiency. Clin Case Rep. 2020; 00: 1– 4. https://doi.org/10.1002/ccr3.3643
Italy; COVID-19; SARS-CoV-2; measles	8-Dec-20	<a href="#">Evidence of SARS-CoV-2 RNA in an Oropharyngeal</a>	Emerging Infectious Diseases	Research Letter	The authors examined cases of suspected measles in patients in Milan in late 2019, who eventually tested negative for measles, retrospectively analyzing a possible etiologic involvement of SARS-CoV-2 in the non-measles linked rash cases. They analyzed oropharyngeal swab samples	In this retrospective analysis, the authors tested oropharyngeal swabs collected from children in Milan in late	Amendola A, Bianchi S, Gori M, et al. Evidence of SARS-CoV-2 RNA in an Oropharyngeal Swab

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		<a href="#">Swab Specimen, Milan, Italy, Early December 2019</a>			collected between September 2019-Feb 2020 from 39 patients (mean age 19.9 year; age range 8 months-73 years). 1 oropharyngeal swab tested positive for SARS-CoV-2. The sample was from a 4-year old male who had displayed symptoms of cough and rhinitis on November 21, 2019, and was taken to the emergency department on November 30, 2019, with respiratory symptoms and emesis. On December 1, he had an onset of a measles-like rash, with the oropharyngeal swab being collected on December 5, 2019, for clinical diagnosis of measles. Thus, the authors identified the earliest presence of SARS-CoV-2 RNA in Italy, advancing the beginning to late Autumn 2019. They hypothesized the possibility of the strain being different from that involved in the pandemic in early 2020, however, due to the swab sample being an oropharyngeal one (instead of nasopharyngeal) and collected 14-days after symptom onset, they suggested RNA degradation and viral shedding as possible reasons for their inability to sequence longer genomic regions to determine the origin of the virus strain.	2019, who were suspected to have measles. Of the 39 swabs, one tested positive for SARS-CoV-2, determined to be from a 4-year old male who had presented with rhinitis, cough, and an eventual rash development that led to the collection of the swab sample for a clinical diagnosis of measles. The authors identified the earliest presence of SARS-CoV-2 RNA in Italy, advancing the beginning to late Autumn 2019 but were unable to determine the origin and strain of SARS-CoV-2.	Specimen, Milan, Italy, Early December 2019. Emerg Infect Dis. 2020 Dec 8;27(2). doi: 10.3201/eid2702.204632. Epub ahead of print. PMID: 33292923.
COVID-19; Infection-fatality rate; Infection-fatality ratio; Meta-regression; SARS-CoV-2; Systematic review; England; USA	8-Dec-20	<a href="#">Assessing the age specificity of infection fatality rates for COVID-19: systematic review, meta-analysis, and public policy implications</a>	European Journal of Epidemiology	Meta-analysis	The authors of this systematic review aimed to determine age-specific infection fatality rates (IFRs) for COVID-19 to inform public health policies and communications focused on protecting vulnerable age groups. 113 studies on COVID-19 prevalence were identified (published before 18 September 2020), of which 27 studies covering 34 geographical locations were included in the meta-analysis. Age-specific IFRs were computed using the prevalence data in conjunction with reported fatalities 4 weeks after the midpoint date of the study, reflecting typical lags in fatalities and reporting. The authors found an exponential relationship between age and IFR for COVID-19. The estimated age-specific IFR is very low for children and younger adults (e.g., 0.002% at age 10 years and 0.01% at age 25 years) but increases progressively to 0.4% at age 55, 1.4% at age 65, 4.6% at age 75, and 15% at age 85. 90% of the variation in population IFR across geographical locations reflected differences in the age composition of the population and the extent to which relatively vulnerable age groups were exposed to SARS-CoV-2. Moreover, the overall IFR for COVID-19 should not be viewed as a fixed parameter but as intrinsically linked to the age-specific pattern of infections. For example, even if an outbreak is mainly concentrated among younger people, it may be very difficult to prevent the virus from spreading among older adults. The authors provide a table comparing age-specific IFRs to the annualized risks of fatal automobile accidents or other unintentional injuries in England and in the US to help put age-specific risk into digestible context for these countries. To gauge the benefits of age-stratified public health strategies for COVID-19, the authors have also constructed 2 illustrative scenarios for the U.S. trajectory of infections and fatalities.	The authors of this systematic review summarized age-specific infection fatality rates (IFRs) for COVID-19 from 27 studies published before 18 September 2020 to inform public health policies and communications focused on protecting vulnerable age groups. The estimated age-specific IFR is very low for children and younger adults but increases progressively among middle-aged and older adults. The authors provide comparisons of age-specific IFRs to other causes of death in England and the US and gauge the benefits of age-stratified public health strategies with 2 scenarios of infection and fatality trajectories in the US.	Levin AT, Hanage WP, Owusu-Boaitey N, Cochran KB, et al. Assessing the age specificity of infection fatality rates for COVID-19: systematic review, meta-analysis, and public policy implications [published online, 2020 Dec 8]. Eur J Epidemiol. 2020;10.1007/s10654-020-00698-1. doi:10.1007/s10654-020-00698-1
COVID-19, coronavirus, maculopapular	7-Dec-20	<a href="#">Coronavirus Disease 2019 Infection in a Child with Mild</a>	Journal of Pediatric Infectious Diseases	Case Report	A 25-month-old girl, previously healthy with up-to-date vaccinations and no known COVID-19 contacts, presented to an outpatient clinic in Turkey [date not given] with oropharyngeal hyperemia and a 39°C temperature, without rhinitis or cough. She had vomited once. Her laboratory results	A 25-month-old girl, previously healthy with up-to-date vaccinations and no known COVID-19 contacts, presented	Koç, E., & Yıldırım, Ş. (2020). Coronavirus Disease 2019 Infection in a Child with Mild

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rash, pandemic, pediatric		<a href="#">Symptoms and Atypical Course</a>			included leukopenia (3,180/ $\mu$ L), lymphopenia (890/ $\mu$ L), thrombocytopenia (91,000/ $\mu$ L), and elevated liver function tests (AST 110, ALT 115, gamma-glutamyl transferase 93, and LDH 339 U/L). Serum electrolytes included: sodium 130 mmol/L, potassium 3.7 mmol/L, and chloride 94.9 mmol/L. Procalcitonin, C-Reactive Protein, and D-dimer values were high (4 ng/mL, 11,467 mg/L, and 1,179 ng/mL, respectively). Prothrombin time was 18.2 seconds and international normalized ratio was 1.67. Chest X-ray, abdominal ultrasonography and thoracic CT were normal. Blood and urine culture were negative for bacterial infections. Pharyngeal swab was positive for SARS-CoV-2, and cefotaxime, azithromycin, and oseltamivir were given. The following day, the patient developed maculopapular rashes all over her body. The rash was unresponsive to antihistamine and dexamethasone treatments and increased over time. Tests for hepatitis B, cytomegalovirus, Epstein-Barr Virus, rubella, and measles were negative. Hydroxychloroquine was added to her treatment. Subsequent laboratory testing began to normalize, and on the 7th day repeated SARS-CoV-2 pharyngeal swab was negative, laboratory parameters were normal, and the rash disappeared. The authors conclude that this case demonstrates a pediatric instance of atypical COVID-19, despite no risk factors or known contacts.	to an outpatient clinic in Turkey [date not given] with a 39°C temperature and oropharyngeal hyperemia, without rhinitis or cough. She also developed generalized maculopapular rashes, but then made a full recovery after 7 days. The authors conclude that this case demonstrates a pediatric instance of atypical COVID-19, despite no risk factor or known contacts.	Symptoms and Atypical Course. Journal of Pediatric Infectious Diseases, 16(02), 089–090. <a href="https://doi.org/10.1055/s-0040-1721447">https://doi.org/10.1055/s-0040-1721447</a>
Children, breath biomarkers, testing, organic compounds, metabolites, pediatrics	7-Dec-20	<a href="#">Breath biomarkers of pediatric SARS-CoV-2 infection: a pilot study</a>	medRxiv	Preprint (not peer-reviewed)	In this pilot study, the authors evaluated whether pediatric patients with SARS-CoV-2 infection (n=11) have different breath metabolites than children without SARS-CoV-2 (n=15). All patients were admitted to a major pediatric academic medical center in Philadelphia, USA and patient ages ranged from 4-18 years [dates not provided]. The authors analyzed breath metabolite profiles of exhaled breath using targeted GCxGC-mass spectrometric analysis for 84 breath volatiles. Heat map visualization indicated an overall increase in candidate volatile biomarkers in the breath of children with SARS-CoV-2 infection, suggesting that SARS-CoV-2 infection alters the overall profile of breath volatile organic compounds. 6 candidate breath biomarkers were significantly elevated in the breath of children with SARS-CoV-2 infection: three aldehydes [octanal, nonanal, and heptanal], as well as decane, tridecane, and 2-pentyl furan (p=0.0015). Together, these biomarkers demonstrated 100% sensitivity and 66.6% specificity. All compound identities were confirmed by comparison to pure commercial standards. Because fever alone can alter metabolic profiles, the authors evaluated whether any candidate biomarkers correlated with fever. Fever was not associated with significant changes in abundance of any biomarker. The authors conclude that this study demonstrates the promise of breath testing for the diagnosis of SARS-CoV-2 in children using distinct and characteristic volatile organic compound changes.	This pilot study compared breath metabolites in children with SARS-CoV-2 to those without SARS-CoV-2 in Philadelphia, USA. 6 candidate breath biomarkers were significantly elevated in the breath of children with SARS-CoV-2 infection. Together, these biomarkers demonstrated 100% sensitivity and 66.6% specificity for SARS-CoV-2. This study demonstrates the promise of breath testing for the diagnosis of SARS-CoV-2 in children.	Berna AZ, Akaho EH, Harris RM, et al. Breath biomarkers of pediatric SARS-CoV-2 infection: a pilot study. medRxiv. 2020; doi.org/10.1101/2020.12.04.20230755
COVID-19; PICU; infant; gastrointestinal ; breastfeeding	7-Dec-20	<a href="#">COVID-19 and coinfection with Clostridioides (Clostridium) difficile in an infant with</a>	Einstein (Sao Paulo)	Case Study	Emerging data regarding the clinical characteristics of SARS-CoV-2 infected children have shown that almost 20% of infection occurred in infants (<12 months), and the severity of illness is higher compared with older children. This article reports the clinical case of a 2-month-old infant in Brazil with SARS-CoV-2 infection (diagnosed with RT-PCR). The patient's mother had SARS-CoV-2 infection 10 days earlier. The infant presented with gastro-	This article reports the clinical case of a 2-month-old infant with SARS-CoV-2 infection admitted to a pediatric intensive care unit in Brazil. The patient was discharged 4 days after	Oba J, Silva CA, Toma RK, Carvalho WB, Delgado AF. COVID-19 and coinfection with Clostridioides (Clostridium) difficile in

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		<a href="#">gastrointestinal manifestation</a>			intestinal symptoms, altered coagulation, increased interleukin 10, and moderate dehydration. 2 figures display the clinical course and laboratory values for this case. The patient had a medical history of colic, poor feeding, mild diarrhea and mild rhinorrhea. The patient was admitted to the pediatric ICU. Simultaneously, the patient was diagnosed with <i>Clostridioides difficile</i> infection, which may have facilitated the persistence of SARS-CoV-2 in feces, for more than 27 days, after the RT-PCR turned negative. The patient was not prescribed antivirals, glycocorticoids or antimicrobials. The patient was breastfed and received complementary infant formula, and hydrated with IV fluid. After 4 days, the patient was discharged without complications. The authors conclude that the long-term impact of COVID-19 on an infant's health is still unknown. The authors recommend breastfeeding as it may be a protective factor for infants with mothers who have SARS-CoV-2.	being breastfed, provided formula, and hydrated with IV fluid. The authors recommend breastfeeding as it may be a protective factor for infants with mothers who have SARS-CoV-2.	an infant with gastrointestinal manifestation. <i>Einstein (Sao Paulo)</i> . 2020;18:eRC6048. Published 2020 Dec 7. doi:10.31744/einstein_journal/2020RC6048
COVID-19; MIS-C; Kawasaki Disease; children; diagnosis	7-Dec-20	<a href="#">Kawasaki or Kawasaki-like disease? A debate on COVID-19 infection in children</a>	Clinical Immunology	Letter to the Editor	In this letter to the editor, the author reviews a few key studies related to COVID-19/MIS-C/Kawasaki Disease (KD), addresses the ongoing conflict, and indicates the objective requirements of the further studies. KD is an inflammatory syndrome which is generally observed among children. Considering the significant number of COVID-19-positive children presenting with the manifestations of typical/atypical KD, it has been mentioned as a possible complication of COVID-19 among the children. Many of the reported cases do not completely fill the clinical diagnostic criteria, which has made some researchers use the term "Kawasaki-like disease" instead of KD for this state. Although substantial evidence suggests that this condition may be different from other pediatric inflammatory disorders, the author still cannot draw a precise line between them and separate similar disorders assuredly. 8 studies are presented in a table for the reader's consideration. The author concludes that since the diagnosis of KD is exclusively based on clinical judgement, large-scale studies are the best tools to define the current inflammatory disorder associated with COVID-19 or even improve the previous definition of KD.	In this letter to the editor, the author reviews key studies related to COVID-19/MIS-C/Kawasaki Disease (KD), addresses the ongoing conflict for diagnosis, and indicates requirements of the further studies. The author concludes that large-scale studies are the best tools to define the current inflammatory disorder associated with COVID-19 or improve the previous definition of KD.	<a href="#">Hosseini M. Kawasaki or kawasaki-like disease? A debate on COVID-19 infection in children. Clinical Immunology. 2021;222:108646. doi: https://doi.org/10.1016/j.clim.2020.108646.</a>
Pregnancy, thyroid function, maternal health, hormones	7-Dec-20	<a href="#">Thyroid Hormone Changes in Early Pregnancy Along With the COVID-19 Pandemic</a>	Frontiers in Endocrinology	Original Research	This retrospective cohort study examined whether the COVID-19 outbreak was associated with thyroid hormone fluctuation and dysfunction in early pregnancy. Pregnant women in Shanghai, China who underwent first trimester thyroid assessment between January 20- March 31, 2019 (pre-COVID-19 group, Group 1) were compared to pregnant women assessed between January 20- March 31, 2020 (COVID-19 group, Group 2). Women were excluded if they had a history of thyroid disease or thyroid peroxidase (TPO) antibody positivity. After propensity score matching for baseline characteristics, 727 women from Group 2 (median age 30 years, Q1-Q3: 28-33 years) were matched with 727 women in Group 1 (median age 30 years, Q1-Q3: 28-33 years). Women in Group 2 had significantly higher free triiodothyronine (FT3) (5.7 vs. 5.2 pmol/L, P<0.001) and lower free thyroxine (FT4) (12.8 vs. 13.2 pmol/L, P<0.001) concentrations than those in Group 1. Pregnant women in Group 2 were more likely to develop isolated hypothyroxinemia (11.6% vs. 6.9%, OR, 1.75 [95% CI, 1.20–2.53], P=0.003) than those in Group 1 but had a significantly lower risk of thyroglobulin	The authors compared first trimester thyroid function studies between pregnant women assessed before the COVID-19 pandemic to those assessed during the COVID-19 pandemic in Shanghai, China. Women assessed during the pandemic had higher free T3 and lower free T4 than those assessed before the pandemic, were more likely to develop hypothyroxinemia, and less likely to have TgAb positivity. Exposure to the COVID-19 pandemic significantly	Lin TT, Zhang C, Zhang HQ, et al. Thyroid Hormone Changes in Early Pregnancy Along With the COVID-19 Pandemic. <i>Front Endocrinol (Lausanne)</i> . 2020;11:606723. Published 2020 Dec 7. doi:10.3389/fendo.2020.606723

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					antibody (TgAb) positivity (12.0% vs. 19.0%, OR, 0.58 [95% CI, 0.43–0.78], P<0.001). The authors infer that exposure to the COVID-19 pandemic during early pregnancy significantly influenced maternal thyroid function.	influenced maternal thyroid function.	
cancer; oncology; asymptomatic; pediatrics; screening; RT-PCR	7-Dec-20	<a href="#">COVID-19 in Children With Cancer: A Single Low-Middle Income Center Experience</a>  <a href="#">[Free Access to Abstract Only]</a>	Journal of Pediatric Hematology/Oncology	Original Article	This study, conducted April - June 2020, measured the frequency of SARS-CoV-2 infection (confirmed by RT-PCR) and associated clinical manifestations and outcomes among hospitalized children with cancer in Egypt. Of the 61 hospitalized children with cancer, 15 tested positive for SARS-CoV-2. The mean age of these 15 children was 8.3 ± 3.5 years [age range not reported]. Initially, 10 (66.7%) were asymptomatic and 5 (33.3%) were symptomatic with fever and/or cough. Baseline laboratory tests (other than RT-PCR) were not indicative of SARS-CoV-2 infection; the mean absolute lymphocyte count was 8.7 ± 2.4 × 10 <sup>9</sup> /L. C-reactive protein was mildly elevated in most of the patients. Imaging was performed in 10 (66.7%) patients with significant radiologic findings detected in 4 (40%) patients. Treatment was mainly supportive with antibiotics as per the febrile neutropenia protocol. The authors conclude that this cohort of pediatric cancer patients with SARS-CoV-2 infection was mainly asymptomatic or with mild symptoms. Therefore, they recommend a high index of suspicion and regular screening with RT-PCR of nasopharyngeal swab in asymptomatic hospitalized cancer patients.	This study measured the frequency of SARS-CoV-2 infection and associated clinical manifestations and outcomes among hospitalized children with cancer in Egypt. Results show this cohort was mainly asymptomatic or with mild symptoms. Therefore, the authors recommend regular screening in asymptomatic hospitalized cancer patients.	Ebeid FSE, Ragab IA, Elsherif NHK, et al. COVID-19 in Children With Cancer: A Single Low-Middle Income Center Experience [published online, 2020 Dec 7]. J Pediatr Hematol Oncol. 2020;10.1097/MPH.0000000000002025. doi:10.1097/MPH.0000000000002025
COVID-19; children; type 1 diabetes; telemedicine; continuous glucose monitoring system; glycemic control; Italy	7-Dec-20	<a href="#">Glycemic Control Improvement in Italian Children and Adolescents With Type 1 Diabetes Followed Through Telemedicine During Lockdown Due to the COVID-19 Pandemic</a>	Frontiers in Endocrinology (Lausanne)	Article	This observational study evaluated the effects of lockdown on glycemic control in 62 children aged 1-18 years (mean 11.1 ± 4.37 years, 50% males) with type 1 diabetes (T1D) followed through telemedicine in Italy. Ambulatory glucose profile data acquired using real-time continuous glucose monitoring (CGM) Dexcom G6 during the 3 months before school closure (26 November 2019-23 February 2020) and 3 months of consecutive lockdown (24 February-18 May 2020) were compared. Insulin total daily dose was unchanged (p=0.186), while time spent on physical activities was decreased (p<0.0001). Although not statistically significant, median value of the glucose management indicator decreased from 7.4% to 7.25% (p=0.069). Glucose standard deviation (p<0.0001) and coefficient of variation (p=0.001) improved across the study. Median time in range increased from 60.5% to 63.5% (p=0.008), time above range decreased from 37.3% to 34.1% (p=0.048), and time below range decreased from 1.85% to 1.45% (p=0.001). The findings indicate that despite home confinement and limited physical exercise, the use of real-time CGM, continuous parental management, and telemedicine can produce beneficial effects on T1D care.	This observational study evaluated the effects of lockdown on glycemic control in children aged 1-18 years with type 1 diabetes (T1D) followed through telemedicine in Italy. The findings indicate that despite home confinement and limited physical exercise, the use of real-time continuous glucose monitoring, continuous parental management, and telemedicine can produce beneficial effects on T1D care.	Predieri B, Leo F, Candia F, et al. Glycemic Control Improvement in Italian Children and Adolescents With Type 1 Diabetes Followed Through Telemedicine During Lockdown Due to the COVID-19 Pandemic. Front Endocrinol (Lausanne). 2020;11:595735. doi:10.3389/fendo.2020.595735.
SARS-CoV-2; pregnant; neonates; pregnancy outcomes; COVID-19	7-Dec-20	<a href="#">Nine SARS-CoV-2 Positive Pregnant Women and Their Infant Delivery Outcomes</a>	Cureus	Original Research	The authors report on a case series of pregnant women with SARS-CoV-2 infection in the USA between January-March 2020 using the Healthcare Corporation of America (HCA) administrative claims. The mean age of participants (n=9) was 28.2 ± 7 years old (range 19-39 years), with the mean gestational age at delivery being 37 weeks. 6 of the women were Hispanic, and 3/9 participants had C-sections. The mean birth weight of infants was 3119 ± 570g, with average Apgar scores at one and five minutes being 7.3 ± 2.2 and 8.1 ± 1.8, respectively. There was 1 preterm birth (29 weeks), with low birth weight (1797g) and Apgar scores. 7/9	The authors reported the delivery outcomes of 9 women with SARS-CoV-2 infection, finding that 33% of participants underwent C-sections, and one neonate was born pre-term. 7/9 infants were tested for SARS-CoV-2, and all were negative. The authors underscored the	Fashner J, Cintron C. Nine SARS-CoV-2 Positive Pregnant Women and Their Infant Delivery Outcomes. Cureus. 2020 Dec 7;12(12):e11946. doi:10.7759/cureus.11946.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					infants were tested for SARS-CoV-2, all of whom tested negative. The authors highlight the guidelines put forth by The International Society of Infectious Disease in Obstetrics and Gynecology, which recommends the following: disinfection of surfaces with >60% ethanol; social distancing; transfer of pregnant women working in high-risk areas (e.g., respiratory therapists, ICU staff) to low-risk areas. Citing the CDC's stance on postnatal exposure being responsible for SARS-CoV-2 transmission to infants (instead of vertical transmission), the authors recommend shared decision making and discussions before birth to determine whether separation of mother and infant after birth is indicated.	guidelines from the International Society of Infectious Disease in Obstetrics and Gynecology, including appropriate disinfection and social distancing measures, as well as transferring working pregnant patients to low-risk areas.	PMID: 33425525; PMCID: PMC7785472.
Children; play; disease outbreak; isolation; restriction; physical health; mental health	7-Dec-20	<a href="#">A rapid review of the impact of quarantine and restricted environments on children's play and the role of play in children's health</a>	Child: Care, Health and Development	Review Article	The authors present a rapid review of the impact of quarantine, isolation, and other restrictive environments on children's play and whether play mitigates adverse health effects of such restrictions. 15 peer-reviewed studies were identified, spanning hospitals, juvenile and immigration detention, and refugee camps. Findings indicate that children's access to play can be impacted by restrictive situations, though in the context of the current COVID-19 pandemic, children are not explicitly prevented from playing; rather, it is likely that play behaviors have needed to alter and adapt in light of lockdowns, necessary quarantines, or requisite distancing. Play provides children with a means for expressiveness and coping, skill promotion, and activity and social connectivity. These studies indicated how play might support children enduring isolation, but lacked robust investigations of play as an intervention in mitigating impacts of restriction on children's physical and mental health. There is a need for more research on children's play, particularly from children's perspectives, in social isolation during a pandemic or disease outbreak. It is important that the potential effects of changes to such a crucial aspect of childhood are better understood to support children in the current and future crises.	The authors present a rapid review of the impact of quarantine, isolation, and other restrictive environments (such as seen during the COVID-19 pandemic) on children's play, and whether play mitigates adverse health effects of such restrictions. Play provides children with a means for expressiveness and coping, skill promotion, and activity and social connectivity, but there is limited research on whether it can mitigate adverse physical and mental health effects.	Graber KM, Byrne EM, Goodacre EJ. A rapid review of the impact of quarantine and restricted environments on children's play and the role of play in children's health. Child Care Health Dev. 2020;10.1111/cch.12832. doi:10.1111/cch.12832.
Children, school closure, education, lockdown, mental health, South Africa	7-Dec-20	<a href="#">Counting the cost: COVID-19 school closures in South Africa and its impact on children</a>	South African Journal of Childhood Education	Original Article	The aim of this article was to provide empirical evidence on how COVID-19, lockdown, and school closures affect children (<19 years of age) in South Africa. It draws on data from nationally representative household surveys, school surveys and administrative datasets, and multiple research reports. The evidence from South Africa is congruent with international research that children are at lower risk of severe illness from COVID-19. Data from several provinces revealed that teachers are not infected at higher rates than the general population even where schools remain open. The authors assessed whether schools in South Africa have the ability to take precautions against the spread of COVID-19 via washing hands, wearing masks, and practicing social distancing. By June 7, 2020, 95% of schools had running water. However, half of South African schools did not have the space or class size to effectively practice social distancing within the classroom. Despite the challenges of remaining open, the closure of schools early in the pandemic negatively impacted food security, child stimulation, learning, mental health and vaccination of children. The authors conclude that keeping children out of school is not in their best interests and believe that the ongoing disruptions to children's care, education and health are no longer justified.	The authors reviewed the impact of school closure and the COVID-19 pandemic on children <19 years of age in South Africa. The authors conclude that despite challenges maintaining social distancing, it is in the best interest of children to return to school.	Spaull N, van der Berg S. Counting the cost: COVID-19 school closures in South Africa and its impact on children. South African Journal of Childhood Education. 2020 Dec 7;10(1):13.

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Children, school closure, education, lockdown, mental health, South Africa	7-Dec-20	<a href="#">Counting the cost: COVID-19 school closures in South Africa and its impact on children</a>	South African Journal of Childhood Education	Original Article	The aim of this article was to provide empirical evidence on how COVID-19, lockdown, and school closures affect children (<19 years of age) in South Africa. It draws on data from nationally representative household surveys, school surveys and administrative datasets, and multiple research reports. The evidence from South Africa is congruent with international research that children are at lower risk of severe illness from COVID-19. Data from several provinces revealed that teachers are not infected at higher rates than the general population even where schools remain open. The authors assessed whether schools in South Africa have the ability to take precautions against the spread of COVID-19 via washing hands, wearing masks, and practicing social distancing. By June 7, 2020, 95% of schools had running water. However, half of South African schools did not have the space or class size to effectively practice social distancing within the classroom. Despite the challenges of remaining open, the closure of schools early in the pandemic negatively impacted food security, child stimulation, learning, mental health and vaccination of children. The authors conclude that keeping children out of school is not in their best interests and believe that the ongoing disruptions to children's care, education and health are no longer justified.	The authors reviewed the impact of school closure and the COVID-19 pandemic on children <19 years of age in South Africa. The authors conclude that despite challenges maintaining social distancing, it is in the best interest of children to return to school.	Spaull N, van der Berg S. Counting the cost: COVID-19 school closures in South Africa and its impact on children. South African Journal of Childhood Education. 2020 Dec 7;10(1):13.
Japan; COVID-19; pregnancy; labor and delivery; management	7-Dec-20	<a href="#">A safe delivery system to prevent COVID-19 transmission without negative-pressure isolation delivery rooms: experience from a hospital with nosocomial outbreak</a>	Taiwanese Journal of Obstetrics and Gynecology	Research Letter	The authors reported a COVID-19 outbreak at their tertiary-care hospital in Tokyo in March 2020. Despite the recommendation of usage of negative pressure rooms for delivery, the rarity of them promoted the authors used the following guidelines for labor and delivery management in consultation with anesthesiologists, neonatologists, and infectious disease physicians: conduction of universal testing with PCR within 5 days of admission for pregnant women at 37 weeks of gestation; labor induction for SARS-CoV-2 negative patients; emergency C-sections for those with laboratory-confirmed SAS-CoV-2 infection/exposure to confirmed cases of COVID-19; patients presenting with labor onset with symptoms like cough, fever, dyspnea, etc. would be taken in for emergency C-section. The authors also compared data on singleton pregnancies between April 8-May 31, 2020, comparing them to similar periods from 2013-19, noting that there was a significant reduction in the gestational weeks at delivery, birth weight, and Apgar score (1/5 min) compared to the control group (p<0.05). Their care center reported 19 cases with emergency C-sections, of which 2 had COVID-19 and 1 had close contact with a SARS-CoV-2 positive patient, while another presented with labor onset before PCR testing. However, no one working in the maternal and obstetric ward or any mother or neonate contracted COVID-19. Thus, the authors recommended making use of their prescribed guidelines in situations where negative pressure rooms are not available since they were able to prevent nosocomial infections.	The authors made recommendations for healthcare centers dealing with pregnant COVID-19 patients (suspected or laboratory-confirmed) in the absence of recommended facilities such as rooms equipped with negative pressure. They also reported on the outbreak in their tertiary-care center in Japan where the aforementioned practices were developed and implemented in consultation with experts, highlighting the success of the proposed methods due to lack of transmission of COVID-19 in the center during the study period.	Kasuga Y, Ochiai D, Tamagawa M, et al. A safe delivery system to prevent COVID-19 transmission without negative-pressure isolation delivery rooms: experience from a hospital with nosocomial outbreak, Taiwanese Journal of Obstetrics and Gynecology, 2020,
Cardiology, maternal mortality, pregnancy, heart disease, practice	7-Dec-20	<a href="#">Position Statement on COVID-19 and Pregnancy in Women with Heart Disease</a>	Arquivos Brasileiros de Cardiologia	Position Statement	The Brazilian Ministry of Health, as of May 2020, had registered a high mortality in a cohort of 288 pregnant women with acute respiratory distress syndrome (ARDS) caused by COVID-19. Data included 36 (12.5%) maternal deaths, with a high prevalence of heart disease among the comorbidities (25% of maternal deaths). The cardio-vascular system suffers hemo-dynamic overload during pregnancy that may aggravate the	In this position statement by the Brazilian Society of Cardiology, the authors make practice recommendations for obstetricians caring for pregnant women with	Marques-Santos C, Avila WS, Carvalho RCM, et al. Position Statement on COVID-19 and Pregnancy in Women with Heart Disease

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guidelines, Brazil		<a href="#">Department of Women Cardiology of the Brazilian Society of Cardiology - 2020</a>			functional state of underlying heart diseases. In Brazil, rheumatic heart disease is the main etiology of heart disease during pregnancy, followed by congenital heart disease and cardiomyopathies. In addition, COVID-19 can cause myocardial injury, myocarditis, acute myocardial infarction, heart failure, arrhythmias, and thrombo-embolic events. Given that pregnant women with heart disease are a high-risk group for COVID-19 mortality, the authors make the following practice recommendations: 1) Early diagnosis of SARS-CoV-2 and routine SARS-CoV-2 testing is fundamental for pregnant women with heart disease. 2) Maintain regular short-interval follow-ups and ensure ongoing administration of cardiac medications. 3) Recommend self-isolation and monitoring for 14 days to patients with mild COVID-19 symptoms and stable cardiac and obstetric conditions, and hospitalization for evidence of hemo-dynamic impairment or O2 saturation ≤ 95%, regardless of symptom severity. And 4) Encourage breastfeeding for postpartum women with COVID-19 with proper contact precautions.	underlying cardiac disease, given the increased risk of mortality from COVID-19. This includes encouraging breastfeeding after delivery with use of contact precautions.	Department of Women Cardiology of the Brazilian Society of Cardiology - 2020. Arq Bras Cardiol. 2020 Nov;115(5):975-986. Portuguese, English. doi: 10.36660/abc.20201063
Head Start, Early Head Start, early childhood education, transmission, mitigation efforts, disinfecting, ventilation, daycare, preschool, United States of America	7-Dec-20	<a href="#">Implementing Mitigation Strategies in Early Care and Education Settings for Prevention of SARS-CoV-2 Transmission — Eight States, September–October 2020</a>	Morbidity and Mortality Weekly Report	Original Research	This report summarizes measures taken by the federally-funded Head Start and Early Head Start programs in the US to mitigate the transmission of SARS-CoV-2 and continue providing in-person learning. The Early Head Start program for toddlers and infants and the Head Start program for children ages 3-5 years provide learning programs for families who meet the Federal Poverty Guidelines. Local Head Start branches have used funding from the March 2020 CARES Act to enact measures to mitigate SARS-CoV-2 transmission. The US CDC conducted a 4-stage, mixed-methods study to review these mitigation efforts. The study was performed in September–October 2020 and included Head Start programs in 8 US states, each with 5-17 centers and 500-2500 children. All program sites closed for between 2 weeks and 2 months in May to April due to state mandates, and offered a hybrid learning model once opened. All developed standard operating procedures and tailored them to local health guidelines. Multiple mechanisms were implemented, including health screening of staff and children; mandated mask use for staff and children; hand-washing; improved cleaning practices and ventilation; and the development of staff policies and remote working options. Programs reported contingency plans to manage COVID-19 cases of staff or children, involving notification, isolation, facility closure, and facility disinfection. Head Start and Early Head Start programs successfully implemented CDC-recommended mitigation strategies to reduce transmission of COVID-19 at their facilities, providing a template for other early education institutions. Evaluations of mitigation strategies are cited for reference.	This report summarizes measures taken by the Head Start and Early Head Start program to mitigate the transmission of COVID-19 and continue providing in-person learning in the US. These programs were able to successfully implement mitigation measures designed to reduce transmission in their facilities, creating a template for other early education institutions.	Coronado F, Blough S, Bergeron D, et al. Implementing Mitigation Strategies in Early Care and Education Settings for Prevention of SARS-CoV-2 Transmission — Eight States, September–October 2020. MMWR Morb Mortal Wkly Rep. ePub: 7 December 2020. DOI: <a href="http://dx.doi.org/10.15585/mmwr.mm6949e3">http://dx.doi.org/10.15585/mmwr.mm6949e3</a>
vaccinations, children, adolescents, vaccine-preventable illness, COVID-19, USA	7-Dec-20	<a href="#">Number of Childhood and Adolescent Vaccinations Administered Before and After the COVID-19</a>	Journal of the American Medical Association (JAMA) Pediatrics	Letter	In this letter, the authors analyze differences in the number of childhood and adolescent vaccinations administered before and after the start of the COVID-19 outbreak in Colorado, USA (March 15, 2020) through an ecological study. Data were sourced from the Colorado Immunization Information System from January 5 to May 2, 2020 for children 0-17 years old. Mean immunization rate decreased during this time by 31% for children aged 0-2 years, 78% for children aged 3-9 years, and 82% for children aged 10-17 years. The authors suggest that primary care providers	This ecologic analysis describes how the onset of COVID-19 restrictions was associated with a drop in mean immunization rates for children 0-17 years old in Colorado, USA. Primary care providers should implement vaccination reminders to	O'Leary ST, Trefren L, Roth H, et al. Number of Childhood and Adolescent Vaccinations Administered Before and After the COVID-19 Outbreak in Colorado. JAMA Pediatr.

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		<a href="#">Outbreak in Colorado</a>			implement vaccination reminders to parents, and that local and state health departments implement immunization registry-based reminders to avoid vaccine-preventable illnesses in children.	parents, and local and state health departments should implement immunization registry-based reminders to avoid vaccine-preventable illness in children.	2020;10.1001/jamapediatrics.2020.4733.
Rooming-in, breastfeeding, mother-infant dyad, transmission, Lombardy, Italy	7-Dec-20	<a href="#">Evaluation of Rooming-in Practice for Neonates Born to Mothers With Severe Acute Respiratory Syndrome Coronavirus 2 Infection in Italy</a>	Journal of the American Medical Association (JAMA) Pediatrics	Original Research	This study presents data regarding risk of SARS-CoV-2 transmission between mother and infant dyads from a prospective, multi-center study in Lombardy, Northern Italy, between March 19 and May 2, 2020. Researchers followed 62 neonates (37 females) born to 61 COVID-19 positive mothers (median age: 32, IQR 28-36 years) for approximately 20 days after birth (range: 18-22 days) to evaluate the risk of potential transmission of SARS-CoV-2 from infected mothers to neonates during rooming-in and breastfeeding. All mothers tested positive for SARS-CoV-2, and neonates were negative for SARS-CoV-2 at birth; tests were performed via PCR of nasopharyngeal swab. The neonates were further tested for SARS-CoV-2 at days 7 and 20 after birth. Mothers were encouraged to practice rooming-in and breastfeeding under standardized protocol, being mindful of droplet and contact precautions. 95% of the neonates in this sample were breastfed. Only one neonate tested positive for SARS-CoV-2, on day 7, and experienced mild dyspnea, which quickly resolved. Rooming-in and breastfeeding can have beneficial effects by promoting the mother-child relationship and facilitating breastfeeding. The present study provides evidence that transmission of SARS-CoV-2 as a result of breastfeeding and rooming in is rare.	This study presents data regarding risk of SARS-CoV-2 transmission between mother and infant dyads from rooming-in during a prospective, multi-center study in Lombardy, Northern Italy. Mothers were encouraged to practice rooming-in and breastfeeding under standardized protocol, and out of 62 neonates (95% of whom were breastfed), only one neonate tested positive for COVID-19. The present study provides evidence that transmission of SARS-CoV-2 as a result of breastfeeding and rooming in is rare.	Ronchi A, Pietrasanta C, Zavattoni M, et al. Evaluation of Rooming-in Practice for Neonates Born to Mothers With Severe Acute Respiratory Syndrome Coronavirus 2 Infection in Italy [published online ahead of print, 2020 Dec 7]. <i>JAMA Pediatr.</i> 2020;10.1001/jamapediatrics.2020.5086. doi:10.1001/jamapediatrics.2020.5086
Rooming-in, breastfeeding	7-Dec-20	<a href="#">Infants Born to Mothers With COVID-19—Making Room for Rooming-in</a>	Journal of the American Medical Association (JAMA) Pediatrics	Editorial	The American Academy of Pediatrics (AAP) has updated its guidelines to recommend rooming-in practices unless mothers are too sick to care for their newborns. Original AAP recommendations during the COVID-19 pandemic included IPC practices that required the separation of infants from mothers with confirmed SARS-CoV-2 infection. However, recent studies have shown there is little risk of transmission between mother-infant dyads. A study out of Northern Italy showed little transmission between SARS-CoV-2 positive mothers and their infants with whom they practiced rooming-in and breastfeeding, and similar results were found in study from New York City. Overall, risk of vertical transmission of SARS-CoV-2 seems low. Unlike other viruses, the placenta does not express ACE-2 or TMPRSS2 and thus is an unlikely route of transmission. The AAP Section on Neonatal Perinatal Medicine sponsors a perinatal COVID-19 case registry of approximately 4,000 newborns tested for SARS-CoV-2, of which approximately 60% engage with rooming-in. Less than 2% of all infants test positive for SARS-CoV-2 during birth hospitalization. Mothers can follow CDC guidelines as to when they are most infectious to determine time spent with their infant or others, and should follow recommended IPC practices. The AAP recommends mothers practice rooming-in to promote the mother-child relationship and breastfeeding in light of new research that transmission of SARS-CoV-2 is low.	The American Academy of Pediatrics (AAP) has updated its guidelines to recommend rooming-in practices unless mothers are too sick to care for their newborns. Original AAP recommendations during the COVID-19 pandemic included IPC practices that required the separation of infants from mothers with confirmed SARS-CoV-2 infection. However, recent studies have shown there is little risk of transmission between mother-infant dyads.	Kaufman DA, Puopolo KM. Infants Born to Mothers With COVID-19—Making Room for Rooming-in. <i>JAMA Pediatr.</i> Published online December 07, 2020. doi:10.1001/jamapediatrics.2020.5100

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COVID-19; SARS-CoV-2; pregnancy; cesarean delivery; vaginal delivery; neonatal outcome; vertical transmission; maternal mental health	7-Dec-20	<a href="#">A Review on Mode of Delivery during COVID-19 between December 2019 and April 2020</a>	American Journal of Perinatology	Review	The authors conducted a systematic review of 36 peer-reviewed case studies published between December 2019-April 29, 2020 with confirmed SARS-CoV-2 women who delivered to determine mode of delivery, reasons for C-section, and maternal and neonatal characteristics in the COVID-19 pandemic. Overall, 68.9% of women delivered via C-section, with COVID-19 status alone being a common indication. Maternal COVID-19 may also be associated with increased risk of preterm labor, although neonatal outcomes were generally favorable. Despite 8 of 206 newborns testing positive for SARS-CoV-2, there remains no definitive evidence of vertical transmission. COVID-19 status alone became a common reason for cesarean delivery early in the pandemic, despite management guidelines urging against this and the lack of evidence for vertical transmission. The authors recommend upholding current recommendations while providing individualized guidance on most appropriate mode of delivery to reduce the amount of unplanned C-sections and lessen the psychological impact of delivering during the COVID-19 pandemic.	The authors conducted a systematic review of case studies with confirmed SARS-CoV-2 women who delivered to determine mode of delivery and reasons for C-section. 68.9% of women delivered by C-section, and COVID-19 status alone became a common reason for cesarean delivery early in the pandemic, despite lack of evidence for vertical transmission.	Debrabandere ML, Farabaugh DC, Giordano C. A Review on Mode of Delivery during COVID-19 between December 2019 and April 2020 [published online 2020 Dec 7]. Am J Perinatol. 2020. doi:10.1055/s-0040-1721658
Birth phenotypes, preterm birth, COVID-19, USA	7-Dec-20	<a href="#">Changes in Preterm Birth Phenotypes and Stillbirth at 2 Philadelphia Hospitals During the SARS-CoV-2 Pandemic, March-June 2020</a>	Journal of the American Medical Association	Research Letter	The authors examine the birth phenotypes in GeoBirth, which is a curated pregnancy cohort of all births at two hospitals in Philadelphia, Pennsylvania, USA. The following preterm phenotypes were compared amongst singleton pregnancies between March-May 2020 compared to the same period in 2018 and 2019: preterm birth, medically indicated preterm birth, spontaneous preterm birth, and stillbirth. Of the 2992 deliveries that occurred during this period, there were 283 preterm births (135 spontaneous and 148 medically indicated), with 15 stillbirths. Pre-pandemic and pandemic birth outcomes were the following: 10.5% vs 9.5% of deliveries were preterm births; 5.7% vs 4.7% were spontaneous preterm births; 5.4% vs 5.2% were medically indicated preterm births; 5.4 births vs 5.0 births (per 1000 births) were stillbirths. Spontaneous preterm birth among non-Hispanic White patients declined during the pandemic (4.5% vs 2.9%), with no other racial/ethnic groups displaying any significant changes in birth outcomes. Among 86 patients with test results positive for SARS-CoV-2, the preterm birth rate was 11.6% (n = 10; 6 spontaneous and 4 medically indicated preterm births) and there was 1 stillbirth. The authors concluded that there was no significant difference in the incidence of preterm births during the pandemic compared to 2018 and 2019 in the cohort.	The authors compared the birth phenotypes (preterm birth, medically indicated preterm birth, spontaneous preterm birth, and stillbirth) in a cohort of pregnant women at two hospitals in Philadelphia, Pennsylvania, USA from March-May 2020. The rates of each of the aforementioned phenotypes were compared to the same pre-pandemic period in 2018 and 2019. The authors determined that there was no significant difference in the incidence of preterm births during the pandemic compared to the pre-pandemic periods.	Handley SC, Mullin AM, Elovitz MA, Gerson KD, Montoya-Williams D, Lorch SA, Burris HH. Changes in Preterm Birth Phenotypes and Stillbirth at 2 Philadelphia Hospitals During the SARS-CoV-2 Pandemic, March-June 2020. JAMA. 2020 Dec 7. doi: 10.1001/jama.2020.20991. Epub ahead of print. PMID: 33284323.
Italy, infection, newborns, SARS-CoV-2	7-Dec-20	<a href="#">A neonatal cluster of novel coronavirus disease 2019: clinical management and considerations</a>	Italian Journal of Pediatrics	Original Research	The aim of this article was to describe a cluster of neonatal COVID-19 cases and detail the experience of postnatal care and perinatal management. Debate on perinatal management and postnatal care is still ongoing, principally questioning the option of the joint management of mother and child after birth and the safety of breastfeeding. An observational case series followed 5 mother-child dyads who attended the Labor and Delivery Unit of a hospital in Italy in March 2020. Of these patients, all 5 mothers tested positive for SARS-CoV-2, as did 4 of the neonates. In one case, the neonate was separated from the mother and remained negative on two consecutive tests. Two of the four positive neonates displayed symptoms with a predominant involvement of the gastro-intestinal tract. The authors	This article details the case of 5 mother-neonate dyads who attended a hospital in Italy of which all 5 mothers and 4 neonates tested positive for SARS-CoV-2 virus. The authors conclude that the decision to separate an infected mother from her neonate should be made on a case-by-case basis.	Olivini N, Calò Carducci FI, Santilli V, et al. A neonatal cluster of novel coronavirus disease 2019: clinical management and considerations. Ital J Pediatr. 2020 Dec 7;46(1):180. doi: 10.1186/s13052-020-00947-9.

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					concluded that the decision of whether or not to separate a positive/suspected-positive mother from her child should be made on an individual basis. When making this decision, parent's will, clinical condition, hospital logistics, and local epidemiological situation should be taken into consideration. They state that even though these neonatal cases presented as either asymptomatic or with very minor symptoms, cases of severe presentation have been reported. They encourage clinicians to carefully monitor neonates with suspected or confirmed cases.		
Stillbirth, England	7-Dec-20	<a href="#">Stillbirths during the COVID-19 pandemic in England, April-June 2020</a>	Journal of the American Medical Association (JAMA)	Research Letter	The present study utilized national and regional hospitalization data in England to assess the risk of stillbirth during the COVID-19 pandemic. Researchers compared the rate of stillbirths in England from April - June of 2020 to that of April - June of 2019. Researchers utilized National Health Service hospital admissions data from the annual Hospital Episode Statistics (HES data) from April 1, 2019 to March 31, 2020. Between April 1 - June 30, 2020, there were 543 stillbirths (0.41% [95% CI, 0.38%-0.45%]), compared with 565 stillbirths (0.40% [95% CI, 0.37%-0.44%]) for the same period in the previous year (incidence rate ratio, 1.02 [95% CI, 0.91-1.15]; P = 0.69). These results indicate there was no significant difference in stillbirths in England during the COVID-19 pandemic as compared to the previous year, which should relieve concerns that pregnant women have had limited access to health services during the pandemic.	Researchers compared the rate of stillbirths in England from April to June of 2020 to that of April- June of 2019. Results indicate there was no significant difference in stillbirths in England during the COVID-19 pandemic as compared to the previous year, which should relieve concerns that pregnant women have had limited access to health services during the pandemic.	Stowe J, Smith H, Thurland K, Ramsay ME, Andrews N, Ladhani SN. Stillbirths During the COVID-19 Pandemic in England, April-June 2020. JAMA. Published online December 07, 2020. doi:10.1001/jama.2020.21369
Vaping, MIS-C, COVID-19, Pediatric	6-Dec-20	<a href="#">Vaping-Associated Lung Injury During COVID-19 Multisystem Inflammatory Syndrome Outbreak</a>	The Journal of Emergency Medicine	Case Series	This case series examines 3 patients, aged 19-21 years of age, who presented to a pediatric emergency department in New York City, USA in 2020 for evaluation of possible MIS-C with ultimate diagnosis of e-cigarette or vaping product use associated lung injury (EVALI). MIS-C is an emerging disease in children thought to be an immune-mediated postinfectious complication of SARS-CoV-2 infection. The overlap of symptoms and laboratory findings in EVALI and MIS-C is a challenge to frontline pediatricians during the ongoing COVID-19 pandemic. EVALI and MIS-C are both triggered by an inflammatory response and have clinical similarities including fever, respiratory compromise and gastro-intestinal symptoms. Similar laboratory results include abnormal blood counts and elevated inflammatory markers. Differential diagnosis of EVALI and MIS-C requires accurate social history of vaping or e-cigarette use; assessment of cardiovascular function, testing for SARS-CoV-2 and chest imaging. Management of the syndromes differ and early identification of EVALI versus MIS-C is critical for timely treatment.	The authors examine 3 patients initially evaluated for MIS-C who were ultimately diagnosed with e-cigarette or vaping product use associated lung injury (EVALI). EVALI and MIS-C have similar presentations and require thorough differential diagnosis in order to identify disease and initiate timely management.	Hassoun A, Brady K, Arefi R, Trifonova I, Tsirilakis K. Vaping-Associated Lung Injury During COVID-19 Multisystem Inflammatory Syndrome Outbreak. J Emerg Med. 2020 Dec 11:S0736-4679(20)31354-8. doi: 10.1016/j.jemermed.2020.12.005. Epub ahead of print. PMID: 33483200; PMCID: PMC7732222.
SARS-CoV-2, Neonate, Pregnant, Pregnancy, COVID-19	6-Dec-20	<a href="#">Healthy Neonate Born to a SARS-CoV-2 Infected Woman: A Case Report and Review of Literature</a>	World Journal of Clinical Cases	Case Report	This is a case of a 36-year-old G3P1 pregnant woman at 34 4/7 weeks of gestation who returned to Wenzhou from Wuhan, China, on January 20, 2020. Due to her previous history of residency in Wuhan, she was instructed to self-quarantine at home. On January 30, 2020, when the woman was at 36 weeks gestational age, she was hospitalized after developing a dry cough and fever. On physical examination, the patient did not have any abnormal physical findings except for a slightly elevated HR (pulse 104 beats/min) and an elevated respiratory rate (RR 20 breaths/min). Laboratory findings showed a low lymphocyte count and an elevated C-reactive protein level. CT imaging of the lungs showed	This is a case of a 36-year-old G3P1 pregnant woman at 34 4/7 weeks gestational age diagnosed with COVID-19 nine days after returning from Wuhan to Wenzhou, China. She delivered a healthy neonate by cesarean section who was isolated from his infected mother and tested negative for	Wang RY, Zheng KQ, Xu BZ, et al. Healthy Neonate Born to a SARS-CoV-2 Infected Woman: A Case Report and Review of Literature. World Journal of Clinical Cases. 2020;8(23):6016-6025.

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					multifocal ground-glass opacities bilaterally, especially in the left upper lobe's apical posterior segment. She was subsequently diagnosed with SARS-CoV-2 infection, confirmed by oropharyngeal testing. Given the unknown risks for SARS-CoV-2 infection of the fetus (and with the fetus approaching full-term), an emergency cesarean section was performed on January 31, 2020. She delivered a healthy male neonate who was isolated from his mother. The neonate showed no signs of SARS-CoV-2 infection and tested negative for the infection. The mother fully recovered from SARS-CoV-2 and subsequently tested negative for the infection on February 23, 2020.	SARS-CoV-2. She recovered fully and tested negative for SARS-CoV-2 three weeks after admission.	doi:10.12998/wjcc.v8.i2.3.6016
Australia, COVID-19, intubation, techniques, pediatric	6-Dec-20	<a href="#">A comparison of anesthetic protective barriers for the management of COVID-19 pediatric patients</a>	Pediatric Anesthesia	Research Report	This simulation study assessed the functionality, perceived safety, droplet protection and aerosol protection of several barrier techniques for intubating a pediatric patient with an aerosolized infection (like SARS-CoV-2). 144 simulations with 12 different laryngoscopists, in Australia, were conducted to assess the time taken to perform an intubation (via direct laryngoscopy, via video laryngoscopy and via a bougie) with 4 different barrier techniques (PPE only, a plastic sheet, a tented plastic sheet, and an intubation box). A cough at the time of intubation was simulated using ultraviolet dye to assess the spread of droplets; and smoke was used to assess the spread of aerosols. Intubation time using the box was non-inferior to using no barrier, meaning the intubation time on a child who is difficult to pre-oxygenate was not increased, resulting in effective intubation and oxygenation. The most functional technique was no barrier followed by the intubation box, then the tented sheet, then the plastic sheet based. All the barriers prevented the ultraviolet dye contaminating the head and torso of the laryngoscopist. Smoke remained within the intubation box if plastics sheets were used to cover the openings. Suction had no effect on clearing the smoke. With no barrier in place, smoke was effectively cleared away from the patient in a theatre with laminar flow. Smoke tended to spread up toward the laryngoscopist in a room without laminar flow. 6 figures and tables present the data in relation to timed intubations, technique and subjective ratings of experience. A well-designed intubation box is an effective barrier against droplets and is non-inferior to no barrier in relation to intubation time. A box interferes with laminar flow in theatres with formal ventilation systems and may result in accumulation of aerosols if it is completely enclosed.	This simulation study, in Australia, assessed the functionality, perceived safety, droplet protection and aerosol protection of several barrier techniques for intubating a pediatric patient with an aerosolized infection (like SARS-CoV-2). Results indicate a well-designed intubation box is an effective barrier against droplets and does not negatively impact intubation and oxygenation.	Lee-Archer P, Boyd D, Du T, et al. A comparison of anesthetic protective barriers for the management of COVID-19 pediatric patients [published online, 2020 Dec 6]. Paediatr Anaesth. 2020;10.1111/pan.14103. doi:10.1111/pan.14103
COVID-19; co-infection; infant; severe dengue; India	6-Dec-20	<a href="#">A Case Study of Dual Infection of Dengue and COVID-19: Presenting as Multiorgan Dysfunction in an Infant</a>	Journal of Tropical Pediatrics	Case report	The authors describe the case of a 9-month-old female who tested positive for dengue fever and SARS-CoV-2 infection in India. The infant presented with fever (duration=4 days), diarrhea (duration=1 day), lethargy, reduced appetite, a skin rash, edema, and multiple seizures (duration=1 day). She was intubated and placed on ventilatory support, and circulation was stabilized with IV fluids and adrenaline infusion. She received several anti-seizure medications, empiric antibiotics, and steroids. The patient eventually tested positive for dengue antigen and antibodies. Nasopharyngeal swab for SARS-CoV-2 RT-PCR was negative, but broncho-alveolar fluid was positive for SARS-CoV-2 RT-PCR. The patient developed shock and encephalopathy with elevated liver enzymes, but ultimately	The authors describe the case of a 9-month-old female in India, who was infected by both SARS-CoV-2 and dengue. They discuss the clinical characteristics, treatment, and outcomes of this case.	Kazi, M. A., Ghosh, S., Roychowdhury, S., et al. A Case Study of Dual Infection of Dengue and COVID-19: Presenting as Multiorgan Dysfunction in an Infant. Journal of tropical pediatrics. 2020. doi:10.1093/tropej/fma a080

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					recovered and was discharged 14 days after admission. The authors discuss the increased risk of dengue in children aged 4-9 months and how co-infection of dengue and SARS-CoV-2 could lead to heightened complications and worse outcomes, even though COVID-19 is often mild among children. The authors conclude by stating that in areas where dengue is endemic, clinicians must consider both dengue and SARS-CoV-2 as possible diagnoses in cases of acute febrile illness.		
callous-unemotional traits; conduct problems; families; parenting	5-Dec-20	<a href="#">The Impact of the COVID-19 pandemic on Children's Conduct Problems and Callous-Unemotional Traits</a>	Child Psychiatry and Human Development	Original Research	This study explored whether family exposures to and worries about the COVID-19 pandemic have impacted conduct problems (CP) and callous-unemotional (CU) traits in children. The authors recruited 303 parents (mean age = 38.04; SD = 5.21; 92.4% biological mothers) and children (mean age = 6.43; SD = 2.13; 51.8% female) between April and July 2020, via social media advertisements in 2 metropolitan cities in the northeastern United States. The authors examined associations between parental exposures to COVID-19, parental worries about the pandemic, harsh and warm parenting practices, and child CP and CU traits. Parents responded to various questionnaires and surveys to evaluate these metrics. Overall, parents reported significant exposure to SARS-CoV-2, including 56.6% of parents reporting personally knowing someone who had tested positive for the virus, 21.9% personally knowing someone who had died with the virus, and 20.3% reporting that they had lost their job or experienced a loss of income or hours during the pandemic. Although more parental worries were not directly related to parenting practices, parental worries about getting COVID-19 ( $\beta = 0.14, p < 0.01$ ) or a family member getting COVID-19 ( $\beta = 0.14, p < 0.01$ ) were independently related to higher child CP. These findings add to a growing literature demonstrating the burden that the pandemic has placed on families and its implications for children's mental health and demonstrate the need to prioritize limiting individual exposures to viruses to maintain child and family mental and physical health.	This study examined the impact of family exposures and worries about the COVID-19 pandemic on child conduct problems (CP) and callous-unemotional (CU) traits. Although more parental worries were not directly related to parenting practices, more worry about COVID-19 was specifically related to higher levels of child CP, particularly parental worries about themselves or family members contracting SARS-CoV-2. These findings demonstrate the need to prioritize limiting individual exposures to viruses to maintain child and family mental and physical health.	Waller R, Powell T, Rodriguez Y, et al. The Impact of the COVID-19 Pandemic on Children's Conduct Problems and Callous-Unemotional Traits. Child Psychiatry Hum Dev. 2021;1-12. doi:10.1007/s10578-020-01109-y
Covid-19 pandemic, children, Eastern India, challenges	5-Dec-20	<a href="#">Covid-19 Pandemic and Our Pediatric Population - The Challenges and Outcome: An Observational Study from Eastern India</a>	Sri Lanka Journal of Child Health	Correspondence	The authors of this observational study aimed to study the impact of the COVID-19 pandemic on the pediatric rheumatology patients at the pediatric rheumatology department of Vivekananda Institute of Medical Sciences in Eastern India between April and August 2020. Patients were contacted via telephone calls, video calls, WhatsApp messages/calls and via mail. A questionnaire was given to patients and their caregivers comprising of two parts: disease activity and questions pertaining to SARS-CoV-2 infections. 55 patients were included in the study [median age and age range not specified], of which 4 had stopped taking all of their medications, 2 had developed complications from their rheumatological conditions, 3 had experienced flares, and 2 had died. Both children that died were SARS-CoV-2 negative. Of the 55 patients, 5 met SARS-CoV-2 testing criteria. 3 of these children were tested but none were positive. The authors concluded that many of their patients faced difficulties in the wake of the pandemic including difficulty finding transportation for their routine visits and to pick up their monthly medications. Additional difficulties faced included loss of daily wages which made it more difficult to continue regular medications,	The authors of this observational study aimed to study the impact of the COVID-19 pandemic on the pediatric rheumatology patients from Vivekananda Institute of Medical Sciences in Eastern India between April and August 2020. The authors concluded that many of their patients faced difficulties in the wake of the pandemic including difficulty finding transportation for their routine visits and to pick up their monthly medications. Additional difficulties faced included loss of	Guha S. Covid-19 pandemic and our paediatric population - the challenges and outcome: An observational study from Eastern India. Sri Lanka Journal of Child Health. doi: http://dx.doi.org/10.4038/sljch.v49i4.9285

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					irregular availability of the prescribed medications, especially hydroxychloroquine.	daily wages which made it more difficult to continue regular medications, irregular availability of the prescribed medications, especially hydroxychloroquine.	
COVID-19; leukemia; child; recurrent infection	5-Dec-20	<a href="#">COVID-19 re-infection or persistent infection in patient with acute myeloid leukaemia M3: a mini review</a>	New Microbes and New Infections	Case Study	Some COVID-19 patients have episodes of symptom recurrence after the first episode of infection with variable intervals. In this paper, the authors present details of an adolescent with a recent history of COVID-19 who proceeded to acute myeloid leukaemia (AML) M3 and had a recurrence of COVID-19. A 15-year-old boy, in Iran, was referred to the haematology clinic because of pancytopenia (white blood cell count (WBC) 3200/ $\mu$ L, haemoglobin 10.5 mg/dL, platelets 88 000/ $\mu$ L). He had COVID-19 one month prior to admission. After study and diagnosis of AML, the patient proceeded to receive chemotherapy and transfusions. During this hospital course, the neutropenic patient became febrile with a temperature of about 39.0°C. He had a cough, shivering and myalgia. After 24 hours, he became severely dyspnoeic, and O2 saturation dropped to 75%. The CT scan showed severe bilateral ground-glass patchy infiltrations compatible with COVID-19 lung involvement. After 5 days on mechanical ventilation, corticosteroids, antibiotics, antivirals, and antifungals, O2 saturation began to rise and some evidence of respiratory recovery was seen. On day 8, the patient was extubated. Antibiotics and antifungal treatments were continued for 14 days, then stopped. Dexamethasone was tapered gradually and continuously. The authors continued ATRA and arsenic trioxide administration during this medical course. Thus, the platelet count increased gradually and the patient became transfusion independent. 6 weeks after admission, the patient was discharged with good general condition and without any dependency on oxygen. This patient's recurrent COVID-19 may be due to re-activation or re-infection, and needs further investigation.	In this paper, the authors present details of a 15-year-old adolescent male in Iran with a recent history of COVID-19 who proceeded to acute myeloid leukaemia M3 and had a recurrence of COVID-19. The authors conclude this recurrence may be due to re-activation or re-infection with SARS-CoV-2 and requires further investigation.	Tehrani HA, Darnahal M, Nadji SA, Haghghi S. COVID-19 re-infection or persistent infection in patient with acute myeloid leukaemia M3: a mini review. <i>New Microbes New Infect.</i> 2020;39:100830. Published 2020 Dec 5. doi:10.1016/j.nmni.2020.100830
policy; funding; children's hospitals; disparities; pediatrics; parity; insurance	5-Dec-20	<a href="#">Children's Hospitals and Impact of COVID-19</a>	Journal of Pediatric Health Care	Policy Brief	This policy brief examines the impact of the COVID-19 pandemic on the infrastructure and financial stability of children's hospitals in the USA. Children's hospitals experienced significant financial losses because of COVID-19, in part due to investments in telehealth, research, biocontainment units, PPE and other supplies, and acquiring medications. A letter from May 18, 2020 from leaders of over 75 US children's hospitals explained that they have sustained more than a 40% decline in revenues and \$2 billion in losses per month. Children's hospitals provide a critical safety net for the pediatric population. Increasing unemployment rates caused by the COVID-19 pandemic have threatened children's access to care due to disruption of employer-based health insurance coverage, particularly for families who cannot afford private insurance. In these times, having Medicaid as a public option for families helps restore their access to vital care. However, data from 2015 show that while children represent 41% of all Medicaid enrollees, they account for only 19% of Medicaid spending, highlighting disparities in children's health care	This policy brief examines the impact of the COVID-19 pandemic on the infrastructure and financial stability of children's hospitals in the US. The author calls for sustained funding for children's hospitals and public insurance programs as a critical priority for the health and well-being of children during and after the pandemic.	Koppolu R. Children's hospitals and impact of COVID-19. <i>Journal of Pediatric Health Care.</i> 2020. doi: <a href="https://doi.org/10.1016/j.pedhc.2020.12.001">https://doi.org/10.1016/j.pedhc.2020.12.001</a> .

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					coverage. Increases in uncompensated care and reliance on Medicaid funding have tightened operating margins and placed greater burden on children's hospitals. Of the more than \$190 billion in COVID-19 relief funding allocated in the US, children's hospitals received less than 1%. The author calls for advocacy at both the state and federal levels for sustained funding for children's hospitals and public insurance programs as a critical priority for the health and well-being of children during and after the pandemic.		
Pancreatitis, children, pediatrics, inflammation	5-Dec-20	<a href="#">Acute pancreatitis in children hospitalized with COVID-19</a>	Pancreatology	Original Research	This retrospective study assessed the point prevalence of acute pancreatitis within pediatric patients hospitalized in a 12-hospital healthcare system in New York, USA during the COVID-19 pandemic between March 1-June 1, 2020. 8159 pediatric patients 0-18 years of age were admitted during the study period, of which 112 were diagnosed with COVID-19 (1.37%). Of note, all patients admitted during the study period were tested for SARS-CoV-2. 13 patients were diagnosed with pancreatitis for a point prevalence of 0.16% (13/8159). Of the 13 patients with pancreatitis, 2 patients were SARS-CoV-2 positive for a point prevalence of 1.8% (2/112) among COVID-19 patients compared to 0.14% (11/8047) in the non-COVID-19 population. Idiopathic pancreatitis was diagnosed in both COVID-19 patients and in 8 non-COVID-19 patients (100% vs 80%). 2 patients died during the study period and both were SARS-CoV-2 negative (18% vs 0%). The authors conclude that pancreatitis can occur in pediatric patients with COVID-19 and may be more common in the COVID-19 population, however the pathophysiologic mechanism remains unclear.	The authors assessed the point prevalence of acute pancreatitis within pediatric patients (0-18 years of age) hospitalized in New York, USA during the COVID-19 pandemic. Out of 8159 patients, 13 patients were diagnosed with pancreatitis for a point prevalence of 0.16%. There was a higher prevalence among COVID-19 patients (1.8%) compared to 0.14% in the non-COVID-19 population. The authors conclude that pancreatitis can occur in pediatric patients with COVID-19 and may be more common in the COVID-19 population.	Suchman K, Raphael KL, Liu Y, Wee D, Trindade AJ; Northwell COVID-19 Research Consortium. Acute pancreatitis in children hospitalized with COVID-19. Pancreatology. 2021;21(1):31-33. doi:10.1016/j.pan.2020.12.005
MIS-C, inflammation, treatment, rheumatology, children	5-Dec-20	<a href="#">American College of Rheumatology Clinical Guidance for Pediatric Patients with Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with SARS-CoV-2 and Hyperinflammation in COVID-19. Version 2</a>	Arthritis and Rheumatology	Consensus Statement	This article summarizes guidance on the management of MIS-C developed by a multi-disciplinary task force formed by the American College of Rheumatology, which was composed of 9 pediatric rheumatologists, 2 adult rheumatologists, 2 pediatric cardiologists, 2 pediatric infectious disease specialists, and 1 pediatric critical care physician in the United States. Consensus was built through a modified Delphi process that involved anonymous voting and discussion through webinars. A 9-point scale was used to determine the appropriateness of each of consensus statement (1-3, inappropriate; 4-6, uncertain; 7-9, appropriate), and consensus was rated as low (L), moderate (M), or high (H) based on dispersion of the votes along the numeric scale. Approved guidance statements had to be classified as appropriate with moderate or high levels of consensus. The first version of the guidance was approved by the Task Force in June 2020 and the document was subsequently revised in November 2020 with a new flow diagram with recommendations for initial immunomodulatory treatment of MIS-C added. This document outlines the updated consensus recommendations for screening, evaluation, diagnosis, cardiac management, and treatment of MIS-C, along with a comparison to Kawasaki Disease. The authors conclude by stating that the recommendations will be modified prospectively as the understanding of COVID-19 improves.	This article provides guidance on screening, evaluation, diagnosis, cardiac management, and treatment of children with MIS-C developed by a task force from the American College of Rheumatology. These updated consensus statements were approved in November, 2020 and will be modified as the understanding of COVID-19 improves.	Henderson LA, Canna SW, Friedman KG, et al. American College of Rheumatology Clinical Guidance for Pediatric Patients with Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with SARS-CoV-2 and Hyperinflammation in COVID-19. Version 2. Arthritis Rheumatol. 2020; doi:10.1002/art.41616

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Rheumatology, pediatrics, medication, health access, stress	5-Dec-20	<a href="#">Medication access difficulty and COVID-related distress are associated with disease flares in rheumatology patients during the COVID-19 pandemic</a>	Arthritis Care and Research	Original Research	To identify medication-related challenges among rheumatology patients during the COVID-19 pandemic in New York, USA, and to determine whether factors related to the pandemic were associated with disease flares, the authors surveyed 361 pediatric (n=53) and adult (n=307) rheumatology patients from May 8-June 1, 2020 (median age 42 years, range not provided). The majority of respondents were female (317; 88%); 175 (49%) were Hispanic; 230 (64%) of participants had Systemic Lupus Erythematosus (SLE). Medication access difficulty was reported for 56 (16%) of respondents. The most common reported reason was due to medication shortages, particularly hydroxychloroquine, for 27 respondents (48%). Medication interruptions were reported for 50 respondents (14%) and 147 (41%) reported a flare in their disease symptoms. In the multivariable logistic regression model, medication access difficulty was associated with increased odds of flare (OR 4.0, 95% CI 1.5-10.4, p=0.005), as was high COVID-related distress (OR 2.4, 95% CI 1.2-4.6, p=0.01). The authors conclude that medication access difficulties and flares were common among rheumatology patients in New York in the month following the peak of the pandemic, and medication access to vulnerable patients should be an advocacy priority in the rheumatology community.	This article assessed challenges related to medication access for adult and pediatric rheumatology patients in New York, USA during the COVID-19 pandemic. Difficulty with medication access was reported for 16% of respondents, and 14% of respondents reported interruptions in their medications. Difficulty with access to medications and high COVID-related distress were each associated with higher odds of having flares in rheumatology symptoms. The authors conclude that medication access for vulnerable populations should be an advocacy priority during the pandemic.	Maldonado D, Tu E, Mahmood S, et al. Medication access difficulty and COVID-related distress are associated with disease flares in rheumatology patients during the COVID-19 pandemic. Arthritis Care Res (Hoboken). 2020; doi:10.1002/acr.24531
SARS-CoV-2; COVID-19; Kawasaki disease; fecal shedding; child	5-Dec-20	<a href="#">Kawasaki disease following coronavirus disease 2019 with prolonged fecal viral shedding</a>	Pediatrics International	Case Report	The authors present the case of Kawasaki disease (KD) following COVID-19 with evidence of prolonged fecal viral shedding in Japan. The authors report the case of a 21-month-old male presenting with a fever and cough, whose mother was diagnosed with COVID-19. 8 days after the onset of his mother's symptoms, he had a fever and mild cough, and SARS-CoV-2 was detected in nasopharyngeal and stool samples. The patient was admitted and recovered without specific medical treatment. He remained hospitalized and was discharged on day 38 following his mother's recovery. On day 60 from COVID-19 onset, he presented with a fever and poor oral intake and was diagnosed with KD. SARS-CoV-2 was detected in his stool sample but was negative for nasopharyngeal, urine, and blood samples. The authors conclude that the patient developed KD 8 weeks after COVID-19 onset while he still had fecal viral shedding. The authors argue that the timeline, in this case, may strengthen the hypothesis of a possible association between KD and COVID-19.	The authors present the case of Kawasaki disease (KD) following COVID-19, with evidence of prolonged fecal viral shedding in a 21-month-old male in Japan. The authors argue that the timeline, in this case, may strengthen the hypothesis of a possible association between KD and COVID-19.	Uda K, Okita K, Soneda K, Taniguchi K, Horikoshi Y. Kawasaki disease following coronavirus disease 2019 with prolonged fecal viral shedding [published online 2020 Dec 5]. Pediatr Int. 2020. doi:10.1111/ped.14452
Children, infants, disease severity, epidemiology, pediatrics	5-Dec-20	<a href="#">Epidemiology of COVID-19 infection in young children under five years: A systematic review and meta-analysis</a>	Vaccine	Review	In this systematic review and meta-analysis of epidemiological and clinical characteristics of SARS-CoV-2 infection in children under 5 years of age, the authors included 65 articles that represented 1,214 children with laboratory-confirmed SARS-CoV-2 infection until June 4, 2020. They assessed pooled prevalence for key demographics and clinical characteristics using Freeman-Tukey double arcsine random-effects model for studies except case-reports. 45 studies reported gender distribution: 117/179 cases (65%) were male. Of 1,214 COVID-19 cases, symptomatic status was reported for 880 (72%) children: 834/880 (95%) were symptomatic and 46 (5%) were asymptomatic. 9 (7%) cases had severe disease requiring ICU admission (95% CI: 0%-30%, 5 studies). In the	In this review of epidemiological and clinical characteristics of SARS-CoV-2 infection in 1,214 children under 5 years of age, the authors found that 50% of young cases were in infants <1 year of age and the majority had mild or moderate disease. In the meta-analysis, pooled prevalence of asymptomatic cases was 43%. 3.6% of infants	Bhuiyan MU, Stiboy E, Hassan MZ, et al. Epidemiology of COVID-19 infection in young children under five years: A systematic review and meta-analysis. Vaccine. 2020 Dec 5:S0264-410X(20)31570-X. doi:

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					subsequent meta-analysis, excluding case reports and using only studies that report both symptomatic and asymptomatic cases, the pooled prevalence showed 43% (95% CI: 15%-73%; 9 studies) were asymptomatic. 14 studies reported SARS-CoV-2 status in 151 newborns from 149 confirmed COVID-19 positive mothers. 5 (3.3%) newborns were SARS-CoV-2 positive by RT-PCR at 30 hours-17 days of life. There was only 1 death recorded (a 10 month-old female infant). The authors conclude that since many pediatric COVID-19 cases were asymptomatic and half were in infants, this study highlights the need for ongoing surveillance of COVID-19 to develop effective preventive strategies in very young pediatric populations.	born to COVID-19 infected mothers were SARS-CoV-2 positive. This review highlights the need for ongoing surveillance in very young pediatric populations.	10.1016/j.vaccine.2020.11.078.
Turkey, mean platelet volume, COVID-19, SARS-CoV-2	5-Dec-20	<a href="#">Is Mean Platelet Volume a Predictive Marker for the Diagnosis of COVID-19 in Children?</a>	The International Journal of Clinical Practice	Original Paper	This investigation aimed to determine the mean platelet volume (MPV) in asymptomatic children infected with SARS-CoV-2. Thrombocytes play a major role in the inflammatory response often seen in children with COVID-19. The study, in Turkey, included 55 children infected with SARS-CoV-2 (confirmed by RT-PCR) between January 2020 and July 2020, and 60 healthy children for the comparison of leukocyte and thrombocyte count, MPV, and serum C-reactive protein (CRP) levels. Patients were excluded from the study if the RT-PCR test was negative despite clinical suggestion of COVID-19 or history of contact. Mean age of all 115 children was 7.93±4.50 years (range, 0-17 years). This paper has 5 tables detailing patient demographics, laboratory values and figures comparing lymphocytes to thrombocytes. The MPV values were determined to be statistically significantly high (p<0.001) and the lymphocyte values were significantly low (p=0.002) in the asymptomatic children infected with SARS-CoV-2 compared to the healthy control children. The optimal cutoff point for MPV was determined as 8.74 fl (Area under the curve—AUC:0.932) with 81.82% sensitivity and 95% specificity for the determination of children infected with COVID-19. A cutoff value of <2.12/mm <sup>3</sup> for lymphocytes (AUC:0.670) was determined with 49.09% sensitivity and 86.67% specificity for the prediction of COVID-19. The authors argue that MPV has better predictive capacity than lymphocyte values. Results indicate evaluation of MPV and lymphocyte levels together could increase diagnostic success in asymptomatic SARS-CoV-2 cases.	This investigation, in Turkey, aimed to determine the mean platelet volume (MPV) in asymptomatic children infected with SARS-CoV-2 as thrombocytes play a major role in the inflammatory response often seen in COVID-19. MPV levels were significantly high in asymptomatic children infected with COVID-19 demonstrating that this is an important predictive value and has better predictive capacity than lymphocyte values.	Gumus H, Demir A, Yukkaldiran A. Is Mean Platelet Volume a Predictive Marker for the Diagnosis of COVID-19 in Children? [published online ahead of print, 2020 Dec 5]. Int J Clin Pract. 2020;e13892. doi:10.1111/ijcp.13892
India, COVID-19, epidemiology, clinical profile, mortality	5-Dec-20	<a href="#">Paediatric COVID-19: Milder Presentation-A Silver Lining in Dark Cloud</a>	Journal of Tropical Pediatrics	Original Paper	This study, in the Gandhi Medical College of India, assessed the clinico-epidemiological profile of pediatric patients with COVID-19 during the pandemic. Children (defined as 1 month to 14 years old) with a positive SARS-CoV-2 RT-PCR were studied between 15 May and 31 July 2020. A total of 30 children with median age of 10.5 years (8 months to 14 years) were included in the present study. 60% were male, 27 (90%) belonged to an urban area, and all 30 children were from a containment area. 21 (70%) were asymptomatic. All children had a positive household contact. Symptomatic children had only mild symptoms of fever, dry cough, and rhinitis. No participants loss their sense of smell. All were fully vaccinated. 9 (30%) had anemia. The mean leukocyte count was 7470 ± 2427 (range of 4300-14100, p = 0.01) and leukocytosis was seen in 3 (9%) children. C-reactive protein was found to be raised in only 4 (13%) children. This paper	This study, in the Gandhi Medical College of India, assessed the clinico-epidemiological profile of pediatric patients with COVID-19. The authors conclude that COVID-19 in pediatric patients is usually mild, is typically spread within the household, and severe acute respiratory infection is not a major manifestation of SARS-CoV-2 infection in children.	Ramteke S, Tikkas R, Goel M, et al. J. Paediatric COVID-19: Milder Presentation-A Silver Lining in Dark Cloud [published online, 2020 Dec 5]. J Trop Pediatr. 2020;fmaa106. doi:10.1093/tropej/fmaa106

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					has two tables detailing clinical characteristics and statistical significance. No mortality was reported. the authors conclude that COVID-19 in pediatric patients is usually mild, is typically spread within the household, and severe acute respiratory infection is not a major manifestation of SARS-CoV-2 infection in children.		
Children, pediatrics, epidemiology, clinical characteristics, infant, newborn	5-Dec-20	<a href="#">Epidemiology of COVID-19 infection in young children under five years: a systematic review and meta-analysis</a>	Vaccine	Review	This systematic review and meta-analysis of epidemiological and clinical characteristics of COVID-19 infection in children under 5 years of age was conducted using Pubmed, EMBASE, Web of Science, and Scopus up to June 4, 2020. 65 articles were included representing 1,214 children with RT-PCR confirmed COVID-19 from 11 countries. 596 (53%) were less than 1 year (infant) with 5 of those being newborns (age range 0-5 years). 43% were asymptomatic (95% CI: 15% - 73%). Clinical symptoms were extracted for 196 children: fever (75/196, 38%) was the most frequently reported followed by upper respiratory symptoms (69/196, 35%). Disease severity was recorded for 345 children, the majority of whom had mild illness (n=155, 44.9%) while 7% (95% CI: 0% - 30%) had severe disease requiring ICU admission. Disease outcome was reported for 121 cases, of which 120 cases recovered. There was 1 reported death: a 10-month-old female infant with no underlying medical conditions. 5 (3.6%) of 139 newborns from COVID-19 infected mothers were SARS-CoV-2 positive. The authors conclude that young children less than 5 years generally develop mild COVID-19 and many are asymptomatic, highlighting the need for ongoing surveillance to monitor disease epidemiology in this pediatric population.	In this review, the authors highlight the epidemiology and clinical characteristics of COVID-19 in children less than 5 years of age. Many are asymptomatic (43%), and for those with symptoms, a majority have mild illness (44.9%) and recover.	Uddin Bhuiyan M, Stiboy E, Zakiul Hassan M, et al. Epidemiology of COVID-19 infection in young children under five years: a systematic review and meta-analysis. Vaccine (2020). doi: <a href="https://doi.org/10.1016/j.vaccine.2020.11.0">https://doi.org/10.1016/j.vaccine.2020.11.0</a>
COVID-19; MIS-C; Pediatric multisystem inflammatory disease; Pandemics; Cardiovascular disease; Pediatric cardiology; Europe	5-Dec-20	<a href="#">Acute Cardiovascular Manifestations in 286 Children with Multisystem Inflammatory Syndrome Associated with COVID-19 Infection in Europe</a>	Circulation	Original Research	The aim of this study was to document cardiovascular clinical findings, cardiac imaging and laboratory markers in children presenting with MIS-C. The authors surveyed and collected data on 286 children [median: 8.4 years; interquartile range: 3.8-12.4 years] who were admitted to hospitals across Europe from February 1-June 6, 2020 with diagnosis of an inflammatory syndrome and acute cardiovascular complications. The most common cardiovascular complications were shock, cardiac arrhythmias, pericardial effusion, and coronary artery dilatation. Greater elevation in cardiac and biochemical parameters were associated with greater need for intensive care support (p <0.05). PCR for SARS-CoV-2 was positive in 33.6%, while IgM and IgG antibodies were positive in 15.7% and 43.6% of cases, respectively. The authors determined that cardiac involvement is common in children with MIS-C. Compared to adults with COVID-19, mortality in children with MIS-C is uncommon, despite significantly high inflammatory markers and multi-system involvement.	The authors surveyed and collected data on 286 children who were admitted to hospitals across Europe from February 1-June 6, 2020 with diagnosis of an inflammatory syndrome and acute cardiovascular complications. The authors determined that cardiac involvement is common in children with MIS-C. Compared to adults with COVID-19, mortality in children with MIS-C is uncommon, despite significantly high inflammatory markers and multi-system involvement.	Valverde I, Singh Y, Sanchez-de-Toledo J, et al. Acute Cardiovascular Manifestations in 286 Children with Multisystem Inflammatory Syndrome Associated with COVID-19 Infection in Europe. Circulation. 2020. doi:10.1161/CIRCULATIONAHA.120.050065
Attitudes; COVID-19; Community; Primary care; Public; SARS-CoV-2; Thoughts;	5-Dec-20	<a href="#">While studies on COVID-19 vaccine is ongoing; the public's thoughts and attitudes to the future</a>	The International Journal of Clinical Practice	Original research	This study aimed to investigate the thoughts and attitudes of individuals towards the future COVID-19 vaccine. The e-survey was shared 10 June-10 July 2020, and enrolled individuals > 18 years old who used social media and smartphones in Turkey. A total of 759 people participated, with ages 18-81 years (mean age = 32.4 years). 62.8% of the participants were women, 85.6% had a Bachelor's degree or higher, and 18.3% had a chronic disease. Nearly half (49.7%) of participants responded that they would get	This descriptive study examined the attitudes towards the future COVID-19 vaccine in Turkey among individuals using social media over the age of 18 years. Nearly half of respondents said they would get the vaccination	Akarsu, B., Canbay Özdemiş, D., Ayhan Baser, D., Aksoy, H., Fidancı, İ., & Cankurtaran, M. (2020). While studies on covid-19 vaccine is ongoing;

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
Vaccination; Vaccine; Turkey		<a href="#">COVID-19 vaccine [Free Access to Abstract Only]</a>			vaccinated if a vaccine was available (35.9% undecided, 5.8% if it was free, and 8.6% no), and 38.4% would vaccinate their children (43.2% undecided, 3.5% if it was free, and 14.8% no). The proportion of participants that would accept the COVID-19 vaccine had an association with gender (females more likely to vaccinate), occupation, health insurance, anxiety level, and having children. The most common reasons for rejection of vaccination were "afraid of the side effects of the vaccine", "don't think it can be reliable as it will be a new vaccine" and "COVID-19 infection is a biological weapon, and the vaccine will serve those who produce this virus". The authors conclude that healthcare professionals should closely follow the vaccination development processes, inform the public transparently, and consider the public's concerns.	and there were differences among gender, occupation, health insurance, anxiety level, and whether the respondent had children.	the public's thoughts and attitudes to the future Covid-19 vaccine. <i>International journal of clinical practice</i> , e13891. Advance online publication. <a href="https://doi.org/10.1111/ijcp.13891">https://doi.org/10.1111/ijcp.13891</a>
Spain, chilblains, pediatrics, skin manifestations	5-Dec-20	<a href="#">Skin Manifestations During the COVID-19 Pandemic in the Pediatric Emergency Department</a>	Pediatrics International	Original Research	The aim of this study was to define the etiology, clinical presentation, time course, and outcomes of children presenting with cutaneous manifestations shortly after the first pandemic peak of COVID-19 in Spain. In the current literature, the role of SARS-CoV-2 as the cause of chilblains in children remains a matter of debate. An observational study was conducted in children <15 years of age for the presence of skin lesions in three pediatric hospitals in Spain. A total of 62 children were enrolled between April 14 - May 8, 2020. 34 patients had acro-ischemic skin lesions and 28 had a variety of skin lesions. Children with chilblains were older (11.4 vs. 8 years, p=0.02), and had more frequent pain (44% vs 7%; p=0.001). Children with non-specific rashes presented with fever more frequently. However, when tested for SARS-CoV-2 by PCR, only 5 patients (8%) demonstrated SARS-CoV-2 antibodies, and none tested positive for SARS-CoV-2 RNA. The authors concluded that the possibility of viral transmission was negligible as all the patients tested negative.	The authors assessed the link between the increased prevalence of chilblains in pediatric patients and infection with SARS-CoV-2. Because all the patients enrolled in the study tested negative for SARS-CoV-2, they determined that the possibility of viral transmission was negligible.	Oliva Rodríguez-Pastor S, Martín Pedraz L, Carazo Gallego B, et al. Skin Manifestations During the COVID-19 Pandemic in the Pediatric Emergency Department. <i>Pediatr Int</i> . 2020 Dec 5. doi: 10.1111/ped.14568.
Transmission, India, Karnataka	5-Dec-20	<a href="#">Transmission of SARS-CoV-2 Infection by Children: A Study of Contacts of Index Paediatric Cases in India</a>	Journal of Tropical Pediatrics	Original research	This study sought to determine the transmission dynamics of SARS-CoV-2-positive children to their immediate family members. The authors conducted a retrospective, observational study to determine the transmission to primary contacts (family members) of 19 pediatric, COVID-19 index cases (<18 years old) in Karnataka, India in May 2020. The median age of the index cases was 6 years (IQR 4-9 years) [age range not provided]. Children identified those contacts who traveled in the same vehicle with them and/or stayed in the same quarantine room with them. Of the 42 primary contacts (36 adults and 6 children), only 4 became positive for SARS-CoV-2. All index cases were asymptomatic. This study would support the hypothesis that children show few if any symptoms and cause limited transmission of SARS-CoV-2.	This study sought to determine the transmission dynamics of SARS-CoV-2-positive children to their family members in India. Of 42 primary contacts of 19 SARS-CoV-2 positive children, only 4 became positive for SARS-CoV-2. This study would support the hypothesis that children show few if any symptoms and cause limited transmission of SARS-CoV-2.	Gupta N, Saravu K, Varma M, Pm A, Shetty S, Umakanth S. Transmission of SARS-CoV-2 Infection by Children: A Study of Contacts of Index Paediatric Cases in India [published online ahead of print, 2020 Dec 5]. <i>J Trop Pediatr</i> . 2020;fmaa081. doi:10.1093/tropej/fmaa081
COVID-19; MIS-C; Pediatric Inflammatory Multisystem Syndrome;	4-Dec-20	<a href="#">Pediatric Inflammatory Multisystem Syndrome and Rheumatic Diseases During</a>	Frontiers in Pediatrics	Review Article	This article summarizes the current evidence on MIS-C and PIMS. Symptoms include fever, cardiac involvement, gastro-intestinal symptoms, mucocutaneous manifestations, hematological features, or other organ dysfunctions. These heterogeneous delayed dysregulated immune responses have been designated as MIS-C and PIMS in the US and Europe. Biological findings include elevated erythrocyte sedimentation rate and C-	This article summarizes the current evidence on MIS-C and PIMS. This review includes clinical findings, biological markers, treatments and hypotheses on causes. The	Schwartz A, Belot A, Kone-Paut I. Pediatric Inflammatory Multisystem Syndrome and Rheumatic Diseases During SARS-CoV-2

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SARS-CoV-2; children		<a href="#">SARS-CoV-2 Pandemic</a>			reactive protein with values between 20 mg/L and up to 200 mg/dL, D-dimer levels above 500 ng/mL, ferritin, increased procalcitonin levels with no bacterial infection associated, and elevated lactate dehydrogenase. Other common findings include lymphopenia, neutrophilia, thrombocytopenia, hyponatremia, or hypoalbuminemia. Interleukin 6 (IL-6), tumor necrosis factor alpha (TNFa), or IL10 are often elevated. Signs/symptoms and biological markers are summarized in 1 table. The spectrum of case severity ranged from standard hospitalization to pediatric intensive care unit management. Treatment includes supportive care with fluid expansion, inotropic drugs, and rarely mechanical circulatory assistance with veno-arterial extracorporeal membrane oxygenation. Other approaches include IV immunoglobulin, corticosteroids, Anakinra, an interleukin 1 receptor antagonist or Tocilizumab, an anti-IL6, or scarcely infliximab, an anti-TNFa. Most patients had a clinical history of exposure to COVID-19 patients and/or SARS-COV-2 biological diagnosis. The temporal association between the pandemic peaks and outbreaks of PIMS seems to be in favor of a post-infectious, immune-mediated mechanism. The authors conclude that children receiving immunomodulatory treatment for chronic rheumatic and inflammatory diseases do not seem at a greater risk of PIMS but evidence and data are scarce.	authors conclude that children receiving immunomodulatory treatment for chronic rheumatic and inflammatory diseases do not seem at a greater risk of PIMS but evidence and data are scarce.	Pandemic. <i>Front Pediatr.</i> 2020;8:605807. Published 2020 Dec 4. doi:10.3389/fped.2020.605807
Pediatrics, children, clinical features, treatment	4-Dec-20	<a href="#">A case series report of hospitalized children with severe acute respiratory syndrome coronavirus-2 infection in Jinan, China</a>	SAGE Open Medical Case Reports	Case Series	This case series describes the epidemiological, clinical, laboratory, and radiological characteristics, along with treatment and outcomes of 10 children with SARS-CoV-2 hospitalized in Jinan, outside Hubei, China from January 26-February 20, 2020. Mean age was 5.48 ± 4.12 years (range 11 months-14 years). All infections were related to a family cluster outbreak. On admission, 5 (50%) patients had fever, 2 (20%) had cough, 1 (10%) had expectoration, 1 (10%) had fatigue, 2 (20%) had headache, 1 (10%) had sore throat, and 2 (20%) had rhinorrhea. On chest CT, 2 (20%) patients had normal findings, 3 (30%) patients showed bronchitis, and 5 (50%) patients showed multiple mottling and ground-glass opacity. Laboratory results were mixed, with the most common abnormality being elevation of creatine kinase-MB in 6 (60%). 10 (100%) patients received antiviral treatment with duration ranging from 5-14 days. 3 (30%) patients received antibiotic treatment; 3 (30%) patients were treated with fructose sodium diphosphate. None were treated with glucocorticoids or immunoglobulin. No patients required mechanical ventilation. The median hospital stay was 10 days (IQR = 7.0–14.0) and all children recovered and were discharged home. The authors conclude that the clinical manifestations in children with SARS-CoV-2 infection were non-specific and milder than that in adults.	In this case series, the authors present the characteristics, treatment, and outcomes of 10 children with SARS-CoV-2 in China. All infections were related to a family outbreak, the most common symptom at presentation was fever, and 5 (50%) showed ground-glass opacity on CT. All children recovered and were discharged home without requiring mechanical ventilation. The authors conclude that the clinical manifestations in children with SARS-CoV-2 infection were non-specific and milder than that in adults.	Li J, Geng J, Su L, Yang B, Gai Z. A case series report of hospitalized children with severe acute respiratory syndrome coronavirus-2 infection in Jinan, China. <i>SAGE Open Med Case Rep.</i> 2020; doi:10.1177/2050313X20978018
Israel; epidemiology; primary care; PCR; SARS-CoV-2; symptoms	4-Dec-20	<a href="#">Longitudinal symptom dynamics of COVID-19 infection</a>	Nature Communications	Article	To better understand the full clinical spectrum of symptoms experienced by adults and children infected with SARS-CoV-2, this study analyzed electronic health records in Israel related to primary care visits and SARS-CoV-2 PCR results among adults >18 years of age (n=95,663) and children (n=21,567) from March - June 2020 which were linked to self-reported symptoms obtained from longitudinal survey results distributed to adults (n=159,162) April - June 2020. Of the children included in the analysis, 862	This study analyzed electronic health records in Israel related to primary care visits and SARS-CoV-2 PCR results among adults and children from March - June 2020 which were linked to longitudinal survey results	Mizrahi B, Shilo S, Rossman H, et al. Longitudinal symptom dynamics of COVID-19 infection. <i>Nat Commun.</i> 2020;11(1):6208. Published 2020 Dec 4.

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					(4%) tested positive for SARS-CoV-2 (mean age 10.69 ±5.09 years) and 20,705 (96%) tested negative (mean age 8.67 ±5.46 years). The percentage of positive cases from all individuals tested was similar between children and adults (4% versus 4.25%, respectively). Data on clinical symptoms in children were limited to those reported in primary care visits. The most prevalent symptoms among children with COVID-19 included fever (7%), cough (5.5%), abdominal pain (2.4%), and fatigue (2.3%). There was no difference in the proportion of children with chronic medical conditions between SARS-CoV-2 positive group (14%) and the SARS-CoV-2 negative group (14%). Children were shown to have a significantly shorter recovery time compared to adults (Hazard Ratio = 1.18 (95% CI 1.01–1.39), p = 0.04). Although anosmia and ageusia were initially less described as COVID-19 symptoms and were not part of the Israeli testing policy throughout the study period, they emerged as the most predictive symptoms for COVID-19 in this study. Among children, loss of smell and taste was associated with 2.45x greater odds of having COVID-19, although this was not statistically significant which the authors attribute to a small sample size.	distributed to adults April - June 2020. Children were shown to have a significantly shorter COVID-19 recovery time compared to adults.	doi:10.1038/s41467-020-20053-y
Pediatrics, PIMS-TS, MIS-C, Tocilizumab, treatment, inflammation	4-Dec-20	<a href="#">Pediatric Inflammatory Multisystem Syndrome Temporally Associated with SARS-CoV-2 Treated with Tocilizumab</a>	Pediatric Reports	Case Report	In this case report, the authors present a patient with PIMS-TS treated with Tocilizumab in Chile. On May 11, 2020, an 8-year-old previously healthy boy presented with a history of fever, diarrhea, vomiting, and abdominal pain. On admission, he was febrile, tachycardic, and hypotensive. Blood, stool, and urine samples were cultured, and empiric antibiotic therapy and fluid resuscitation were started. Blood tests showed metabolic acidosis, hyponatremia, elevated creatinine (up to 0.87 mg/dL), elevated lactate (8 mg/dL), and hypo-albuminemia (2 g/dL). Complete blood count was normal. Chest X-ray, electrocardiogram and echocardiogram were normal upon admission. Abdominal ultrasound revealed inflammation in the sigmoid colon. The patient was admitted to the pediatric ICU and tested positive for SARS-CoV-2. The patient progressed to develop multi-organ dysfunction, shock, cardiac dysfunction with myocarditis, pneumonia, acute kidney failure, and gastro-intestinal involvement. Multisystem inflammatory syndrome associated with SARS-CoV-2 was suspected since all bacterial cultures were negative. After treatment with Tocilizumab and corticosteroid therapy, he improved with normalization of inflammatory markers. The patient was discharged from hospital on day 17. The authors conclude that the use of Tocilizumab to control the inflammatory response in PIMS-TS is likely to be beneficial, although randomized controlled trials are needed.	The authors describe a case of PIMS-TS in an 8-year-old child in Chile. The patient developed multi-organ dysfunction, with improvement after treatment with Tocilizumab and corticosteroid therapy. The authors conclude that the use of Tocilizumab to control the inflammatory response in PIMS-TS is likely to be beneficial, although randomized controlled trials are needed.	Niño-Taravilla C, Espinosa-Vielma YP, Otaola-Arca H, Poli-Harlowe C, Tapia LI, Ortiz-Fritz P. Pediatric Inflammatory Multisystem Syndrome Temporally Associated with SARS-CoV-2 Treated with Tocilizumab. <i>Pediatr Rep.</i> 2020;12(3):142-148. Published 2020 Dec 4. doi:10.3390/pediatric12030029
SARS-CoV-2; pregnancy registry; COVID-19	4-Dec-20	<a href="#">Pregnancy and SARS-CoV-2 Infection in Germany-the CRONOS Registry</a>	Deutsches Ärzteblatt International	Correspondence	The authors present data from the COVID-19 Related Obstetric and Neonatal Outcome Study (CRONOS) registry obtained from 1212 maternity hospitals in Germany and 1 in Austria. They included pregnant women with confirmed SARS-CoV-2 infection from April 3-October 1, 2020. 247 cases were present at 65 hospitals during the aforementioned period, with the affected pregnant women being primarily (71%) <35 years old and mostly (79%) with a body mass index (BMI) of <30 kg/m <sup>2</sup> . 38% of cases were in their first pregnancy, with 11.8% reporting an underlying medical condition requiring long-term medical care. 5.6% (n=14) women were treated in the	The findings from the COVID-19 Related Obstetric and Neonatal Outcome Study (CRONOS) registry between April 3-October 1, 2020 reported that among 247 cases of pregnant women with SARS-CoV-2 infection, a majority (71%) were <35 years old, and most (79%)	Pecks U, Kuschel B, Mense L, et al. Pregnancy and SARS-CoV-2 Infection in Germany—the CRONOS Registry. <i>Dtsch Arztebl Int.</i> 2020 Dec 4;117(49):841-842. doi:

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					ICU for COVID-19. 5 patients were obese, had hypertension, or a combination of the two. 10/14 women were infected in the 3rd trimester, with 9 of the cases reporting SARS-CoV-2 infection affecting the decision to deliver or the mode of delivery. 205 women recovered from SARS-CoV-2 during the study period, with 185 giving birth. 2.2% (n=4) neonates tested positive for SARS-CoV-2 by PCR [source not noted] by the 1st/2nd day of life, and they were eventually discharged home. The authors concluded by citing the favourable course of disease in the pregnant women in the study. However, they identified the cohort design as a limitation for identifying prevalence in pregnant women and risk factors for worse maternal and neonatal outcomes.	had a BMI <30 kg/m2. 205 of the cases recovered during the study period, with 185 giving birth. 4/185 neonates tested positive for SARS-CoV-2, and all recovered.	10.3238/arztebl.2020.0841. PMID: 33593478.
Children, pediatrics, stroke, neurology, thrombus, arteritis	4-Dec-20	<a href="#">Arteritis and Large Vessel Occlusive Strokes in Children Following COVID-19 Infection</a>	Pediatrics	Case Reports	COVID-19 has been shown to cause neurologic manifestations, including stroke. The authors describe 2 previously healthy children that suffered arterial ischemic strokes within 3-4 weeks of COVID-19 infection in the Southwest United States [dates not provided]. An 8-year-old Native American female presented with bilateral middle cerebral artery distribution strokes 3 weeks after COVID-19 illness. She underwent emergent mechanical thrombectomy of the left middle cerebral artery with successful clot retrieval but then experienced re-occlusion 5 hours after intervention. She also had evidence of cerebral arteritis on catheter angiography and vessel wall imaging, and clot pathology revealed recently formed, unorganized platelet and fibrin rich thrombus with sparse clusters of erythrocytes, degenerated histiocytes, few eosinophils and rare neutrophils. A 16-year-old African American male presented with dense right hemiparesis and global aphasia 30 days after initial COVID-19 illness. He demonstrated evidence of arteritis on brain magnetic resonance angiography and serological markers of cardiac and renal injury accompanied by positive lupus anticoagulant antibodies. The clinical features in these cases were inconsistent with focal cerebral arteriopathy known to occur in the setting of other viral infections. Neither patient fulfilled criteria for MIS-C. The authors conclude that systemic post-infectious arteritis with cerebrovascular involvement may complicate COVID-19 infection in previously healthy children.	In this case report, the authors describe 2 previously healthy children (8-year-old female and 16-year-old male) who both suffered arterial ischemic strokes within 3-4 weeks of COVID-19 infection in the United States. Both demonstrated arteritis on neuro-imaging. The authors conclude that systemic post-infectious arteritis with cerebrovascular involvement may complicate COVID-19 infection in previously healthy children.	Appavu B, Deng D, Dowling MM, et al. Arteritis and Large Vessel Occlusive Strokes in Children Following COVID-19 Infection. Pediatrics. 2020; doi:10.1542/peds.2020-023440
COVID-19; children; high school; challenges; United States	4-Dec-20	<a href="#">"I Hate This": A Qualitative Analysis of Adolescents' Self-Reported Challenges During the COVID-19 Pandemic [Free Access to Abstract Only]</a>	Journal of Adolescent Health	Article	The authors present a qualitative analysis of challenges reported by high school students during the COVID-19 pandemic in the United States. A survey was conducted in 3 high schools during remote schooling 1-18 May 2020, related to the mental health, physical health, social relationships, academic motivation, and home life of the students. 719 participants (31.7% male; mean age=16.28 years, age range=14-19 years) completed at least one question about their demographic information and the qualitative portion of the study. 24.8%, 27%, 25%, and 23.2% of the participants were in the first, second, third, and fourth years of high school, respectively. 61.9% were White. Content analysis was used to identify 14 categories of challenges, the most popular being academics and work habits (23.71% of students reported), mental health (14.83%), and physical health (13.41%). While 6.8% of challenges involved COVID-19 in some way, only 1.4% of all challenges reported involved concerns about contraction of	The authors present a survey-based qualitative analysis of challenges reported by high school students during the COVID-19 pandemic in the United States. Academics and work habits, mental health, and physical health were the top challenges reported. Black-White and White-Latinx students reported the most challenges with COVID-19 rules/adjustments and SARS-	Scott SR, Rivera KM, Rushing E, et al. "I Hate This": A Qualitative Analysis of Adolescents' Self-Reported Challenges During the COVID-19 Pandemic. J Adolesc Health. 2020. doi:10.1016/j.jadohealth.2020.11.010.

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					or exposure to the virus itself. Multi-racial Black-White and White-Latinx students reported the most challenges with COVID-19 rules/adjustments and SARS-CoV-2 contraction/exposure, respectively. These findings indicate that socio-demographic groups are relevant to the challenges adolescents face during the pandemic.	CoV-2 contraction/exposure, respectively.	
Children, pediatrics, emergency, appendicitis, delayed care, avoidance, USA	4-Dec-20	<a href="#">Rate of Pediatric Appendiceal Perforation at a Children's Hospital During the COVID-19 Pandemic Compared With the Previous Year</a>	Journal of the American Medical Association (JAMA) Network	Letter	In this study, the authors assessed rates of acute and perforated appendicitis in children less than 18 years of age during the COVID-19 pandemic from March 16-June 7, 2020 at the pediatric emergency department in Inova Children's Hospital, Northern Virginia, USA. They then compared rates with the same period 1 year earlier. During the study period in 2020, 90 children were diagnosed with acute appendicitis; perforation occurred in 35 cases (39%). The median patient age was 10 years (IQR, 7-13 years), 46 (51%) were boys, and 30 (33%) were White individuals. During the same period in 2019, 70 children presented with acute appendicitis; perforation occurred in 13 cases (19%). The median patient age was 11 years (IQR, 9-14 years), 44 (63%) were boys, and 33 (47%) were White individuals. This change in the number of cases between 2020 and 2019 represents a 20% absolute increase in the incidence of perforated appendicitis (P = 0.009). Additionally, during the COVID-19 study period, 8 children (9%) presented with a pelvic abscess that required medical management before delayed interval appendectomy while none required medical management in the 2019 period. The authors share concern that this could reflect delayed presentation from broad avoidance of the emergency department.	The authors compared rates of acute and perforated appendicitis in children less than 18 years of age in Virginia, USA between a pandemic period in 2020 and the same time period in 2019. They found a 20% increase in the incidence of perforated appendicitis during the COVID-19 pandemic, along with more pelvic abscesses. They share concern that this could reflect avoidance of the emergency department and delayed care.	Place R, Lee J, Howell J. Rate of Pediatric Appendiceal Perforation at a Children's Hospital During the COVID-19 Pandemic Compared With the Previous Year. JAMA Netw Open. 2020;3(12):e2027948. doi:10.1001/jamanetwrope2020.27948
Pregnancy, post-partum, mental health, anxiety, depression, loneliness	4-Dec-20	<a href="#">A cross-national study of factors associated with women's perinatal mental health and wellbeing during the COVID-19 pandemic</a>	medRxiv	Preprint (not peer-reviewed)	To assess factors associated with perinatal mental health during the COVID-19 pandemic, an online, cross-sectional survey of pregnant and postpartum women was conducted in 64 countries from May 26-June 13, 2020 (n= 6,894, mean age 31.3 years, range 18-46 years). Participants reported demographics, COVID-19 exposures, concerns, media exposure, prevention behaviors, and mental health symptoms including: post-traumatic stress symptoms via the Impact of Events Scale - 6 (IES-6), anxiety/depression via the Patient Health Questionnaire-4 (PHQ-4), and loneliness via the UCLA Three-Item Loneliness Scale (UCLA-3). According to these standardized scales, 43% (2,979), 31% (2,138), and 54% (3,681) of women exceeded clinical risk thresholds for post-traumatic stress disorder (PTSD), depression/anxiety, and loneliness, respectively. Information-seeking 5+ times/day was associated with >2x odds of elevated post-traumatic stress and anxiety/depression (p<0.001). The most common concerns regarding COVID-19 were related to pregnancy and delivery, including family being unable to visit (59%), the infant contracting COVID-19 (59%), and lack of support person (55%). Concerns related to children (i.e. inadequate childcare) and missing medical appointments were associated with higher odds of post-traumatic stress, anxiety/depression and loneliness (p<0.001). The authors conclude that pregnant and postpartum women are reporting significant mental health symptoms during the pandemic and they call for mitigating public and mental health interventions.	This cross-national study of perinatal mental health for 6,894 women during the COVID-19 pandemic found a high prevalence of women exceeding clinical-risk thresholds for post-traumatic stress disorder (43%), depression/anxiety (31%), and loneliness (54%). High rates of information-seeking regarding COVID-19 (5+ times per day) and concerns related to children or missing medical appointments were associated with higher odds of mental health symptoms.	Basu A, Kim HH, Choi K, et al. A cross-national study of factors associated with perinatal mental health and wellbeing during the COVID-19 pandemic. medRxiv. 2020; doi.org/10.1101/2020.12.03.20243519

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
US, SARS-CoV-2, epidemiological characteristics, clinical features, pediatric	4-Dec-20	<a href="#">Epidemiologic trends and characteristics of SARS-CoV-2 infections among children in the United States</a>  <a href="#">[Free Access to Abstract Only]</a>	Current Opinion in Pediatrics	Review	This review examined the epidemiological characteristics and clinical features associated with SARS-CoV-2 infections among children in the US. This article has 3 tables and figures detailing studies examined, incidence of COVID-19, and methods of transmission for SARS-CoV-2. The majority of SARS-CoV-2 infections in children have been mild illnesses, with those 5–17 years of age having the highest frequency. SARS-CoV-2 appears to spread via airborne and droplet transmission in a radius of 3-5 ft from the source. The incubation period for SARS-CoV-2 in pediatrics is an average of 5–6 days (range: 2–14 days). The incidence of SARS-CoV-2 in children is 2x higher in adolescents (12–17 years) than younger school-aged children (5–11 years). Children of Hispanic or Latino ethnicity and of black race have higher cumulative rates of hospitalization attributed to SARS-CoV-2 (16.4 and 10.5 per 100 000, respectively) than non-Hispanic white children (2.1 per 100,000). Despite the higher case counts in older children, 10% of pediatric hospitalizations have been in infants <1 year. In addition, severe respiratory and renal complications, hospitalization, and even death have been documented in children. Clinical manifestations of SARS-CoV-2 infection in children range from asymptomatic to severe respiratory distress, with mild nonspecific symptoms being the most reported. The broad clinical presentation and the frequency of asymptomatic or minimally symptomatic infections in children pose challenges for controlling and detecting SARS-CoV-2.	This review examined the epidemiological characteristics and clinical features associated with SARS-CoV-2 infections among children in the US. Clinical manifestations of SARS-CoV-2 infection in children range from asymptomatic to severe respiratory distress, with mild nonspecific symptoms being the most frequent. This broad clinical presentation poses challenges for controlling and detecting SARS-CoV-2.	Rankin DA, Talj R, Howard LM, et al. Epidemiologic trends and characteristics of SARS-CoV-2 infections among children in the United States [published online, 2020 Dec 4]. Curr Opin Pediatr. 2020;10.1097/doi:10.1097/MOP.0000000000971
COVID-19, household, children, USA	4-Dec-20	<a href="#">Household factors and the risk of severe COVID-like illness early in the US pandemic</a>	Medrxiv	Preprint (not peer-reviewed)	The authors determine the risk of household crowding and having children in the home to severe COVID-19 disease. 6,831 adults from the USA and US territories were recruited between March 28 and April 9, 2020 online via social media platforms or through advertising referrals. For participants living in multi-unit dwellings, the adjusted odds ratio (aOR) of hospitalization due to COVID-19 for having vs. not having children in the home [age range not specified] was 10.5 (95% CI=5.7-19.1) for families in multi-unit dwellings, and was 2.2 (95% CI=1.2-6.5) for those in single unit dwellings, indicating higher odds of severe COVID-19 in households with children. The aOR for COVID-19 hospitalization among those with > 4 persons in their household vs. 1 person in multi-unit dwellings was 2.5 (95% CI=1.0-6.1) and in single unit dwellings was 0.8 (95%CI=0.15-4.1). The authors suggest that household crowding and having children in the home are strong and independent risk factors for being hospitalized with SARS-CoV-2. Given these results, the authors argue that public health officials should consider recommending mask use and other risk mitigation strategies (e.g., open windows, reduced close contact, frequent at-home testing) in all households with more than one person for a period of time immediately before and after stay-at-home orders go into effect.	The authors find that household crowding and presence of children are strong and independent risk factors for severe COVID-19 disease in US households. They argue that risk mitigation strategies should be used within households during lockdown measures.	Nash D, Qasmieh S, Robertson MK, et al. Household factors and the risk of severe COVID-like illness early in the US pandemic. medrxiv. December 2020. doi:https://doi.org/10.1101/2020.12.03.20243683
MIS-C, inflammatory response, inflammation, USA	4-Dec-20	<a href="#">Post-infectious inflammatory disease in MIS-C features elevated cytotoxicity</a>	medRxiv	Preprint (not peer-reviewed)	This paper examines immune abnormalities in 15 children with MIS-C compared to adult COVID-19 patients or pediatric and adult healthy controls in the US. Ages of MIS-C patients are reported as 10.4 (2.6-18) years [without clarification] and demographics, clinical features, diagnostics, treatment, and outcomes are further stratified by severity of MIS-C in Table S1. A severe inflammatory response of MIS-C can occur in	This paper examines immune abnormalities in 15 children with MIS-C compared to adult COVID-19 patients or pediatric and adult healthy controls in the US. Researchers found innate	Ramaswamy A, Brodsky NN, Sumida TS, et al. Post-infectious inflammatory disease in MIS-C features elevated cytotoxicity signatures

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		<a href="#">signatures and autoreactivity that correlates with severity</a>			children 4-6 weeks after mild or asymptomatic SARS-CoV-2 infection. A majority of subjects presented with fever (93%), gastro-intestinal symptoms (73% abdominal pain; 87% emesis; 80% diarrhea), and rash (67%), two developed coronary aneurysm, and most (63%) of the severe patients (n=8) had depressed left ventricular heart function. Researchers utilized single-cell RNA sequencing with antigen receptor repertoire analysis, serum proteomics, and in vitro assays, and found innate and adaptive immune triggering during acute MIS-C that features elevated innate alarmins, acute inflammatory serum proteins, heightened cytotoxicity signatures, and expansion of IgG plasmablasts that correlate with serum antibody binding to cultured activated human cardiac microvascular endothelial cells in severe MIS-C. This implicates immune triggering in tissue damage. The determinants of whether a child develops MIS-C and whether it is moderate or severe disease are unknown. While this study sheds light on the prognostics and treatment of MIS-C, more research is needed.	and adaptive immune triggering during acute MIS-C that features elevated innate alarmins, acute inflammatory serum proteins, heightened cytotoxicity signatures, and expansion of IgG plasmablasts that correlate with serum antibody binding to cultured activated human cardiac microvascular endothelial cells in severe MIS-C. While this study sheds light on the prognostics and treatment of MIS-C, more research is needed.	and autoreactivity that correlates with severity. Preprint. medRxiv. 2020;2020.12.01.20241364. Published 2020 Dec 4. doi:10.1101/2020.12.01.20241364
SARS-CoV-2, familial clustering, transmission, children, China, Japan, France, Germany, Italy, USA, Vietnam, Malaysia, Singapore, Morocco, Greece, South Korea	4-Dec-20	<a href="#">A meta-analysis on the role of children in SARS-CoV-2 in household transmission clusters</a>	medRxiv	Preprint (not peer-reviewed)	These authors sought to understand the role of children in spreading SARS-CoV-2. Published data from Dec 1, 2019 through August 24, 2020 was acquired via database searching for articles related to familial clustering or household transmission of SARS-CoV-2. A household transmission cluster is defined as 2 or more laboratory-confirmed cases of SARS-CoV-2 in co-habiting individuals in whom the diagnosis of cases occurred within 2 weeks of each other. Adults were ≥ 18 years old, while children were < 18 years old. Clusters were drawn from cases in 12 countries: China, Japan, France, Germany, Italy, USA, Vietnam, Malaysia, Singapore, Morocco, Greece, and South Korea. Of the 213 clusters identified, 8 (3.8%) were identified as having a pediatric index case. Asymptomatic index cases had lower transmission than symptomatic cases (estimated risk ratio=0.17, 95%CI=0.09-0.29). Rate of transmission to co-habitants from pediatric cases was lower than that of adult cases (risk ratio=0.62, 95%CI=0.42-0.91). The authors suggest that children's limited interaction outside the home, or intrinsic decreased susceptibility to SARS-CoV-2, could explain this data. Authors conclude that children are less likely to infect their families than adults, and that vaccination will likely not decrease transmission significantly via this already rare route.	A meta-analysis of household transmission of SARS-CoV-2 from 12 countries was performed to analyze the role of children in transmission. The authors found that children <18 years old have very low incidence of spreading SARS-CoV-2 to co-habitants.	Zhu Y, Bloxham CJ, Hulme KD, et al. A meta-analysis on the role of children in SARS-CoV-2 in household transmission clusters. medRxiv. December 2020. doi:10.1101/2020.03.26.20044826.
COVID-19, maternal psychopathology, post-partum depression, anxiety	4-Dec-20	<a href="#">Psychopathology associated with COVID-19 among pregnant women</a>	American Journal of Obstetrics & Gynecology MFM	Letter to the editor	The author is responding to a recent study by Di'Mascio et al., which highlighted key features of SARS-CoV-2 infection during pregnancy. However, the author argues that subsequent psychological impacts of the COVID-19 pandemic should also be reported. The author goes on to cite several reports that have shown increased psychopathology in pregnancy during pandemics, especially anxiety, depression, and post-traumatic symptoms. During the COVID-19 pandemic there has also been a dramatic decline in prenatal care attendance, which is correlated with increased regional COVID-19 case numbers. Missed prenatal care can lead to lapses in treatment of perinatal psychopathology, which is a risk factor for postnatal depression. Further, with strict limitations on visitors, women lack support during labor, which when present reduces pain and promotes	The author is responding to a recent study by Di'Mascio et al., which hi-lighted key features of SARS-CoV-2 infection during pregnancy. He urges researchers and policymakers to consider the negative psychological impacts of the COVID-19 pandemic on pregnant women, including increased risk of anxiety/depression, which are	Ogunbiyi MO. Psychopathology associated with COVID-19 among pregnant women. American Journal of Obstetrics & Gynecology MFM. December 2020. doi:10.1016/j.ajogmf.2020.100289.

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					positive psychological well-being. Impaired perinatal mental health is associated with maternal alcohol and drug mis-use and future suicide. Further, these psychopathologies disrupt maternal-infant bonding, and are associated with premature birth, low birth weight, and fetal growth restrictions. The author argues that future research should aim to identify at-risk groups, and monitor psychological consequences of COVID-19. He urges that future policies related to the pandemic take these consequences into consideration.	correlated with poor health outcomes for both mother and child.	
childbirth; India; COVID-19; mental health	4-Dec-20	<a href="#">Fear of childbirth amid COVID-19 in India: Neglected aspect of maternal mental health</a>	International Journal of Social Psychiatry	Letter to the Editor	In this letter to the editor, the authors discuss how COVID-19 has affected maternal health services in India and how changes have resulted in a growing fear of childbirth during the pandemic. Previously published studies describe “tokophobia” or fear of childbirth caused by severe forms of negative and frightening experiences during pregnancy. Using previously published studies, the authors hypothesize that the COVID-19 pandemic may lead to an increase in tokophobia in India. In India there have been reports of facility closures, delay in care-seeking because of fear of infection, and pregnant women experiencing physical and mental hardships in accessing safe maternal health care. A lack of access to safe, informative antenatal and delivery care can exacerbate fear of childbirth. The authors argue that it is imperative to identify the associated risk factors and causes of tokophobia in order to mitigate these fears and reduce maternal and neonatal deaths, and they call for studies to examine such matters. They propose multiple evidence-based, non-pharmacological interventions, including those to increase family support and proper communication. They argue the importance of government actions to integrate the issue of tokophobia into standard maternal and child health programs.	The authors in this commentary consider how the current COVID-19 pandemic’s disruption of maternal health care could result in an increase of a fear of childbirth in India. They call for increased research on risk factors and causes related to fear of childbirth, and they urge the Indian government and policy makers to include this issue in standard maternal health care.	Saha R, Jungari S. Fear of childbirth amid COVID-19 in India: Neglected aspect of maternal mental health. Int J Soc Psychiatry. 2020 Dec 4:20764020979019. doi: 10.1177/0020764020979019. Epub ahead of print. PMID: 33274682.
COVID-19; mental health; pregnancy	4-Dec-20	<a href="#">Reply to “Psychopathology associated with COVID-19 among pregnant women”</a>	American Journal of Obstetrics & Gynecology MFM	Letter to the Editor	In this letter, the authors respond to Dr. Olabisi Ogunbiyi’s comments regarding the group’s previous work published in March 2020, on the systemic review and meta-analysis of the outcomes of coronavirus spectrum infections (SARS, MERS, SARS-CoV-2) during pregnancy [doi:10.1016/j.ajogmf.2020.100107]. The authors express agreement with Dr. Ogunbiyi’s concerns about the psychological impact of the COVID-19 pandemic on pregnant women, and the need to consider women’s concerns about adequate prenatal care and social isolation as part of maternal well-being. The authors recommend that all pregnant women undergo a thorough assessment of social and psychological well-being to better understand whether interventions such as expressive writing, meditation, mindfulness, yoga, and physical exercise are enough to improve psychological outcomes, or whether in-person or online counseling is required. Moreover, women should not only monitor mental health during pregnancy but also in the early postpartum weeks. The American College of Obstetricians and Gynecologists recommends a comprehensive postpartum visit no later than 12 weeks after birth, mostly focusing on mood and emotional well-being. Finally, further research on the effect of the COVID-19 pandemic on both SARS-CoV-2-infected and negative pregnant women is needed to evaluate the risk factors associated	This is a response by the authors to Dr. Olabisi Ogunbiyi’s comments regarding a previously published work on the outcomes of coronavirus spectrum infections during pregnancy. The authors acknowledge the importance of considering the psychological impact of the COVID-19 pandemic on pregnant women, and they recommend a thorough assessment of mental well-being during both the pregnancy and postpartum stages.	Mascio DD, Saccone G, D’Antonio F. Reply to “Psychopathology associated with COVID-19 among pregnant women”. Am J Obstet Gynecol MFM. 2020;100289. doi:10.1016/j.ajogmf.2020.100290

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					with adverse psychological outcomes and their effects on perinatal and long-term health.		
child, COVID-19, immunization, pediatric, pediatric clinical trials, SARS-CoV-2, vaccination	4-Dec-20	<a href="#">COVID-19 vaccine development: A pediatric perspective [Free Access to Abstract Only]</a>	Current Opinion in Pediatrics	Opinion	Given recent SARS-CoV-2 vaccine successes, the authors discuss the need to include children in current vaccine trials, in addition to the logistics surrounding vaccine trials, safety concerns, and parties involved in vaccine uptake. After the safety of current SARS-CoV-2 vaccines & clinical trials in adults are demonstrated, the authors argue that children should be carefully, methodically, and transparently included in phase 3 clinical trials in parallel to adults. This inclusion is particularly important, since children are affected both directly and indirectly by COVID-19. The authors also highlight the importance of ongoing vaccine safety monitoring and surveillance. Pediatricians' recommendations and endorsements of vaccines after federal agencies have approved vaccines for public use will be especially important in ensuring children become vaccinated.	The authors discuss the need for vaccines in children that will significantly reduce morbidity, mortality, and other COVID-19-related adverse events. Given the safety of current SARS-CoV-2 vaccines & clinical trials in adults, the authors emphasize the importance of including children in phase 3 clinical trials in parallel to adults.	Kamidani S, Rostad CA, Anderson EJ. COVID-19 vaccine development: a pediatric perspective . Curr Opin Pediatr. 2020 Dec 4;10.1097/MOP.0000000000000978.
COVID-19, quarantine, psychological symptoms, behavioral symptoms, child habits, housing conditions, children, adolescents	3-Dec-20	<a href="#">Psychological Symptoms and Behavioral Changes in Children and Adolescents During the Early Phase of COVID-19 Quarantine in Three European Countries</a>	Frontiers in Psychiatry	Original Research	This cross-sectional study compared the psychological effects of the COVID-19 pandemic among children and adolescents from Italy, Spain, and Portugal. The study utilized parent reports on their children (n=1480; child age range= 3-18 years; mean age = 9.15 years) from the 3 countries via online surveys conducted between March-April 2020. Children in Italy had lower levels of anxiety, or alterations to sleep, feeding, or cognition than the other two countries (p<0.001). Children in Portugal had more mood alterations than children in Spain (p<0.05), and Spanish children reported more behavioral alterations than the other countries (p<0.001). Daily use of screens increased among all countries during quarantine (p<0.001), as did average duration of sleep during weekdays (p<0.001); daily physical activity decreased among all countries during lockdown (p<0.001). Children who did not have access to an outdoor space at home were more likely to show anxiety (p<0.05), changes to sleep (p<0.001), feeding (p<0.001), behavior (p<0.01) and cognition (p<0.05). Based on these results, the researchers recommend that parents set aside time to interact with their children, to maintain routines in the home, and be mindful of their children's lack of face-to-face interaction with peers.	This cross-sectional study compared the psychological effects of the COVID-19 pandemic among children and adolescents from Italy, Spain, and Portugal. Among all countries, screen use and duration of sleep increased, and physical activity decreased during lockdown. Children without access to outdoor spaces at home saw the largest negative impact.	Francisco R, Pedro M, Delvecchio E et al. Psychological Symptoms and Behavioral Changes in Children and Adolescents During the Early Phase of COVID-19 Quarantine in Three European Countries. Front Psychiatry. 2020 Dec 3;11:570164. doi: 10.3389/fpsy.2020.570164.
COVID-19, lockdown, pre-school children, health, wellbeing	3-Dec-20	<a href="#">Impact of COVID-19 restrictions on pre-school children's eating, activity and sleep behaviours: a qualitative study</a>	medRxiv	Preprint (not peer-reviewed)	This qualitative study explored how the COVID-19 'lockdown' and its subsequent easing changed young children's everyday activities, eating, and sleep habits to gain insight into the impact for health and wellbeing. In July-August 2020, the authors interviewed 20 parents (mean age: 34 years, age range: 21-45 years) of children (aged 3-5 years, median/mean age not reported) by phone or video call to explore their experiences of lockdown and its easing. The study analysed interviews using thematic analysis. Children's activity, screen time, eating, and sleep routines had some level of disruption. Parents reported children ate more snacks during lockdown, but also spent more time preparing meals and eating as a family. Most parents reported a reduction in their children's physical activity and an increase in screen time, which some linked to difficulties in getting their child to sleep. The authors conclude the spring COVID-19 lockdown negatively impacted on pre-school children's eating, activity and sleep routines. These disruptions were likely to have been detrimental for child	This qualitative study explored how the UK COVID-19 'lockdown' and its subsequent easing changed young children's everyday activities, eating and sleep habits. The authors conclude the spring 2020 COVID-19 lockdown negatively impacted pre-school children's eating, activity and sleep routines.	Clarke JL, Kipping R, Chambers S, et al. (2020). Impact of COVID-19 restrictions on pre-school children's eating, activity and sleep behaviours: a qualitative study. 10.1101/2020.12.01.20241612.

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					health and development. Guidance and support for families could be valuable to help them maintain healthy activity, eating, screen-time and sleeping routines.		
COVID-19, telemedicine, transitions of care, cystic fibrosis, transition to adult care, young adult, chronic disease	3-Dec-20	<a href="#">Transition Planning for Chronic Illnesses in the Time of COVID-19</a>	Journal of Patient Experience	Commentary	This article outlines the challenges of transitioning children with special health care needs to adult medicine. With the COVID-19 pandemic, heightened anxiety, healthcare disruptions, and logistical complications confound these critical transitions. Gottransition.org outlines 6 core elements for success: establishing a transition policy, formalized transition tracking/monitoring, assessing transition readiness, transition planning, the transfer of care, and post-transfer follow-up. The authors also mention that, although age is usually the impetus to initiate transfer to adult medicine, policies must have some flexibility for transition readiness and care cooperation. Now with COVID-19, this flexibility is even more critical, as patients may be more likely to skip virtual visits, and may prolong their transition because of fear of a second wave of the pandemic. One suggestion to provide a lifeline for patients undergoing transition during this time is a designated team member to track patient progress and ensure follow-up. Even if staffing disturbances occur, having a few team members responsible for monitoring a patient will ensure greater continuity of care. During these uncertain times, the authors argue it is vital for pediatric providers to seek input from adolescents and young adults regarding their feelings about transitioning, and to check in frequently as the transfer event nears.	This article outlines the challenges of transitioning children with special health care needs to adult medicine, especially during the COVID-19 pandemic. The authors stress the importance of maintaining continuity of care, especially through open patient communication and dedicated follow-up. This will help ease patient anxiety and ensure better transitional care for this patient population.	Hunt WR, Linnemann RW, Middour-Oxler B. Transition Planning for Chronic Illnesses in the Time of COVID-19. Journal of Patient Experience. December 2020:848-850. doi:10.1177/2374373520978875
SARS-CoV-2, PRenancy, Pregnant Women, CT scan, COVID-19, Neonates, Infants	3-Dec-20	<a href="#">Clinical Characteristics and Neonatal Outcomes of Pregnant Patients With COVID-19: A Systematic Review</a>	Frontiers in Medicine	Systematic Review	The authors of this study aimed to assess the clinical manifestations and neonatal outcomes of pregnant women with SARS-CoV-2 infections. They conducted a systemic article search using the PubMed, EMBASE, Scopus, Google Scholar, and Web of Science databases for studies that discussed pregnant women with confirmed SARS-CoV-2 infections between January 1 and April 20, 2020. Results showed that of all the articles reviewed, 13 articles met inclusion criteria for the systematic review. The age range of patients was 25-40 years old, and the gestational age ranged from 8 to 40 weeks plus 6 days. The clinical characteristics identified in pregnant women with SARS-CoV-2 infections included fever (58.7%), cough (57.2%), and sore throat (8.9%). Out of 235 total deliveries, 66.4% were cesarean section deliveries, and the remaining 33.6% were vaginal deliveries. The major pregnancy complications identified included pre-eclampsia, fetal distress, premature rupture of membranes, and premature birth. No vertical transmission and neonatal death were reported. The authors concluded that the clinical characteristics and manifestations in pregnant women with SARS-CoV-2 infections were similar to those of the general population. Additionally, the authors concluded that the risk of vertical transmission should be considered when determining the best delivery method. However, a cesarean section should not be routinely recommended and should be discussed with the pregnant woman and family.	The authors of this systematic review found that the clinical characteristics and manifestations in pregnant women with SARS-CoV-2 infections were similar to those of the general population. No vertical transmission and neonatal deaths were reported. The authors suggest that although the possibility of vertical transmission of SARS-CoV-2 cannot be ignored, a cesarean section should not be routinely recommended.	Islam MM, Poly TN, Walther BA, et al. Clinical Characteristics and Neonatal Outcomes of Pregnant Patients With COVID-19: A Systematic Review. Frontiers in Medicine (Lausanne). 2020;7:573468. Published 2020 Dec 3. doi:10.3389/fmed.2020.573468
COVID-19; labor; pregnant;	3-Dec-20	<a href="#">Impact of Hospital Visitor Restrictions on</a>	Health Equity	Perspective	In this article, the authors discuss COVID-19 infection prevention and control protocols restricting hospital visitors during labor and delivery, and the impact of these protocols on minority and underserved women,	The authors highlight the impact of restrictive COVID-19 visitor policies on pregnant women,	Norton A, Wilson T, Geller G, Gross MS. Impact of Hospital

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access to care; health disparities; obstetrics		<a href="#">Racial Disparities in Obstetrics</a>			particularly on non-Hispanic black women. The authors emphasize the unique advocacy provided by visitors, discussing the challenges that restrictions place on women and their loved ones. Highlighting the disproportionate burden of disease on black women, they discuss the financial and logistical infeasibility of a single visitor providing continuous support to a pregnant woman, particularly for patients from underserved communities. They also discuss the burden of finding childcare, independent of a patient's selected visitor. Ramifications of insufficient advocacy can include increased maternal and fetal morbidity and mortality, and reduced breastfeeding support. Visitor restrictions could have significant medical and psychological impacts on the mother and newborn, including testimonial injustice and birth trauma. The authors also suggest a greater potential for harm in out-of-hospital births due to disparities in access to safe alternatives to hospital care. They make the following recommendations to mitigate the effects of visitor restrictions for black pregnant patients: the inclusion of doulas as health professionals without excluding other support persons, accommodations by hospitals for patients laboring without their support person of choice, and modifications for in-person patient assessments for women laboring alone.	particularly non-Hispanic black women. Discussing the disproportionate burden of disease in this sub-population, they report the impact of lack of advocacy on maternal and fetal health, as well as the negative impact of laboring and birthing alone. Thus, they recommend guidelines on reducing the effect of visitor restrictions on black pregnant women: the inclusion of doulas as health professionals, accommodations made for women laboring alone, and changes in the frequency of assessments for patients without support individuals.	Visitor Restrictions on Racial Disparities in Obstetrics. Health Equity. 2020 Dec 3;4(1):505-508. doi: 10.1089/heq.2020.0073 . PMID: 33376933; PMCID: PMC7757686.
Cystic fibrosis; children; COVID-19	3-Dec-20	<a href="#">Clinical characteristics of SARS-CoV-2 infection in children with cystic fibrosis: An international observational study</a>	Journal of Cystic Fibrosis	Original research	The authors report on the clinical characteristics of children (<18 years old) with cystic fibrosis (CF) and SARS-CoV-2 infection using data from the CF Registry Global Harmonization Group across 13 countries from February 1- August 7, 2020. A total of 105 patients were included (median age 10 years, IQR 6-15 years; 54% male). Where data were available, 29% of children were asymptomatic (26/89). Of those with symptoms, the most common were fever (73%; 46/63) and altered cough (72%; 38/53). 71% of cases were managed in the community setting and the remainder were admitted to hospitals; 1 child was admitted to the ICU. Around half were prescribed antibiotics, 5 children received anti-viral treatments, and 1 received corticosteroids. Children who were hospitalized had lower lung function as defined by percentage predicted forced expiratory volume in 1 second (ppFEV1) (p = 0.002) and lower body mass index Z-scores (p = 0.015). 1 child died 6 weeks after testing positive for SARS-CoV-2 following a deterioration that was not attributed to COVID-19 disease. The authors conclude that in children with CF who have better lung function (ppFEV1>70), SARS-CoV-2 infection is typically a mild illness. However, they recommend that children with CF be prioritized for SARS-CoV-2 vaccine access, once regulatory approvals are in place.	In this study the authors present the clinical characteristics of SARS-CoV-2 infection in children (median age 10 years, IQR 6-15 years) with cystic fibrosis using a global database spanning 13 countries. They report that children with lower lung function are at increased risk for hospitalization, but among those with better lung function the illness is typically mild.	Bain, R., Cosgriff, R., Zampoli, M., et al. Clinical characteristics of SARS-CoV-2 infection in children with cystic fibrosis: an international observational study. Journal of Cystic Fibrosis. 2020. doi:10.1016/j.jcf.2020.11.021
COVID-19, Pregnant Woman, Multisystem inflammatory syndrome, adults, USA	3-Dec-20	<a href="#">Coronavirus Disease 2019 (COVID-19)-Related Multisystem Inflammatory Syndrome in a Pregnant Woman</a>	Obstetrics & Gynecology	Case Report	The authors present a case of a 31-year-old G4P1112 pregnant woman presenting at 28 4/7 weeks of gestation with a 1-day history of fever and chest pain following a SARS-CoV-2 infection confirmed by RT-PCR testing four weeks prior. The patient's initial symptoms were cough, myalgias, and diarrhea that resolved after one week with supportive outpatient care. She was subsequently diagnosed with myocarditis based on imaging studies and found to have elevated inflammatory markers. These findings were consistent with multisystem inflammatory syndrome in adults. During her 15-day hospitalization, the patient developed cardiogenic shock, which	The authors present the case of a critically ill pregnant woman with multisystem inflammatory syndrome in adults associated with a SARS-CoV-2 infection, presenting several weeks after the initial infection. Treatment with intravenous immunoglobulin and high-dose	Gulersen M, Staszewski C, Grayver E, et al. Coronavirus Disease 2019 (COVID-19)-Related Multisystem Inflammatory Syndrome in a Pregnant Woman [published online, 2020 Dec 3]. Obstet Gynecol.

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					required mechanical ventilation. She was also treated with intravenous immunoglobulins and high-dose corticosteroids. However, the patient developed hypertension with subsequent preeclampsia with severe features. Therefore, she underwent an uncomplicated cesarean section under general anesthesia and delivered a 1290g male newborn. The neonate was admitted to the neonatal ICU due to prematurity and tested negative for SARS-CoV-2 via PCR testing. The patient was subsequently extubated on postpartum day 1, her cardiac function returned to normal, and she was discharged home on postoperative day 7. This case suggests that multisystem inflammatory syndrome in adults associated with COVID-19 in pregnancy is a critical illness, presenting several weeks after the initial infection.	corticosteroids was associated with a favorable maternal and fetal outcome.	2020; doi:10.1097/AOG.0000000000004256
Italy; COVID-19; celiac disease; SARS-CoV-2	3-Dec-20	<a href="#">Prevalence of COVID-19 in Italian children with celiac disease: a cross-sectional study</a>	Clinical Gastroenterology and Hepatology	Letter to the Editor	The authors respond to an article published in Clinical Gastroenterology and Hepatology, which reported that the risk of COVID-19 is not increased in adults with celiac disease (CD). To report on the risk of COVID-19 in children with celiac disease, the authors conducted a phone-based survey to explore the prevalence and severity of COVID-19 in CD children between February-June 2020 in Italy. The information obtained from the phone interviews were compared to the COVID-19 data of the general population, obtained from national reports of the Italian National Institute of Health and the Marche Regional government. Of the 387 participants enrolled (37% males, median age: 9.3 years, age range: 1-16 years, the median age of CD diagnosis: 7.5, age range: 6 months-16 years). Since none of the CD patients received a laboratory-confirmed positive SARS-CoV-2 test, the prevalence was 0% (0/387). 15 reported fever without associated symptoms, 23 people assigned to the COVID-19-like group (those presenting symptoms typical of COVID-19) developed respiratory failure and pneumonia, needed oxygen administration or required hospital admission. As of 22nd June 2020, the prevalence of confirmed COVID-19 cases in the pediatric cohort (age 1-16 years) in the Marche region of Italy was 155/199289 (0.08%; 95% CI: 0.0007-0.0009), with no significant increase in COVID-19 in children with CD compared to the general population (p=0.90). Assuming that children in the COVID-19 group had COVID-19, their symptoms were not more complicated or severe. Thus, the authors cite their agreement with the findings of the previously published study, concluding that the presence of celiac disease does not increase the risk of COVID-19 in children.	To explore the risk of COVID-19 in children with celiac disease, the authors conducted phone interviews of parents and caretakers of children with COVID-19 in the Marche region of Italy, comparing their data with those from the general population in the area. They determined a prevalence of 0% since none of the CD patients underwent a laboratory-confirmed SARS-CoV-2 test. The authors determined that the clinical course of COVID-19 in CD children was not more severe or complicated than that in the general population, thus concluding that the presence of celiac disease does not increase the risk of SARS-CoV-2 infection in children.	Lionetti E, Fabbri A, Catassi C. Prevalence of COVID-19 in Italian children with celiac disease: a cross-sectional study. Clin Gastroenterol Hepatol. 2020 Dec 3:S1542-3565(20)31625-6. doi: 10.1016/j.cgh.2020.11.035. Epub ahead of print. PMID: 33279773; PMCID: PMC7713539.
Vaccination, women, immunology, gender,	3-Dec-20	<a href="#">A review of vaccine effects on women in light of the COVID-19 pandemic</a>	Taiwanese Journal of Obstetrics and Gynecology	Original Article	This paper explores gender implications for vaccine development and the differences in immune responses between men and women. It aims to serve as a reference for the development of new COVID-19 vaccines. Evidence has demonstrated that women tend to have stronger humoral immunity than men. Vaccines tested in mice have shown variable responses between male and female mice due to cell receptor differences. Expression of these surface proteins can be induced by vaccination and are mediated by G-protein coupled responses that may differ between sexes. Sex hormones can also influence immune responses: estrogen can activate cells involved in anti-viral reactions, and testosterone can inhibit	The author reviews previous evidence regarding gender differences in immune response to vaccination and describes possible biological mechanisms. The author proposes that gender should be taken into account in the development of COVID-19 vaccines.	Chang WH. A review of vaccine effects on women in light of the COVID-19 pandemic. Taiwanese Journal of Obstetrics and Gynecology. 2020 Dec 3.

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					inflammation. There are also special considerations for vaccine development for pregnant women who may be more susceptible to viral disease and experience changes to their immune system during pregnancy. The author proposes that the future development of a COVID-19 vaccine should take gender into account and concludes that clinical trials must include men and women to eliminate gender blindness in medical research. This will help researchers understand the effectiveness and impact of potential vaccines on different genders and encourage greater attention to women's health rights and interests.		
SARS-CoV-2 reactivation; genome sequencing; India	3-Dec-20	<a href="#">Asymptomatic reactivation of SARS-CoV-2 in a child with neuroblastoma characterised by whole genome sequencing</a>	IDCases	Letter to the Editor	The authors report the case of a 3-year-old boy in India with stage 4 neuroblastoma, who was initially suspected of SARS-CoV-2 re-infection. The patient initially tested positive for SARS-CoV-2 on RT-PCR without any symptoms after 4 cycles of chemotherapy and surgery. Based on the result, he was isolated at home and the chemotherapy was postponed. 3 weeks later, the RT-PCR assay was negative. The child tested positive again without any symptoms 6 weeks later, before another course of chemotherapy. The gap between the first and second episodes was 42 days. He was isolated at home for another 2 weeks, and chemotherapy was resumed after testing negative on RT-PCR. A possibility of re-activation was considered, given the low cycle threshold values in both episodes and the presence of IgG antibodies. Genomic analysis suggested that the virus isolated from the two episodes were not distinctly different, suggesting re-activation of the virus. Prolonged shedding of the virus in an immune-suppressed child could also explain the results. The negative result after the initial infection was most likely a false-negative, and could have occurred due to inappropriate timing of sample collection and deficiency in sampling technique, especially of nasopharyngeal swabs.	The authors report the case of a 3-year-old boy in India with stage 4 neuro-blastoma who was initially suspected of re-infection with SARS-CoV-2. The subsequent genomic analysis suggested re-activation, and not re-infection, of the virus.	Yadav SP, Thakkar D, Bhojar RC, et al. Asymptomatic reactivation of SARS-CoV-2 in a child with neuroblastoma characterised by whole genome sequencing. IDCases. Published online December 3, 2020:e01018. doi:10.1016/j.idcr.2020.e01018
US, vaping, e-cigarettes, nicotine cessation, youth, adolescents	3-Dec-20	<a href="#">Declines in Electronic Cigarette Use Among US Youth in the Era of COVID-19— A Critical Opportunity to Stop Youth Vaping in Its Tracks</a>	Journal of the American Medical Association (JAMA)	Commentary	This commentary focuses on a study by Gaiha et al. on the decline of e-cigarette use by youth [ages not specified in this commentary] in the US during the COVID-19 pandemic. Gaiha et al. suggest that youth have been responsive to concerns regarding the health effects of vaping, notably in the context of COVID-19 morbidity. They emphasize that it is imperative that the evolving evidence on e-cigarette harms is widely disseminated through various methods. Secondly, as e-cigarette purchases shift to online sales, it is important to impose stronger safeguards, including more stringent age verification to restrict access at conventional purchasing points. Additionally, to maintain reductions in e-cigarette use and prevent relapse of former vape users, robust addiction services must be available for youth struggling with nicotine addiction. Together, these measures could help ensure that the declines in e-cigarette use observed during the COVID-19 pandemic are maintained into the future.	This commentary provides insights into the decline in e-cigarette use by youth in the US during the COVID-19 pandemic. Stronger purchasing safeguards, larger media campaigns, and improved nicotine cessation services may help prevent a rebound in e-cigarette use after the COVID-19 pandemic.	Stokes AC. Declines in Electronic Cigarette Use Among US Youth in the Era of COVID-19—A Critical Opportunity to Stop Youth Vaping in Its Tracks. JAMA Netw Open. 2020;3(12):e2028221. Published 2020 Dec 1. doi:10.1001/jamanetwopen.2020.28221

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France, multisystem inflammatory syndrome, MIS-C, children, SARS-CoV-2, RT-PCR, IgG, testing	3-Dec-20	<a href="#">Association between SARS-CoV-2 infection and Kawasaki-like multisystem inflammatory syndrome: a retrospective matched case-control study, Paris, France, April to May 2020</a>	Eurosurveillance	Rapid Communication	Using a retrospective matched case-control design, the authors investigated the association between SARS-CoV-2 and Kawasaki Disease(KD)-like multisystem inflammatory syndrome among children and adolescents ( $\leq 18$ years old) in Paris, France between 14 April to 26 May 2020. Each case was matched randomly to a maximum of 5 controls ( $\leq 15$ years old) by zip code and age ( $\pm 2$ years). All children were tested for SARS-CoV-2 by RT-PCR via nasopharyngeal swab and by serological detection of IgG against SARS-CoV-2. Analyses relied on data for 23 cases with KD-like illness (mean age 6.8 years; range: 0.3–16.6 years) and 102 controls (mean age 5.8 years; range: 0.05–16.0 years). 17 of 23 (74%) cases and 11 of 102 (11%) controls tested positive for SARS-CoV-2 by RT-PCR and/or serology (matched odds ratio (OR): 26.4; 95% CI: 6.0–116.9). The association remained significant when limiting the assessment to RT-PCR results and serological results separately (matched OR: 13.9; 95% CI: 2.8–68.6 and 27.7; 95% CI: 6.3–122.7, respectively). The authors conclude these data demonstrate a strong association between SARS-CoV-2 infection and KD-like illness during the COVID-19 pandemic, indicating the need for clinicians to maintain a high level of suspicion for KD-like illness in children with clinical or laboratory evidence of SARS-CoV-2 infection.	This study investigated the association between SARS-CoV-2 and Kawasaki Disease(KD)-like multisystem inflammatory syndrome among children and adolescents ( $\leq 18$ years old) in Paris, France between 14 April to 26 May 2020. The authors found a strong association between SARS-CoV-2 infection and KD-like illness, indicating the need for suspicion of KD-like illness in children with clinical or laboratory evidence of SARS-CoV-2 infection.	Toubiana J, Levy C, Allali S, et al. Association between SARS-CoV-2 infection and Kawasaki-like multisystem inflammatory syndrome: a retrospective matched case-control study, Paris, France, April to May 2020. Euro Surveill. 2020;25(48):pii=2001813. <a href="https://doi.org/10.2807/1560-7917.ES.2020.25.48.2001813">https://doi.org/10.2807/1560-7917.ES.2020.25.48.2001813</a>
Italy, children, seizures, neurologic symptoms	3-Dec-20	<a href="#">Is SARS-CoV-2 infection a risk for potentiation of epileptic seizures in children with pre-existing epilepsy?</a>	Pediatric Neurology	Letter to the Editor	In this letter to the editor, the authors describe 2 pediatric cases where patients had re-appearance of seizures during the COVID-19 pandemic at Giannina Gaslini Institute, Genoa, Italy, after a long seizure-free period. Both patients, ages 5 and 11 years, had been seizure-free for years and experienced seizure onsets after 2 days of fever. PCR testing confirmed both patients were SARS-CoV-2-positive. The authors confirm that both patients were discharged after 6 days with no seizure recurrence. They state that, so far, there is no clear evidence that COVID-19 triggers seizure relapses in epileptic patients, and that this observed association could merely be a coincidence. They also hypothesize that other mechanisms could be at play, including the up-regulation of the renin-angiotensin system components. Despite these unstable conclusions, the authors recommend that a seizure recurrence risk in patients with pre-existing epilepsy should be considered in children with mild COVID-19.	This letter describes seizure recurrence in 2 pediatric cases with confirmed SARS-CoV-2 infection in Italy. The authors state that, while COVID-19 neurologic symptoms in children are not well understood, clinicians should consider seizure recurrence risk in patients with pre-existing epilepsy.	Brisca G, Siri L, Olcese C, et al. Is SARS-CoV-2 infection a risk for potentiation of epileptic seizures in children with pre-existing epilepsy? <i>Pediatr Neurol.</i> 2020. doi: <a href="https://doi.org/10.1016/j.pediatrneurol.2020.11.021">https://doi.org/10.1016/j.pediatrneurol.2020.11.021</a> .
COVID-19; innate immunity; adaptive immunity; neonate; SARS-CoV-2	3-Dec-20	<a href="#">Marked changes in innate immunity associated with a mild course of COVID-19 in identical twins with athymia and absent circulating T cells</a>	Journal of Allergy and Clinical Immunology	Correspondence	In this letter to the editor, the authors respond to an article published in the Journal of Allergy and Clinical Immunology, Casanova et al, which identified impaired type I interferon immunity as being a risk factor for severe SARS-CoV-2 infection. They report on a case study of a pair of identical male twins (born at 36.4 weeks gestation) diagnosed with mild COVID-19 and an uncommon pediatric inflammatory disease to study the role of innate immunity on SARS-CoV-2 infection in the absence of adaptive immunity. The twins presented with diarrhea and were subsequently tested positive for cytomegalovirus (CMV). At 13 days of life, their presentation included mild cough and fever, followed by a positive SARS-CoV-2 test. They were revealed to have a T-B+ natural killer phenotype, with symptoms such as an absent thymic shadow, ear malformations, severe hypercalcemia, and central nervous system (CNS) lesions suggestive of Di George Syndrome. Their SARS-CoV-2 infection symptoms resolved	The authors respond on the case of a pair of twins, who had the T-B+ natural killer phenotype and were diagnosed with cytomegalovirus. They had a subsequent infection of SARS-CoV-2, the symptoms of which resolved in two weeks. Due to their T-cell deficient phenotype, the authors concluded that the innate immune responses played a major role in the immune control of SARS-CoV-2.	Velázquez AC, Esteso G, del Rosal T, et al. Marked changes in innate immunity associated with a mild course of COVID-19 in identical twins with athymia and absent circulating T cells [published online ahead of print, 2020 Dec 3]. <i>J Allergy Clin Immunol.</i> 2020;doi:10.1016/j.jaci.2020.11.007

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					within 2 weeks. The role of naïve B-cells was investigated in the absence of T-cells, revealing a signature of type I interferon-stimulated genes (ISGs) in the blood cells that vanished despite CMV replication. The authors indicated that SARS-CoV-2 infection inducing ISG, suggested the possibility of the CMV infection priming the innate immune response to stronger suppression of SARS-CoV-2. 26 days after the positive SARS-CoV-2 test, a population of activated natural killer cells was observed in the peripheral blood. Thus, the authors suggested the possibility of the innate immune responses playing a key role in the immune control of SARS-CoV-2 due to the spontaneous recovery of these T-cell deficient infants.		
COVID-19, school, cohorting strategies, SARS-CoV-2, prevention, social distancing	2-Dec-20	<a href="#">Social network-based strategies for classroom size reduction can help limit outbreaks of SARS-CoV-2 in high schools. A simulation study in classrooms of four European countries</a>	medRxiv	Preprint (not peer-reviewed)	With school closures due to COVID-19 coming at high social and economic costs, social distancing measures within schools are needed to make them as safe as possible. One widely discussed distancing measure in the school context is to use cohorting strategies, i.e., to split larger clusters such as classrooms into smaller groups that are instructed separately. Using nationally representative data on adolescents in classrooms in 4 European countries, the authors simulate how 4 different cohorting strategies can mitigate the spread of SARS-CoV-2 in high schools. The rationale of all non-random cohorting strategies is to prevent the spread of SARS-CoV-2 from one cohort to the other by reducing cross-cohort out-of-school contact. Data was collected between 2010 and 2011 from 14-15 year olds in England, Germany, the Netherlands, and Sweden. Across all 4 countries, the authors modelled the transmission of SARS-CoV-2 in 507 classrooms, capturing a total of 12,291 students. The simulations suggest that the cohorting strategies studied could reduce the spread of SARS-CoV-2 in classrooms, but vary in their effectiveness. Relative to random cohorting, all strategies that factor in out-of-school cross-cohort ties have particularly strong effects on the frequency of cross-cohort transmission but also substantively reduce the total number of infections and the share of students in quarantine when transmission dynamics are strong. For all cohorting strategies, rota-systems with instruction in alternating weeks contain outbreaks more effectively than same-day in-person instruction. The authors conclude that effective non-random cohorting strategies may outperform naïve random cohorting in preventing the spread of SARS-CoV-2. The author suggest that if schools consider cohorting, they should assign students who meet after school to the same cohort. In particular, cohorting on the basis of gender or network chains is effective and may be successfully implemented within the constraints posed by the classroom context.	This study used data from 14-15 year-olds in England, Germany, the Netherlands, and Sweden to simulate effective non-random cohorting strategies that, according to the authors, outperform naïve random cohorting in preventing the spread of SARS-CoV-2.	Kaiser A, Kretschmer D, Leszczynski L. Social network-based strategies for classroom size reduction can help limit outbreaks of SARS-CoV-2 in high schools. A simulation study in classrooms of four european countries. medRxiv. 2020. doi: <a href="https://doi.org/10.1101/2020.11.30.20241166">https://doi.org/10.1101/2020.11.30.20241166</a>
COVID-19; OCD; Exacerbation; Course	2-Dec-20	<a href="#">Obsessive compulsive symptoms severity among children and adolescents during COVID-19 first wave in</a>	Journal of Obsessive-Compulsive and Related Disorders (JOCR)	Original Research	This cohort study investigated how obsessive-compulsive symptoms (OCS) in children and adolescents in Israel may have changed during the COVID-19 pandemic. 29 children and adolescents (mean age: 14.2 years, range 8.2-18.9 years) who received their Obsessive-Compulsive Disorder (OCD) diagnosis between April 1, 2019-March 31, 2020 were interviewed on their symptom severity and feeling of functioning during Israel's lockdown. Investigators used the Obsessive-Compulsive Inventory-child version (OCI-CV), on which possible scores range 0-42, with higher scores indicating	This cohort study found that, during the COVID-19 pandemic, obsessive-compulsive symptoms improved in many children and adolescents in Israel diagnosed with Obsessive-Compulsive Disorder. Fitting into new public expectations of	Schwartz-Lifshitz M, Basel D, Lang C et al. Obsessive compulsive symptoms severity among children and adolescents during COVID-19 first wave in Israel. J Obsessive

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		<a href="#">Israel</a>			worse functioning. A higher proportion of participants reported symptom improvement during the pandemic than deterioration ( $p=0.02$ ), and more reported improvement in their feeling of functioning than not ( $p<0.0001$ ). In addition, average OCS scores fell towards the low-medium end of the scale (mean = 12.75, SD = 7.66). These results may reflect that children with OCD who have rigid and repetitive behaviors surrounding hygiene and cleaning may feel more in line with public norms during the COVID-19 pandemic, and this feeling may have prevented exacerbation of OCS. However, as public expectations return to pre-pandemic norms, further research may prove this to be a temporary trend.	hygiene and cleanliness imposed by COVID-19 may have prevented exacerbation of their symptoms.	Compuls Relat Disord. 2021 Jan 28: 100610. doi: 10.1016/j.jocrd.2020.100610
Pregnancy, pneumonia, asymptomatic, neonate	2-Dec-20	<a href="#">Evaluating antibody response pattern in asymptomatic virus infected pregnant females: Human well-being study</a>	Journal of King Saud University - Science	Original Research	In this retrospective study in Wuhan, China from January-March, 2020 the authors assessed the biological aspects, radiological characteristics, and serum antibody levels of 11 asymptomatic pregnant women with COVID-19 pneumonia and their correlation with diagnosis and disease progression. Patient age ranged from 22-36 years (median 29 years). All patients were >28 weeks gestation. 7/11 patients initially tested negative for SARS-CoV-2 on RT-PCR but all had evidence of pulmonary involvement on CT. On CT imaging, common findings included ground-glass opacities (27.2%) and patchy consolidation (9%). The clinical characteristics [not defined] were significantly higher in patients with elevated leukocyte counts ( $p<0.001$ ). The authors also observed higher IgG levels in patients suspected of having COVID-19 [comparison group not defined] ( $p<0.001$ ). 8 patients delivered by C-section while 3 had a vaginal delivery. Out of 11 neonates, 8 (72.7%) showed no symptoms, 2 (18.1%) had nausea, cough, and fever, and one neonate (9.0%) had neonatal jaundice. All neonates tested negative for SARS-CoV-2 on RT-PCR. The authors conclude that chest CT and serum antibodies can aid in the early diagnosis of SARS-CoV-2 asymptomatic pregnant patients.	In this article, the authors assessed the characteristics of 11 asymptomatic women with evidence of COVID-19 pneumonia on chest CT in Wuhan, China. They report an association between clinical characteristics [not defined] and higher IgG levels and elevated leukocyte counts. Out of 11 neonates delivered, all tested negative for SARS-CoV-2 by RT-PCR. The authors conclude that chest CT and serum antibodies can aid in the early diagnosis of SARS-CoV-2 asymptomatic pregnant patients.	Ali A, Rashid Z, Zhou J, et al. Evaluating antibody response pattern in asymptomatic virus infected pregnant females: Human well-being study. J King Saud Univ Sci. 2021; doi:10.1016/j.jksus.2020.101255
children, adults, epidemiology, SARS-CoV-2, family clustering, asymptomatic, China	2-Dec-20	<a href="#">Differences in Clinical Features and Laboratory Results between Adults and Children with SARS-CoV-2 Infection</a>	BioMed Research International	Research Article	This study compared the epidemiological and clinical characteristics of SARS-CoV-2 infection between adults and children. 52 patients with positive SARS-CoV-2 nucleic acid tests hospitalized between February 1 to March 20, 2020 in Shenzhen, China were retrospectively analyzed, including 38 adults (median 36 years; range 19-66 years) and 14 children (median 6.33 years; range 0-15 years). Epidemiological exposure history, laboratory indicators, chest computed tomography (CT) performance, and number of SARS-CoV-2 positive days were then analyzed and compared. In children, 5 (35.71%) had mild COVID-19 and 9 (64.29%) had common type, while in adults, 9 (23.68%) cases were mild, and 29 (76.32%) were common COVID-19. Among them, family clustering infection accounted for 50% (7/14) of child cases and 23.68% (9/36) of adult cases. Epidemiological exposure history, clinical classification, clinical symptoms, chest CT manifestations, and number of SARS-CoV-2-positive days were not significantly different between children and adults. However, the percentage of neutrophils in adults was significantly higher than that in children ( $p<0.05$ ). The percentage and absolute value of lymphocytes, platelet counts, aspartate aminotransferase, and aspartate aminotransferase/alanine aminotransferase in adults were lower than	This study compared the epidemiological and clinical characteristics of SARS-CoV-2 infection between adults and children in Shenzhen, China. Based on the study's results, the authors recommend that asymptomatic children in families with a history of epidemiological exposure undergo routine SARS-CoV-2 testing and chest CT examination to detect infection.	Li X, Rong Y, Zhang P, et al. Differences in Clinical Features and Laboratory Results between Adults and Children with SARS-CoV-2 Infection. Biomed Res Int. 2020;2020:6342598. Published 2020 Dec 1. doi:10.1155/2020/6342598

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					those in children (p<0.05). Based on these results, the authors recommend that asymptomatic children in families with a history of epidemiological exposure undergo routine SARS-CoV-2 testing and chest CT examination to detect infection. Although the reduction of lymphocytes and platelets in children is not as common as it is in adults, it is necessary to be alert to the increased risk of liver damage in children.		
Lebanon; ED visits; COVID-19; lockdown	2-Dec-20	<a href="#">The impact of COVID-19 lockdown measures on ED visits in Lebanon</a>	American Journal of Emergency Medicine	Article	The authors examined the impact of national containment measures on adult and pediatric ED visits at the American University of Beirut Medical Center during the early COVID-19 outbreak. Pre-COVID-19 emergency department (ED) visits from November 12, 2019- February 20, 2020, were compared to ED visits from February 21-May 21, 2020, post the first COVID-19 patient in Lebanon. Overall, ED visits were down 47.2% in the post-COVID-19 period, with the highest declines in pediatric patients (66.4% decline in 1-17 years, 46.76% in 18-44 years, 32.76% in 45-64 years, and 26.98% in >65 years). ED length of stay (3.46 hours +/- 5.98hrs. vs. 2.83 hrs. +/- 4.36 hrs., p-value<0.0001), hospital admission rates (28.8% vs. 22.1%, p-value <0.0001), and critical care admissions (5.6% vs. 3.5%, p-value <0.001) all increased in the post-COVID timeframe. Most importantly the proportion of deaths doubled in the post-COVID-19 period from 0.2% to 0.4% (p-value= 0.006). Diagnosis changes were also noted with drops in all categories except fevers of unknown origin, epilepsy, malaise, and fatigue. The largest drops in diagnoses were seen in trauma and communicable diseases. Table 2 of the study presents multiple ED diagnoses with the pre- and post-outbreak percentage of change and an ED visit's odds ratio for the specific diagnosis. The study period was during low transmission of SARS-CoV-2 in Lebanon, and thus changes in ED visit volumes were potentially due to self-triaging rather than complications associated with COVID-19. The study showed that educational institutions' lockdowns did play a role in ED visits, and those visiting an ED during this period were sicker, of older age, had higher hospital admissions, and higher mortality rates.	The authors present a study of ED visits at the American University of Beirut Medical Center comparing visits from 3-months before the first COVID-19 patient on February 21, 2020, in Lebanon to the 3 months post COVID-19 diagnoses. There was a significant drop in emergency department (ED) visits across all age groups, with pediatric patients (1-17 years) having the most significant decline. However, lengths of stays, admission rates, critical care admissions, and mortality rates all increased simultaneously. The authors suggest that self-triaging led to sicker and more elderly patient visits.	Mahmassani D, Tamim H, Makki M, Hitti E. The impact of COVID-19 lockdown measures on ED visits in Lebanon [published online, 2020 Dec 2]. Am J Emerg Med. 2020;S0735-6757(20)31096-2. doi:10.1016/j.ajem.2020.11.067
SARS-CoV-2, vertical transmission, breastfeeding, breast milk, China	2-Dec-20	<a href="#">Persistent SARS-CoV-2 RNA Positive in Feces but Negative in Breastmilk: A Case Report of COVID-19 in a Breastfeeding Patient</a>	Frontiers in Medicine	Case Report	The authors report the case of a 30-year old breastfeeding woman from Wuhan, China with COVID-19 presenting with gastro-intestinal symptoms beginning January 24, 2020 (more frequent bowel movements with increased borborygmi and urgency of defecation), with fever of 37.8°C two days later. She had delivered a male newborn by C-section one week earlier on January 16. Blood work on January 30 revealed normal lymphocyte count ( $0.54 \times 10^9/L$ ), and high levels of C-reactive protein (5.87 mg/L). CT scan reported no abnormalities, and she had no respiratory symptoms. Due to history of contact with a COVID-19 patient, she underwent SARS-CoV-2 testing via oropharyngeal swab which tested positive via RT-PCR on February 7. She was admitted to the hospital on February 9 and was treated with antivirals (umifenovir) and aerosolized interferon. RT-PCR of oropharyngeal swabs resulted negative on the 4th and 5th days of interferon treatment, but fecal samples were persistently positive for SARS-CoV-2 RNA. Urgency of defecation improved with probiotics. Breast milk samples tested negative for SARS-CoV-2 RNA and	In order to facilitate the understanding of breastfeeding-related risks in COVID-19, the authors describe the case of a breastfeeding woman from Wuhan China presenting with gastro-intestinal symptoms beginning January 24, 2020 and persistent SARS-CoV-2 RNA positivity in both her oropharyngeal swabs and feces, but negativity in her breastmilk. After appearance of serum SARS-CoV-2-IgG antibodies, she began to bottle feed her baby with breastmilk without	Chu H, Li J, Yan J, et al. Persistent SARS-CoV-2 RNA Positive in Feces but Negative in Breastmilk: A Case Report of COVID-19 in a Breastfeeding Patient. Front Med (Lausanne). 2020;7:562700. Published 2020 Dec 2. doi:10.3389/fmed.2020.562700

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					serum tested positive for SARS-CoV-2 IgG antibodies, so she resumed feeding her infant breastmilk but decided to avoid direct contact with the infant and have a family member feed the infant with bottled breast milk. The infant remained healthy after 1 month follow-up, with normal temperature and no symptoms [no SARS-CoV-2 testing of the infant was reported]. Based on this case report and other supporting literature, the authors conclude that SARS-CoV-2 transmission through human milk is rare and SARS-CoV-2 IgG antibody in mother's serum may result in passive immunity during breastfeeding.	evidence of transmission to the infant [based on absence of symptoms].	
COVID-19; community health workers; children; epilepsy; Zambia	2-Dec-20	<a href="#">The COVID-19 pandemic and Community Health Workers: An opportunity to maintain delivery of care and education for families of children with epilepsy in Zambia</a>	Journal of Global Health	Article	The authors describe the unique opportunity provided by a community health worker (CHW) program for pediatric epilepsy implemented in Zambia, to support the community during the COVID-19 pandemic. In early March 2020, as effects of COVID-19 on ongoing clinical care were emerging across Africa, the existing program infrastructure was re-evaluated and individual CHWs were deployed to households for distribution of medication essential for seizure management. This change in care delivery mitigated the risk of potential SARS-CoV-2 exposure from families congregating in the clinic. PPE and hand sanitizer were provided for CHWs, to decrease their own exposure risk. In addition, the CHWs were able to reliably deliver up-to-date education on COVID-19 and social distancing to families in the local dialect, with opportunity for discussion. Adaptations to make this process safer included reducing visits from twice monthly to once monthly, and incorporating basic screening questions (with history obtained by CHWs, then reviewed by providers at the clinic) to determine if an urgent clinic visit was necessary, all in an effort to limit exposure but not compromise care for children's epilepsy. The program thus provides a unique model of health care access for a chronic medical condition during times of infectious disease outbreaks requiring physical distancing, which is feasible to implement in a developing region where telehealth mechanisms are limited.	The authors describe the unique opportunity provided by a community health worker (CHW) program for pediatric epilepsy implemented in Zambia, to support the community during the COVID-19 pandemic. The program allowed CHWs to distribute medication to households, thus reducing risk of exposure to families congregating in the clinic. In addition, the CHWs were able to reliably deliver up-to-date education on COVID-19 and social distancing to families in the local dialect, with opportunity for discussion.	Sham L, Ciccone O, Patel AA. The COVID-19 pandemic and Community Health Workers: An opportunity to maintain delivery of care and education for families of children with epilepsy in Zambia. J Glob Health. 2020;10(2):020329. doi:10.7189/jogh.10.02 0329.
disease outbreaks, newborn, perceptual masking, washing hands, containment, SARS-CoV-2, Cape Town, South Africa	2-Dec-20	<a href="#">Healthcare-associated SARS-CoV-2 transmission in a neonatal unit: the importance of universal masking, hand hygiene and symptom screening in containment</a>	Journal of the Pediatric Infectious Diseases Society	Brief Report	The authors describe a COVID-19 outbreak in a neonatal unit in Cape Town, South Africa, in late April 2020. Following exposure to a health care worker with an influenza-like illness, 2 preterm neonates and 6 staff members developed symptoms and tested positive for SARS-CoV-2. Neonate A (28-week gestation, 720g birth weight) and Neonate B (28-week gestation, 850g birth weight) deteriorated and were placed on high-flow nasal cannula oxygen. Neonate A's mother was clinically well at delivery and had no contact with the neonate after giving birth. Neonate B's mother had no symptoms and tested negative for SARS-CoV-2. Chest X-rays showed bilateral non-specific streaky infiltrates for Neonate A, and diffuse bilateral infiltrates for Neonate B. Factors that facilitated rapid spread were crowded physical spaces, poor ventilation, and delayed SARS-CoV-2 staff testing. Both neonates and all staff recovered. Implementation of universal masking and bi-daily COVID-19 symptoms screening for staff and mothers in the neonatal unit resulted in the termination of the outbreak with no further healthcare-associated SARS-CoV-2 transmissions. These cases emphasize the need for rapid access to SARS-CoV-2 testing for hospital	The authors describe a COVID-19 outbreak in a neonatal unit in Cape Town, South Africa, in late April 2020. The outbreak happened before the implementation of universal masking and symptom screening policies, and no further transmission occurred in the unit following the implementation of outbreak containment measures.	Holgate SL, Dramowski A, van Niekerk M, et al. Healthcare-associated SARS-CoV-2 transmission in a neonatal unit: the importance of universal masking, hand hygiene and symptom screening in containment [published online, 2020 Dec 2]. J Pediatric Infect Dis Soc. doi:10.1093/jpids/piaa1 60

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					staff. Adherence to quarantine while awaiting the PCR result is critical to avoid additional staff and patient exposures to SARS-CoV-2.		
review, SARS-CoV-2, asthma, pediatric	2-Dec-20	<a href="#">COVID-19 and Pediatric Asthma</a>	Journal of Asthma and Allergy	Editorial	This editorial briefly summarizes the available evidence on SARS-CoV-2 infection and its impact on pediatric asthma and notes current gaps in the literature. The Morbidity and Mortality Weekly Report published by the CDC included 2572 children from the US, 18 years of age. Among these children, 345 had information related to their clinical conditions. 23% had at least one condition listed. Chronic lung diseases including asthma accounted for 40 or 50% of these COVID-19 pediatric cases. Other reports do not specify asthma and similarly group asthma with other chronic lung diseases of childhood. A study from NYC reported 11/46 or 23.9% with pediatric asthma, and a German study identified 4 cases of a total of 33 children with respiratory conditions, without specific reference to asthma. Given the lack of pediatric asthma and COVID-19 cases in the literature, with clinical details regarding asthma severity and medication use, the Journal of Asthma and Allergy would like to call for additional case reports and studies, to add to the current knowledge in this area of investigation. The cases should include severity classification, medications and underlying conditions with details of lab-based diagnosis of SARS CoV-2.	This editorial briefly summarizes evidence on pediatric asthma and SARS-CoV-2 infection. Given the lack of evidence regarding pediatric asthma and COVID-19 cases in the literature, the Journal of Asthma and Allergy is calling for additional case reports and studies to add to the current knowledge in this area of investigation.	Dosanjh A. COVID 19 and Pediatric Asthma. J Asthma Allergy. 2020;13:647-648. Published 2020 Dec 2. doi:10.2147/JAA.S291796
Breastfeeding; COVID-19; Donor milk; Expressed breast milk; Human milk banks; SARS-CoV-2; India	2-Dec-20	<a href="#">Role of human milk banks amid COVID 19: Perspective from a milk bank in India</a>	International Breastfeeding Journal	Commentary	The COVID-19 pandemic has had a significant impact on the operation of donor human milk banks. In this commentary, the authors describe procedural modifications implemented at their milk bank in New Delhi, India, during the COVID-19 pandemic. Predominant donors in low- and middle-income countries (LMIC) are mothers of hospitalized neonates who have had an extended hospital stay. Any excess milk a mother expresses above the needs of her own infant can be voluntarily donated. This physical proximity of milk banks to donors may help continue human milk donation in LMIC during the pandemic. Protocols need to be implemented to i) ensure the micro-biological quality of the milk collected and ii) consider steps to mitigate potential consequences related to the donor's possibility of being an asymptomatic carrier of SARS-CoV-2. The authors discuss various theoretical and experienced scenarios their milk bank could expect to encounter during the pandemic and how to safely navigate them. The commentary also includes several useful references within the text, such as a schematic to assist with patient prioritization for receiving milk, a simple figure explaining the structure of milk banks in India, and a table summarizing breast milk and milk banking recommendations during the COVID-19 pandemic.	This commentary describes procedural modifications implemented at a milk bank in New Delhi, India, during the COVID-19 pandemic. The authors include several useful references within the text, such as a schematic to assist with patient prioritization for receiving milk, a simple figure explaining the structure of milk banks in India, and a table summarizing breast milk and milk banking recommendations during the COVID-19 pandemic.	Bhasin M, Nangia S, Goel S. Role of human milk banks amid COVID 19: perspective from a milk bank in India. Int Breastfeed J. 2020;15(1):104. Published 2020 Dec 2. doi:10.1186/s13006-020-00346-0
New Zealand, respiratory infections, infant, lockdown	2-Dec-20	<a href="#">COVID-19 and Infant Hospitalizations for Seasonal Respiratory Virus Infections, New Zealand, 2020</a>	Emerging Infectious Diseases	Research Letter	This letter outlines indirect benefits of New Zealand's SARS-CoV-2 control strategies, with a focus on benefits to infant health. After COVID-19 lockdown measures were implemented, there was a marked reduction in hospitalizations of infants (<2 years old) with respiratory illness. At the authors' children's hospital in Auckland, New Zealand from January 1 - August 31, 2020 there were 268 admissions for lower-respiratory tract infections (compared to 1,486-2,046 annually from 2015-2019). Additionally, no characteristic winter peak was observed. Since March 2020, hospitalizations associated with positive PCR diagnosis of respiratory	The authors observe that after COVID-19 lockdown in New Zealand, infant hospitalizations due to respiratory infections from other viruses (such as influenza) have plummeted. They argue that this added benefit of COVID-19 elimination strategies will help inform	Trenholme A, Webb R, Lawrence S, et al. COVID-19 and Infant Hospitalizations for Seasonal Respiratory Virus Infections, New Zealand, 2020. Emerging Infectious Diseases. 2020;27(2).

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					syncytial virus (RSV) (n=2) or influenza (n=1) have plummeted. The authors conclude that the COVID-19 elimination strategy has halted transmission of seasonal viruses as well. They suggest that the most likely influence on reduced infant hospitalizations has been the stricter international border controls limiting seasonal virus ingress, with physical distancing and hygiene measures having a more limited effect. This is supported by the fact that as lockdown measures eased, RSV and influenza cases have stayed low as well. Authors emphasize the need for ongoing surveillance of respiratory viruses, and hope that these results will inform policymakers in other countries as winter approaches the Northern Hemisphere.	policymakers in other countries as winter approaches the Northern Hemisphere.	doi:10.3201/eid2702.204041.
Italy, conjunctival swab, pediatric	2-Dec-20	<a href="#">Identification of SARS-CoV-2 RNA in the conjunctival swab of an Italian pediatric patient affected with COVID-19: A case report</a>	European Journal of Ophthalmology	Case Report	The aim of this article was to report a case of identification of SARS-CoV-2 RNA in an ocular specimen in a pediatric patient affected with COVID-19. The 11-year-old male patient was hospitalized in a pediatric clinic in Pavia, Italy. After 3 days of hospital admission, the patient complained of very mild ocular symptoms. An ophthalmological evaluation was conducted, and no evidence of conjunctivitis or keratitis was found. Despite this, a conjunctival swab was collected, and SARS-CoV-2 RT-PCR was performed. Results indicated the presence of viral RNA from the swab. When the test was repeated 25 days later, results for viral RNA were negative. The authors state that this is the first report of the identification of SARS-CoV-2 RNA in an ocular specimen. They hypothesize that transmission through tears could theoretically be possible but are unclear whether this should be considered an important route for the spread of SARS-CoV-2.	This case report details the identification of SARS-CoV-2 RNA in a conjunctival swab from a pediatric patient. The authors state that while this evidence suggests it is theoretically possible to transmit SARS-CoV-2 through tears, they are unclear whether this is an important route for transmission.	Quaranta L, Rovida F, Riva I, et al. Identification of SARS-CoV-2 RNA in the conjunctival swab of an Italian pediatric patient affected with COVID-19: A case report. Eur J Ophthalmol. 2020 Dec 2. doi: 10.1177/1120672120977822.
Brazil, children, sickle cell, thalassemia, SARS-CoV-2	2-Dec-20	<a href="#">Hemoglobinopathy and pediatrics in the time of COVID-19</a>	Hematology, Transfusion and Cell Therapy	Original Research	This article aimed to determine if patients with hemoglobinopathy are more susceptible to COVID-19. Primarily, the authors analyzed SARS-CoV-2 infection in pediatric patients with hemoglobinopathy. An online database search of LILACS, PUBMED and EMBASE was conducted on July 17, 2020 for COVID-19 and SARS-CoV-2 associated with the terms "sickle cell," "thalassemia," and "hemoglobinopathy." This search resulted in 623 pediatric and adult patients with either sickle cell disease or beta-thalassemia and COVID-19 [no pediatric patients with beta-thalassemia were described]. 121 of the 623 patients were pediatric. The total mortality rate for all patients was 6.42%. One adolescent patient died, and 11.76% of pediatric patients needed ICU treatment. The authors concluded that pediatric patients with sickle cell disease and COVID-19 have a low mortality rate (range: 0–0.67%) compared to adults, but higher than the global pediatric population with COVID-19 [no statistics about the above comparisons included]. They also determined that pediatric sickle cell disease patients with COVID-19 need more intensive care than the global pediatric population.	The authors of this paper investigated pediatric patients with hemoglobinopathy and COVID-19. They determined that while pediatric patients with sickle cell disease have a lower mortality rate than adults with sickle cell, the mortality rate is still higher than the global average pediatric mortality rate for COVID-19.	Vilela TDS, Braga JAP, Loggetto SR. Hemoglobinopathy and pediatrics in the time of covid-19 [published online ahead of print, 2020 Dec 2]. Hematol Transfus Cell Ther. 2020;doi:10.1016/j.htct.2020.11.002

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COVID-19; pregnancy; stressful psychological experience; neonatal outcomes; United States of America	2-Dec-20	<a href="#">Giving birth under hospital visitor restrictions: Heightened acute stress in childbirth in COVID-19 positive women</a>	medRxiv	Preprint (not peer-reviewed)	This US study compared the delivery experiences of women who had given birth in the previous 6 months and reported having suspected or confirmed COVID-19 [self-reported as “COVID-19 positive”] during pregnancy/childbirth to women who had given birth in the previous 6 months who did not have COVID-19 [self-reported as “COVID-19 negative”] but were similar for a range of background factors. Participants were recruited beginning April 2, 2020 through announcements on the authors’ hospital research study platform. 2417 women completed the anonymous survey, and 68 “COVID-19 positive” women were identified and then matched with 68 “COVID-19 negative” mothers on demographic factors, parity, prior trauma, childbirth history, and previous mental health. A higher portion of “COVID-19 positive” mothers had their infants admitted to the neonatal ICU (OR 3.72 (95% CI 1.37, 10.07), p<0.01). “COVID-19 positive” mothers were also more likely to be separated from their infant (OR: 30.31 (95%CI 1.76, 523.26), p<0.001), have no visitors during the hospital stay (OR 11.0 (95% CI 2.42, 49.80), p<0.001), or have an acute stress response during childbirth (OR 2.13 (95% CI 1.05, 4.32), p<0.05). “COVID-19 positive” mothers were also 3 times more likely to have reported no breastfeeding, although these results were not statistically significant. These figures show how childbirth can become a traumatic experience in women affected by COVID-19. The authors stress that the potential emotional toll on mothers with COVID-19 must be considered, especially when not allowed support people.	The authors conducted a retrospective survey in the US of women who had delivered in the 6 months before April 2, 2020 and found 68 mothers with suspected or confirmed COVID-19 [self-reported as “COVID-19 positive”] whom they matched to 68 self-reported “COVID-19 negative” mothers, controlling for various demographic and background factors. The “COVID-19 positive” mothers were more likely to have been separated from their infants, not allowed visitors during the hospital stay, and have an acute stress response to the childbirth experience.	Mayopaoulos GA, Ein-Dor T, Li KG et al. Giving birth under hospital visitor restrictions: Heightened acute stress in childbirth in COVID-19 positive women. medRxiv. 2020. doi: <a href="https://doi.org/10.1101/2020.11.30.20241026">https://doi.org/10.1101/2020.11.30.20241026</a> . Accessed 2 Dec 2020.
pandemic; physical activity; physical distancing; public health; sedentary behavior; COVID-19; Canada	2-Dec-20	<a href="#">Parent anxiety and perceptions of their child's physical activity and sedentary behaviour during the COVID-19 pandemic in Canada</a>	Preventative Medicine Reports	Original Research	The authors conducted a cross-sectional survey of 328 adults in Calgary, Canada from April-June 2020 to examine the associations between parent COVID-19 anxiety and physical activity (PA) and sedentary behaviors (SB) among children (5-17 years) in relation to the COVID-19 emergency response. 35.7% of parents reported being extremely or very anxious about COVID-19. Most children increased SBs including television watching (58.8%), computing or gaming (56.4%), and use of screen-based devices (75.9%). Given the mandated closure of playgrounds, 52.7% and 53.7% of children decreased playing at the park and in public spaces, respectively. Children’s PA at home either increased (48.8%) or remained unchanged (32.9%). Parent anxiety related to COVID-19 appears to be associated with PA and SB of their children, with higher parent anxiety leading to fewer visits to parks and more computing and gaming.	The authors surveyed adults in Canada to examine the associations between parent COVID-19 anxiety and physical activity (PA) and sedentary behaviors (SB) among children (5-17 years) in relation to the COVID-19 emergency response. Parent anxiety related to COVID-19 appears to be associated with PA and SB of their children, with higher parent anxiety leading to fewer visits to parks and more computing and gaming.	McCormack GR, Doyle-Baker PK, Petersen JA, Ghoneim D. Parent anxiety and perceptions of their child's physical activity and sedentary behaviour during the COVID-19 pandemic in Canada [published online 2020 Dec 2]. Prev Med Rep. 2020. doi:10.1016/j.pmedr.2020.101275
2019 novel coronavirus(2019-nCoV); Coronavirus disease 2019 (COVID-19); management; pediatric intensive care	1-Dec-20	<a href="#">Strategic management of pediatric intensive care unit in a tertiary children's hospital in southwest China during the</a>	Translational Pediatrics	Commentary	The authors provide a workflow and strategic plan for preventing and managing SARS-CoV-2 outbreaks in pediatric intensive care units (PICUs) in China based on information available as of December 2020. Workflow elements detailed in the article include additional screening before admission, maintaining separate zones based on stability and SARS-CoV-2 infection status, symptom monitoring, health education, psychological care, and transfers. The strategic plan includes how to conduct comprehensive risk assessments, access control management, PPE management, and using risk management and process control to protect	This article describes a workflow and strategic plan for preventing and managing the SARS-CoV-2 outbreak in pediatric intensive care units in China. The authors also highlight other measures that can be implemented during the COVID-19 pandemic to protect	Zeng P, Luo X, Zeng W, et al. Strategic management of pediatric intensive care unit in a tertiary children's hospital in southwest China during the COVID-19 pandemic. Transl

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unit (PICU); prevention.		<a href="#">COVID-19 pandemic</a>			health and safety. Workflow and strategic plan diagrams and charts are provided in the article. Other important considerations that the authors note include disinfection management, staff training, worker mental health, and risk prevention. The authors also highlight other measures that could be implemented in PICUs during the COVID-19 pandemic, including simulation training, intubation checklists, family-centered and child-friendly care, and augmentation of mental health support.	health and safety, such as staff training, worker mental health, simulation training, intubation checklists, and family-centered and child-friendly care.	Pediatr. 2020;9(6):849-862. doi:10.21037/tp-20-422
COVID-19; children; dentistry	1-Dec-20	<a href="#">What Pediatric Dentists Need to Know about Coronavirus Disease (COVID-19)</a>	Journal of Dentistry (Shiraz)	Review	The author reviewed published literature to analyze the potential risk from COVID-19 associated with pediatric dental treatment. In addition, potential oral prevention strategies for the management of urgent and non-urgent dental procedures in the context of disease transference control were discussed. While most pediatric cases with laboratory-confirmed SARS-CoV-2 infection are mild, pediatric patients present additional risks of transmission. The use of removable orthodontic appliances or auxiliary elements in fixed orthodontic therapies entails risks of contamination. There may be a difficulty for the child to don PPE, which along with the presence of caregivers, with whom the pediatric dentist must unavoidably interface, will increase the risk of infection. Dentists who treat children amidst the pandemic should assume that every person is potentially infected and follow universal infection control procedures. Priority must be given to dental procedures labeled as emergencies by the WHO. This is also a tremendous opportunity to motivate children to maintain good oral health and promote preventive dental behaviors. Parents should be educated regarding the home management of milder oral pathologies for which direct intervention of the specialist is not necessary or can be deferred until a time when the outbreak goes into recession. The pediatric dentistry specialists should promote teleconsultation and contemporary minimally invasive procedures that minimize or eliminate aerosol generation during the COVID-19 pandemic.	The author reviewed published literature to analyze the potential risk from COVID-19 associated with pediatric dental treatment. In addition, potential oral prevention strategies for the management of urgent and non-urgent dental procedures in the context of disease transference control were discussed. Dentists who treat children during the COVID-19 pandemic should assume that every person is potentially infected and follow universal infection control procedures.	Rathore K. What Pediatric Dentists Need to Know about Coronavirus Disease (COVID-19). J Dent 2020;21(4):263-274. doi:10.30476/DENTJOD S.2020.87278.1249.
COVID-19; pediatric epilepsy; emergency department	1-Dec-20	<a href="#">Where have the children with epilepsy gone? An observational study of seizure-related accesses to emergency department at the time of COVID-19</a>	Seizure	Short Communication	The authors assessed the pediatric (children <14 years) visits at 2 emergency departments (ED) during the lockdown period in Rome and Turin, Italy. They compared ED visits from January 6-April 21, 2020, to the same period in 2019, with manual identification and review of visits requiring neurological consultation. The periods were divided into two “pre-COVID-19” from January 6-February 23, 2020, and the “post-COVID-19” period (until April 21, 2020). There were a total of 14,239 and 23,016 pediatric ED visits in 2020 and 2019, respectively. The mean age in 2020 was 5.77 ± 4.31 years (median: 4.94; IQR: 2.01-9.05; 55% male) compared to 6.38 ± 4.26 years (median: 6.53 years, IQR: 2.38-9.89; 45% male) in 2019. There were 128 seizure-related ED visits in 2020, compared to 136 visits in 2019. The COVID-19 lockdown in 2020 was associated with a 59% reduction in seizure-related visits compared to 2019 (from n=66 in 2019 to n=41 in 2020, p<0.001). The authors also noted a 3.6-fold decline in pediatric ED visits in the COVID-19 period (n=3,395) compared to the corresponding period in 2019 (n=12,128). The COVID-19 lockdown was associated with an incidence rate ratio of pediatric ED visits of 0.41 (95% CI: 0.28-0.59) compared to the 2019 period. The authors found a significant	The authors found a 59% decrease (p<0.001) in pediatric ED visits for seizure-related conditions during the COVID-19 lockdown period in 2020 in Italy, compared to the corresponding period in 2019. School closure, social distancing, reduced risk of infection, and increased parental supervision are some of the factors that might have contributed to the finding.	Davico C, Marcotulli D, Lux C, et al. Where have the children with epilepsy gone? An observational study of seizure-related accesses to emergency department at the time of COVID-19. Seizure. 2020 Dec;83:38-40. doi: 10.1016/j.seizure.2020.09.025. Epub 2020 Oct 5. PMID: 33080483; PMCID: PMC7534601.

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					reduction in seizure-related ED visits, indicating that measures such as school closures, social distancing, reduced risk of infection, and increased parental supervision may have contributed to the findings.		
SARS-CoV-2; newborn; viral RNA; hematogenously	1-Dec-20	<a href="#">In Utero Severe Acute Respiratory Syndrome Coronavirus 2 Infection</a>	Journal of the Pediatric Infectious Diseases Society	Case Reports	The authors present the case of a newborn male at 34 weeks' gestation (2414g) delivered by a SARS-CoV-2 positive mother in Maryland, USA. The mother had a 10-day history of cough and reported vaginal bleeding, cramps, thrombocytopenia, transaminitis, and hyperuricemia. She also had a history of gestational diabetes. During delivery, the mother wore a non-rebreather mask, and the delivery staff wore airborne-level appropriate PPE. Cord blood was collected immediately after birth, and the child's 1- and 5-minute APGAR scores were 7 and 9, respectively. The neonate was shown at a distance to the mother before being taken to the NICU. NICU personnel wore airborne-level PPE and had no contact with the mother after delivery. The mother elected not to breastfeed or provide breastmilk to her infant. The infant was asymptomatic but tested positive for SARS-CoV-2. The authors found SARS-CoV-2 RNA corresponding to nucleocapsid genes <i>N1</i> and <i>N2</i> in umbilical cord serum and the SARS-CoV-2 gene <i>N2</i> in DOL 2 urine. SARS-CoV-2 target <i>Envelope protein (E)</i> and <i>N2</i> genes were negative at 24 hours of life and then positive for only <i>N2</i> at 49 hours of life. Furthermore, the reducing cycle threshold (Ct) levels over time indicated higher SARS-CoV-2 viral loads in nasopharyngeal samples. The placental analysis showed sections with hyper mature villi and increased syncytial knots (44%), suggesting maternal vascular malperfusion. The authors concluded that the infant likely contracted SARS-CoV-2 hematogenously during or before delivery. Hematogenous spread is uncommon but possible, and newborn NP secretions may not contain detectable virus until after 48 hours.	The authors present the case of a newborn male born to a SARS-CoV-2 positive mother in Maryland, USA. SARS-CoV-2 RNA was found in the infant's cord blood, urine, and nasopharynx (NP), with evidence for viral replication. The authors concluded that the infant likely contracted SARS-CoV-2 by hematogenous spread during or before delivery.	Von Kohorn I, Stein SR, Shikani BT, et al. In Utero Severe Acute Respiratory Syndrome Coronavirus 2 Infection. J Pediatric Infect Dis Soc. 2020 Dec 31;9(6):769-771. doi: 10.1093/jpids/piaa127. PMID: 33089311; PMCID: PMC7665603.
maternal health, neonatal health, COVID-19, preterm delivery, vertical transmission, breastfeeding	1-Dec-20	<a href="#">Perinatal Maternal-Fetal/Neonatal Transmission of COVID-19: A Guide to Safe Maternal and Neonatal Care in the Era of COVID-19 and Physical Distancing</a>	NeoReviews	Review	This review summarizes the clinical presentation, diagnosis, and outcomes of COVID-19 in pregnant women and neonates and discusses what is known about potential vertical transmission of SARS-CoV-2. Surveillance data of 91,412 US women (15–44 years old) infected with SARS-CoV-2 showed no differences in the frequency of cough or shortness of breath between pregnant and nonpregnant women; however, pregnant women reported headaches, muscle aches, fevers, chills, and diarrhea symptoms less frequently than nonpregnant women. Because a large percentage of asymptomatic SARS-CoV-2 infection in pregnant women, the authors recommend universal PCR testing of hospitalized pregnant women in areas where SARS-CoV-2 prevalence is high. COVID-19 may result in increased risk of preterm delivery. Due to concern of fetal growth restriction, the authors advise serial fetal growth scans and evaluation of amniotic fluid volume. Mode of delivery should be dictated by routine obstetrical indications. Treatment recommendations regarding dosing and timing are summarized. Options in cases of severe maternal hypoxemia include prone positioning, advanced ventilatory methods, and extracorporeal membrane oxygenation, especially with lower gestational ages, when delivery would pose significant neonatal morbidity. While children <10 years are generally	This review summarizes the clinical presentation, diagnosis, and outcomes of COVID-19 in pregnant women and neonates, including current evidence related to potential vertical transmission of SARS-CoV-2.	Altendahl M, Afshar Y, de St Maurice A, Fajardo V, Chu A. Perinatal Maternal-Fetal/Neonatal Transmission of COVID-19: A Guide to Safe Maternal and Neonatal Care in the Era of COVID-19 and Physical Distancing. Neoreviews. 2020;21(12):e783-e794. doi:10.1542/neo.21-12-e783

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					at lower risk of COVID-19 (1% of all COVID-19 cases), infants <1 year are the most vulnerable group in the pediatric population (18% of pediatric cases), and nonspecific symptoms (poor feeding, gastro-intestinal issues) complicate diagnosis. 2-5% of infants born to mothers with COVID-19 test positive for SARS-CoV-2 infection within 24-96 hours after birth, although it is believed that most cases are due to horizontal transmission. Vertical transmission, if possible, appears to be very rare. The authors consider transmission of SARS-CoV-2 through breast milk to be unlikely; however, due to the risk of transmission posed by close contact, the authors advise mothers with COVID-19 to follow hygiene precautions, ensure adequate ventilation, or have an uninfected caregiver feed the infant expressed breast milk.		
Screening, universal testing, pregnancy, labor and delivery	1-Dec-20	<a href="#">Questionnaire-based vs universal PCR testing for SARS-CoV-2 in women admitted for delivery</a>	Birth	Original Research	Given concerns that universal testing of women admitted for delivery for SARS-CoV-2 may not be efficient in areas with low prevalence, the authors aimed to compare the policy of a questionnaire-based PCR testing versus universal testing of SARS-CoV-2 for patients admitted to labor and delivery in Ontario, Canada, where there were only 219 cases per 100,000 at the time of the study. This was a prospective cohort study of all women admitted to the labor and delivery unit at a single center, between April 22-May 25, 2020. All 446 women completed a questionnaire about COVID-19 signs, symptoms, and risk factors, and were considered questionnaire positive if any one or more was reported as positive. Each woman also had a nasopharyngeal swab for RT-PCR testing for SARS-CoV-2. 54/446 (12.1%) were questionnaire-positive for COVID-19, and the remainder were questionnaire-negative. 4 women tested positive for SARS-CoV-2 by RT-PCR (4/446, 0.9%). Out of the 4 PCR-positive women, one was in the questionnaire-positive group and 3 were in the questionnaire-negative group (1.9% vs 0.8%, P = 0.43). The sensitivity of the questionnaire for positive PCR testing was 75.0%, and the negative predictive values were 99.7%. No positive SARS-CoV-2 PCR results were obtained from newborns of PCR-positive mothers. The authors conclude that the questionnaire was not more effective than universal screening.	The authors compared the use of a screening questionnaire versus universal RT-PCR testing for SARS-CoV-2 in a cohort of pregnant women admitted to labor and delivery at a hospital in Ontario, Canada, where the prevalence of SARS-CoV-2 was low. The sensitivity of the questionnaire for positive PCR testing was 75.0%, and the negative predictive values were 99.7%, however the questionnaire was not found to be more effective than universal PCR screening in women admitted for delivery.	Mei-Dan E, Satkunaratham A, Cahan T, Leung M, Katz K, Aviram A. Questionnaire-based vs universal PCR testing for SARS-CoV-2 in women admitted for delivery. Birth. 2020;doi:10.1111/birt.12520
COVID-19; pediatric healthcare; telemedicine	1-Dec-20	<a href="#">COVID-19 Pandemic and Children's Health - Mitigating Unintended Consequences</a>	Annals of the Academy of Medicine, Singapore	Letter to the Editor	The authors report the barriers to accessing healthcare for children with non-COVID-19 conditions during the COVID-19 pandemic, through case reports from Singapore, the USA, Italy, and Israel. They also make suggestions for mitigating the consequences of reduced healthcare access during the COVID-19 pandemic. They indicated that reduced parental care-seeking attitudes due to fears of COVID-19 transmission, reduced transportation options, long waiting times, and unaffordability were key determinants of children not receiving timely care, possibly leading to under-utilization of medical services even when they are available. They suggest that telemedicine is slow to fill the gap created by capacity reductions in ambulatory pediatric care and the redeployment of pediatricians and general practitioners for COVID-19 care. They also underscore that the allocation of scarce resources caused a restriction in access to care for non-COVID-19 patients. Hence, they recommend the following measures to mitigate the aforementioned changes: modifying	The authors identify fears of COVID-19 transmission, reduced transportation options, long waiting times, and unaffordability as key factors affecting parental care-seeking attitudes, affecting children with non-COVID-19 conditions during the pandemic. They recommend the usage of mass media and information campaigns to address concerns, health administrative planning to reduce the harms on children unaffected by COVID-19, and	Aishworiya R, Biswas A, Tan MLN, et al. COVID-19 Pandemic and Children's Health - Mitigating Unintended Consequences. Ann Acad Med Singap. 2020 Dec;49(12):1031-1033. doi: 10.47102/annals-acadmedsg.2020345. PMID: 33463664.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					parental health-seeking behaviours through mass media campaigns and dedicated hotlines to address concerns, raise awareness, and empower caretakers; guiding primary care providers on alternative interventions/models of care to alleviate the constraints made by COVID-19-related regulations; health administrative planning to minimize the harms to children unaffected by COVID-19, such as regular audits and reviews of resource allocation, manpower, and service utilizations to aid in refining policies and outbreak response.	the provision of alternative interventions by providers to mitigate COVID-19-related restrictions.	
Universal screening, pregnancy, testing, labor and delivery, asymptomatic, serology	1-Dec-20	<a href="#">Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) universal screening in gravids during labor and delivery</a>	European Journal of Obstetrics and Gynecology and Reproductive Biology	Original Research	In this observational retrospective cohort study conducted from March 31-August 31, 2020 at a university hospital in Spain, the authors evaluated the clinical manifestations of SARS-CoV-2 among pregnant women and the performance of 2 universal screening tests, RT-PCR and serological testing. 266 pregnant women [ages not provided] were screened by nasopharyngeal swab RT-PCR and by rapid blood antibodies test. In cases with positive SARS-CoV-2 RT-PCR or positive antibodies for IgM and/or IgG, serological testing by ELISA was carried out to confirm results. The women were classified as: (i) acute infection (positive RT-PCR); (ii) healed (negative RT-PCR with positive IgG); and (iii) never infected (negative RT-PCR and IgG). There were 8 positive RT-PCR for SARS-CoV-2, although 2 were re-categorized as laboratory misinterpretation. Of the 6 RT-PCR positive women, 2 had symptoms during labor or delivery and 4 were asymptomatic. All newborns of the 6 RT-PCR positive women had negative RT-PCR and did not require neonatal ICU admission. 18 women were positive for IgG, considered as past/healed exposure. The overall prevalence of acute or healed COVID-19 infection was 9.0%. The authors conclude that the systematic RT-PCR assessment and serological studies of SARS-CoV-2 seem appropriated to identify women at risk during labor and delivery.	In this article, the authors assessed universal screening for SARS-CoV-2 of 266 pregnant women in Spain, using both RT-PCR and serologic antibody testing. 8 were RT-PCR positive, 2 of which were reclassified as false positives. Of the 6 remaining positive women, 2 had symptoms and 4 were asymptomatic. 18 women were positive for SARS-CoV-2 IgG, indicative of past infection. The overall prevalence of past or current infection was 9.0%.	Savirón-Cornudella R, Villalba A, Zapardiel J, et al. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) universal screening in gravids during labor and delivery. Eur J Obstet Gynecol Reprod Biol. 2021;doi:10.1016/j.ejogrb.2020.11.069
COVID-19; neonate; cleft lip; cleft palate; oral care	1-Dec-20	<a href="#">Importance of the treatment of patients with lip and palate cleft, especially during the COVID-19 pandemic</a>	Oral Surgery	Letter to the Editor	The authors discuss the importance of the treatment of neonatal patients with lip and palate cleft during the COVID-19 pandemic. The treatment of these patients cannot be interrupted, since it influences their survival by improving nutrition, development, and quality of life. A phone pre-screening is recommended to rule out possible COVID-19 symptoms, before an in-person consultation. During the visit, general safety measures need to include assessing the patient's body temperature, practicing frequent hand hygiene, disinfecting equipment and clinical surfaces, and using PPE including masks (i.e., N95 or FFP2), disposable medical aprons, gloves, glasses, and face shields. In oral care before, during, and after treatment, droplet- and aerosol-generating procedures should be avoided.	The authors discuss the importance of early treatment of neonatal patients with lip and palate cleft during the COVID-19 pandemic. They also highlight the biosafety guidelines that need to be followed for the prevention of COVID-19 in this patient population.	Alexandre LP, Cançado LNL, Pretti H, et al. Importance of the treatment of patients with lip and palate cleft, especially during the COVID-19 pandemic. Oral Surg. 2020. doi:10.1111/ors.12593.
COVID-19; pediatric; epidemiology; symptoms	1-Dec-20	<a href="#">Salient Conclusive Remarks on Epidemiology and Clinical Manifestations of Pediatric</a>	Frontiers in Pediatrics	Review	This narrative review examined the characteristic epidemiological features and clinical phenotypes of pediatric COVID-19. A literature search was conducted in PubMed, MEDLINE, and Google Scholar using the keywords: COVID-19, SARS-CoV-2, novel coronavirus, pediatric, neonates, infants, children, epidemiology, and symptoms, and articles published from December 2019-October 2020 were included. Children of all ages, including neonates, were reported to have been infected by the virus, exhibiting benign symptoms. Asymptomatic and symptomatic adult patients were the	This narrative review examined the characteristic epidemiological features and clinical phenotypes of pediatric COVID-19. Infectivity, morbidity, and mortality rates of the disease among children are much lower than those in	Ali AS, Al-Hakami AM, Shati AA, et al. Salient Conclusive Remarks on Epidemiology and Clinical Manifestations of Pediatric COVID-19: Narrative Review. Front Pediatr. 2020;8:584694.

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		<a href="#">COVID-19: Narrative Review</a>			primary source of the virus to the children. Intra-uterine and breastfeeding transmission of the virus to neonates were hypothesized in some studies but ruled out since they were not confirmed. As documented in many studies, the infectivity, morbidity, and mortality rates of the disease among children are much lower than those in adults. They also seem to be lower than those observed during the SARS-CoV and MERS-CoV epidemics. The described clinical phenotypes of COVID-19 in children do not differ much from those of adults, and complications of the disease seem to be associated with comorbidities.	adults. They also seem to be lower than those observed during the SARS-CoV and MERS-CoV epidemics.	doi:10.3389/fped.2020.584694.
COVID-19; vaccine confidence; vaccine communication ; practice culture; motivational interviewing; pediatrics	1-Dec-20	<a href="#">Strengthening Vaccine Confidence and Acceptance in the Pediatric Provider Office [Free Access to Abstract Only]</a>	Pediatric Annals	Review Article	The authors highlight the issue of vaccine hesitancy in the United States and growing vaccine delay and refusal by caregivers of pediatric patients. They provide a review of provider communication strategies for vaccines, including using a whole-team approach, building trust, early conversations, using a presumptive approach for vaccine recommendations, motivational interviewing, and techniques for responding to caregiver questions. Organizational strategies for promoting a culture of immunization in practices are also discussed by the authors, with an emphasis on employing evidence-based approaches for vaccine uptake and efficiency. The authors note that although these communication approaches and organizational strategies are intended to reassure parents who are vaccine-hesitant that all routine, universally recommended vaccines are safe and effective, they likely will take on increased significance with the development and implementation of COVID-19 vaccines.	This article provides an overview of communication approaches that may be employed by pediatric providers to address vaccine hesitancy of caregivers, as well as strategies for promoting a culture of vaccination in pediatric practices. The authors note that these practices will take on increased significance with the development and implementation of COVID-19 vaccines.	Mbaeyi S, Fisher A, Cohn A. Strengthening Vaccine Confidence and Acceptance in the Pediatric Provider Office. <i>Pediatr Ann.</i> 2020;49(12):e523-e531. doi:10.3928/19382359-20201115-02
COVID-19; children; environmental health; exposures; home health; quarantine	1-Dec-20	<a href="#">The COVID-19 Pandemic and Children's Environmental Health [Free Access to Abstract Only]</a>	Pediatric Annals	Review Article	The authors discuss the increasing environmental health threats experienced by children during the COVID-19 pandemic due to social distancing and stay-at-home measures. These include increased exposure to cleaning products, chemicals in dust, indoor air pollutants, screen time, family stress, and firearms. These threats are co-occurring with decreased availability of food, social supports, and routine childhood screenings. Children from racial-ethnic minority groups and of low socio-economic status are disproportionately affected. Increased screening of children by pediatric health care providers is suggested by the authors, along with appropriate counselling and treatment.	This article examines increased environmental health threats experienced by children during the COVID-19 pandemic. The authors suggest increased screening of children by pediatric health care providers for such threats.	Woolf AD, Pingali H, Hauptman M. The COVID-19 Pandemic and Children's Environmental Health. <i>Pediatr Ann.</i> 2020;49(12):e537-e542. doi:10.3928/19382359-20201111-01
COVID-19; pandemic; pediatric orthopedics; survey	1-Dec-20	<a href="#">How the COVID-19 pandemic is affecting paediatric orthopaedic practice in Turkey</a>	Journal of Children's Orthopaedics	Original Research	The authors described changes in care volume and practices taken to prevent SARS-CoV-2 transmission in pediatric orthopedic practices in Turkey from March-April 2020. All active practicing members of the Turkish Society of Children's Orthopedic Surgery (TSCOS) were contacted via telephone and asked to fill out an online survey (24 questions). 54 out of 97 (55%) orthopedic surgeons responded to the administered survey, with 62% (n = 34) reporting a 75% decrease in their outpatient frequency and 75% (n = 41) reporting a decrease in surgery frequency. A total of 86% of the performed surgeries were emergency cases. None of the respondents had provided elective surgeries during the study period, and 61% reported not having permission to perform such surgeries due to the COVID-19 pandemic. 42% (n = 23) provided telemedicine services during the period, though 98% (n = 38) had not obtained special informed consent to provide telemedicine. 96% of surveyed providers indicated a need for an	This article describes the effect of the COVID-19 pandemic on care volume and preventative measures taken to prevent SARS-CoV-2 transmission in pediatric orthopedic practices in Turkey from March-April 2020. The findings indicate a decrease in care volume, use of telemedicine for some outpatient services, and a desire by the providers surveyed to have more established	Birsel SE, Sarıkaya İA, Şeker A, Erdal OA, Görgün B, İnan M. How the COVID-19 pandemic is affecting paediatric orthopaedic practice in Turkey. <i>J Child Orthop.</i> 2020;14(6):581-588. doi:10.1302/1863-2548.14.200174

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					established protocol to implement in their practice to prevent SARS-CoV-2 transmission.	protocols to prevent SARS-CoV-2 transmission in their practice.	
SARS-CoV-2, COVID-19, third trimester, pregnancy, early membrane rupture	1-Dec-20	<a href="#">COVID-19 in Third Trimester May Not Be as Scary as You Think, It Can Be Innocent: Evaluating Vertical Transmission from a COVID-19 Positive Asymptomatic Pregnant Woman with Early Membrane Rupture</a>	The Journal of Obstetrics and Gynecology Research	Case Report	The authors present the case of a 42-year-old G2P1 pregnant woman at 35 weeks gestation who initially presented to a hospital in Turkey with family members who had symptoms consistent with SARS-CoV-2 and known contact history. SARS-CoV-2 RT-PCR testing returned positive in all family members except for the patient whose results were not available at that time and later could not be accessed due to a software error in the public health management system. The patient did not follow isolation rules and was asymptomatic. However, she presented to the hospital on May 4, 2020, at 37 weeks gestation for "leaking vaginal fluid" and tested negative for SARS-CoV-2. She subsequently delivered a healthy female infant via repeat cesarean section. RT-PCR samples taken from the clear amniotic fluid, cord blood, placenta, and breast milk returned negative for SARS-CoV-2. However, a CT scan of the patient's lungs showed diffuse peripheral and peribronchovascular ground-glass appearance in nodular form in both lungs. She developed a sudden decrease in oxygen saturation level and was treated with antibiotics, enoxaparin, favipiravir, and hydroxychloroquine. She subsequently recovered by postoperative day 3 and SARS-CoV-2 RT-PCR testing of the mother and her neonate returned negative during their hospitalization. Both mother and neonate were discharged in good condition 1 week postpartum. The authors concluded that SARS-CoV-2 infection in the mother did not cause any perinatal complications after 34 weeks of gestation, and there was no perinatal transmission, including from breast milk.	The authors of this case report evaluate the potential of perinatal transmission and safety of postpartum breastfeeding in a mother who had SARS-CoV-2 pneumonia. They found that SARS-CoV-2 infection in the mother did not cause any perinatal complications after 34 weeks of gestation, and there was no perinatal transmission, including from breast milk.	Palalioglu RM, Mahammadaliyeva A, Erbiyik HI, Muhcu M. COVID-19 in third trimester may not be as scary as you think, it can be innocent: Evaluating vertical transmission from a COVID-19 positive asymptomatic pregnant woman with early membrane rupture [published online, 2020 Dec 1]. J Obstet Gynaecol Res. 2020;doi:10.1111/jog.14584
COVID-19; household food insecurity; hunger; public distribution system; tribal.	1-Dec-20	<a href="#">Food Insecurity in Tribal High Migration Communities in Rajasthan, India</a>	Food and Nutrition Bulletin	Original research	This study aimed to assess food availability at the household level and community experiences about satiety and hunger during the COVID-19 lockdown in rural southern Rajasthan, India. 211 phone interviews were conducted with community volunteers, family members of malnourished children or tuberculosis patients, pregnant women, and influential members in the village from May 12-June 10, 2020. All but 3 respondents reported having a ration card, 41% had a card for families below the poverty line, and 9% had a card meant for the destitute and vulnerable. Despite nearly all participants having a ration card, only 82% received wheat and pulses through the public delivery scheme. The presence of cereal in the household was reported by 97% of the respondents, while two-thirds had pulses, and nearly half had milk. Two-thirds of the respondents reported that food in their households was sometimes not sufficient for the amount they wanted to eat, and 97% of these mentioned not having money to buy food as the reason for not having sufficient food. The authors conclude that the results call for urgent measures to promote household food security in these populations.	The authors conducted a rapid assessment of food availability and hunger experiences in rural southern Rajasthan, India, during the COVID-19 lockdown in the summer of 2020. The authors report that two-thirds of respondents had insufficient food, primarily due to a lack of income.	Saxena, A., Amin, A., Mohan, S. B., et al (2020). Food Insecurity in Tribal High Migration Communities in Rajasthan, India. Food and nutrition bulletin, 41(4), 513–518. doi:10.1177/0379572120967163
COVID-19; Pediatrics; Practice management; Health system	1-Dec-20	<a href="#">The pandemic, the future of children's health, and the</a>	Archivos Argentinos de Pediatría	Comments	The authors describe measures taken in Argentina during the COVID-19 pandemic as relates to pediatric health. This includes descriptions of school closures, increasing handwashing awareness, burnout among health care workers, and concerns that pediatric staff may be reassigned to provide care to adults. Challenges that have been experienced by children noted by	This article provides an overview of the actions taken during the COVID-19 pandemic related to pediatric health in Argentina. Challenges	Vain NE, Cardigni GR, Capra DR. The pandemic, the future of children's health, and the development of

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capacity; Health policy		<a href="#">development of pediatrics</a>			the authors include social isolation, loss of routine, increasing incidence of domestic abuse, delayed health care, postponed immunizations, and increased use of devices. A few opportunities are noted, including more provider education access due to virtual events and increased use of teleconsultation during pediatric visits.	experienced by children during the COVID-19 pandemic are noted, along with some opportunities that were created using technology.	pediatrics. La pandemia, el futuro en la salud de los niños y el desarrollo de la pediatría. Arch Argent Pediatr. 2020;118(6):378-380. doi:10.5546/aap.2020.e ng.378
COVID-19; health literacy; self-perceived knowledge; Italy; NINFEA	1-Dec-20	<a href="#">Factors associated with self-perceived knowledge of COVID-19: A study among women from the NINFEA birth cohort</a>	Epidemiologia & Prevenzione	Original Research	The authors conducted a cross-sectional study of 3,129 women (median 42 years, IQR 35-49 years) participating in the Italian NINFEA (Nascita e Infanzia: gli Effetti dell'Ambiente) birth cohort in April 2020, to investigate socio-demographic and disease-related factors that can influence self-perceived knowledge (poor/medium vs high) about COVID-19. The NINFEA study was an Italian Internet-based mother-child cohort about the associations between early-life exposures and later childhood and adulthood health outcomes. The questionnaire collected information on basic socio-demographic characteristics and self-perceived knowledge level and sources of information on COVID-19, COVID-19-like symptoms, SARS-CoV-2 testing, and COVID-19 diagnosis within the household. [Results on symptoms, testing, and diagnosis are reported in a separate manuscript.] The prevalence of self-perceived poor/medium knowledge was 57%. The OR of self-perceived poor/medium COVID-19 knowledge level was increased for low/medium compared with high education level (OR 1.57; 95% CI 1.34-1.84) and decreased for SARS-CoV-2 testing (OR 0.25; 95%CI 0.16-0.39) and COVID-19 diagnosis (OR 0.20; 95%CI 0.07-0.60). There were weak or no associations between residential area, province cumulative incidence of COVID-19, and COVID-19-like symptoms and self-perceived knowledge on COVID-19. The findings suggest that low/medium educational level was a determinant of poor/medium self-perceived knowledge on COVID-19 in middle-aged women.	The authors conducted a cross-sectional study of 3,129 women participating in the Italian NINFEA birth cohort in April 2020 to investigate socio-demographic and disease-related factors that can influence self-perceived knowledge (poor/medium vs high) about COVID-19. The OR of self-perceived poor/medium COVID-19 knowledge level was increased for low/medium compared with high education level and decreased for SARS-CoV-2 testing and COVID-19 diagnosis.	Moccia C, Popovic M, Isaevska E, et al. Factors associated with self-perceived knowledge of COVID-19: a study among women from the NINFEA birth cohort. Epidemiol Prev. 2020;44(5-6):364-368. doi:10.19191/EP20.5-6.S2.138
Pregnancy, maternal health, delivery, maternal mortality, Iran	1-Dec-20	<a href="#">Risk Factors, Clinical Symptoms, Laboratory Findings and Imaging of Pregnant Women Infected with COVID-19 in North of Iran</a>	Archives of Iranian Medicine	Original Research	This descriptive cross-sectional study aimed to evaluate risk factors, clinical symptoms, laboratory findings, and imaging of pregnant mothers with COVID-19 in Iran. 70 pregnant women aged 17–41 years with confirmed COVID-19 and hospitalized from March-April, 2020 in Iran completed a researcher-designed questionnaire, which included interviews, clinical data, and chart review. The most frequent symptoms recorded at the time of maternal hospitalization were fever (47%), shortness of breath (16%) and cough (15%), respectively. 15/68 mothers (22%) had mild disease, 50/68 mothers (73%) had moderate disease, and 1/68 (1%) had severe disease. 2 mothers (2%) were in critical condition and admitted to the ICU, and ultimately died. Laboratory findings showed that 55/66 women (83%) had lymphopenia and 30/33 (90%) had an increase in lactate dehydrogenase (LDH) levels. 31 women underwent lung imaging, with 64% showing lung involvement. 32 women gave birth during the study, 24 (75%) of whom had a C-section and 8 (25%) had a vaginal delivery. 15 patients (46%) had preterm delivery. The authors conclude that these findings are similar to those in non-pregnant women with COVID-19, however pregnant	In this description evaluation of pregnant women with COVID-19 in Iran, the most common manifestations at presentation were fever, cough and shortness of breath. The most common laboratory finding in infected mothers was lymphopenia. 24 (75%) of women delivered via cesarean delivery and 15 (46%) delivered preterm.	Aski SK, Sharami SH, Hosseinzadeh F, Hesni E, Heirati SF, Ghalandari M, Mousavi A. Risk Factors, Clinical Symptoms, Laboratory Findings and Imaging of Pregnant Women Infected with COVID-19 in North of Iran. Archives of Iranian medicine. 2020 Dec 1;23(12):856-63.

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					women experienced delivery complications including cesarean delivery and preterm birth.		
COVID-19; Intimate partner violence; Pandemic; Reproductive psychiatry; women's mental health	1-Dec-20	<a href="#">The impact of the COVID-19 pandemic on women's mental health</a>	Archives of Women's Mental Health	Narrative review	The authors reviewed what is known about the COVID-19 pandemic's effect on women's mental health and the implications for preventing and treating these mental health consequences. Peer-reviewed articles published up to May 30, 2020 were included [total number of articles not specified]; opinion articles without supporting objective data were excluded. The authors report that the COVID-19 pandemic has affected women's decision to get pregnant, increased fears and anxiety during pregnancy and postpartum periods, limited access to care, decreased social support (associated with increased postpartum depressive symptoms), increased risk of intimate partner violence (IPV), and increased stressful parenting responsibilities for those who already have children. The authors also report non-mental health-related issues, including a higher incidence of preterm birth (19-47% of cases, though most are iatrogenic). They mention the paucity of evidence and guidelines surrounding breastfeeding practices for SARS-CoV-2-positive mothers. The authors conclude by summarizing clinical implications and offering solutions to address them, including incorporating stress management techniques into childbirth classes, educating women on IPV resources, and offering proactive outreach to pregnant and postpartum women.	This narrative review summarizes how the COVID-19 pandemic has impacted women's mental health, highlighting the increased anxiety and stress during preconception, pregnancy, and postpartum. They outline clinical implications and suggest solutions to mitigate their impact.	Almeida, M., Shrestha, A. D., Stojanac, D., & Miller, L. J. (2020). The impact of the COVID-19 pandemic on women's mental health. <i>Archives of women's mental health</i> , 1–8. Advance online publication. <a href="https://doi.org/10.1007/s00737-020-01092-2">https://doi.org/10.1007/s00737-020-01092-2</a>
vaccination, immunization, children, infants, newborns, screening, USA	1-Dec-20	<a href="#">The Effect of the COVID-19 Pandemic on Childhood Immunizations: Ways to Strengthen Routine Vaccination</a>  <a href="#">[Free Access to Abstract Only]</a>	Pediatric Annals	Special Issue Article	The authors report on the effect of the COVID-19 pandemic on childhood immunization worldwide, with an emphasis on current and predicted trends in the US. In New York City (USA) childhood vaccine administration decreased as early as 1 week after the first COVID-19 case, with the largest decrease April 5-11, 2020 in children <24 months (a 62% decrease, from 33,261 doses in 2019 to 12,746 doses in 2020) and in those aged 2-18 years (a 96% decrease, from 23,631 doses in 2019 to 1,054 doses in 2020). Notable decreases in orders for vaccines from the Vaccines for Children (VFC) program began the week after the US national emergency declaration for COVID-19, while a May 2020 survey of practices participating in the VFC program found that 90% were open, and among those 96% were offering vaccines. According to the CDC, approximately 93% of parents say that their child's provider is their most trusted source of vaccine information. Therefore, pediatric providers should communicate with families about how they can be safely vaccinated during the pandemic; the authors reference communication strategies developed by the CDC and provide a table listing parent-friendly influenza talking points. They also stress the importance of developmental surveillance and early childhood screenings, noting that the CDC recommends newborn visits be done in person shortly after discharge (age 3-5 days), even during the COVID-19 pandemic.	The authors report on the effect of the COVID-19 pandemic on childhood immunization worldwide, with an emphasis on current and predicted trends in the US. They emphasize the importance of primary care providers in ensuring children stay up-to-date on vaccines and in addressing vaccine hesitancy among parents. They reference communication strategies and talking points for use with families to ensure routine childhood vaccinations are maintained.	McNally VV, Bernstein HH. The Effect of the COVID-19 Pandemic on Childhood Immunizations: Ways to Strengthen Routine Vaccination. <i>Pediatr Ann.</i> 2020;49(12):e516-e522. doi:10.3928/19382359-20201115-01
food insecurity, federal nutrition assistance, schools,	1-Dec-20	<a href="#">Feeding Students During COVID-19-Related School Closures: A Nationwide</a>	Journal of Nutrition Education & Behavior	Article	This descriptive analysis aimed to assess child nutrition administrative agencies' responses to school closures in all 50 states, the District of Columbia, 5 US territories, and the US Department of Interior Bureau of Indian Education during the COVID-19 pandemic. The responses of 57 jurisdictions between late February-May 2020 were evaluated by 7 scoring	This descriptive analysis of the responses of 57 US child nutrition agencies to school closures from late February-May 2020 sought to understand	McLoughlin GM, Fleischhacker S, Hecht AA, et al. Feeding Students During COVID-19-Related School

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polymaking, COVID-19, US		<a href="#">Assessment of Initial Responses</a>			criteria: meal provision references in emergency declarations, meal provision references in school closure declarations, providing information on school meals on the regional Department of Education COVID information landing page, school meal site information, guidance and outreach to families, emergency meal service implementation guidance, and partnering with anti-hunger advocacy organizations. Most jurisdictions mentioned school meal provisions in school closure announcements (76%) and provided clear information to find meal sites (58%), with very few jurisdictions partnering with anti-hunger organizations in their response (12%). The latter provides important opportunities to improve jurisdictions' responses in future public health crises with school closures, especially since many children rely significantly on school nutrition programs to obtain meals. Understanding jurisdictions' approaches is important for current and future emergency planning during school closures and reopening to help address food insecurity, limit disease transmission, and prevent health disparities, particularly among at-risk populations.	what communication strategies were used most and least frequently in developing food provision and services. Effective communication is especially important since many children rely on school nutrition programs to obtain meals.	Closures: A Nationwide Assessment of Initial Responses. <i>J Nutr Educ Behav.</i> 2020;52(12):1120-1130. doi:10.1016/j.jneb.2020.09.018
Canada; COVID-19; SARS-CoV-2; infants; gastrointestinal symptoms; fever; upper respiratory tract symptoms	1-Dec-20	<a href="#">Clinical Characteristics and Disease Severity Among Infants With SARS-CoV-2 Infection in Montreal, Quebec, Canada</a>	Journal of American Medical Association (JAMA)	Research Letter	The authors conducted a study of 1165 infants < 1 year old with confirmed SARS-CoV-2 infection who were diagnosed or treated in Montreal, Quebec, Canada between February 14-May 31, 2020. Clinical features and severity of disease were compared between infants < 3 months chronologic age (younger infants) and infants 3 to 12 months old (older infants). Disease was mild in 89% of cases. The most common presenting symptoms were gastro-intestinal tract symptoms (85%), fever (81%), and upper respiratory tract symptoms (59%). There were no significant differences in clinical manifestation between older vs younger infants. However, there was a higher incidence of comorbid conditions among older vs younger infants (46% vs 7%; P = 0.03), including lower birth weight (median [IQR], 2055 g [988-2886 g] among older infants vs 3138 g [2998-3505 g] among younger infants; P = 0.02) and gestational age (34.0 wk [30.0-37.0 wk] among older infants vs 38.8 wk [38.5-39.6 wk] among younger infants; P = 0.05). The authors argued that clinical signs and disease severity among infants in their series differ from those reported in children and older adults. Patients had a predominance of gastro-intestinal tract symptoms, even in the absence of fever, and mild disease overall.	The authors conducted a study of 1165 infants < 1 year old with confirmed SARS-CoV-2 infection who were diagnosed or treated in Montreal, Quebec, Canada between February 14-May 31, 2020. There were no significant differences in clinical manifestation between older vs younger infants. However, there was a higher incidence of comorbid conditions among older vs younger infants (46% vs 7%; P = 0.03).	Panetta L, Proulx C, Drouin O, et al. Clinical Characteristics and Disease Severity Among Infants With SARS-CoV-2 Infection in Montreal, Quebec, Canada. <i>JAMA Netw Open.</i> 2020;3(12). Published 2020 Dec 1. doi:10.1001/jamanetwopen.2020.30470
COVID-19; Delivery; Infants; Pregnancy; SARS-CoV-2; Vertical transmission	1-Dec-20	<a href="#">Clinical characteristics and outcomes of pregnant women with COVID-19 and the risk of vertical transmission: A systematic review [Free access to abstract only]</a>	Archives of Gynecology and Obstetrics	Original research	This systematic review aimed to summarize the clinical characteristics and maternal-infant outcomes of pregnant women with COVID-19, and especially the possibility of vertical transmission. The authors electronically searched PubMed, Embase, Medline, medRxiv, China national knowledge infrastructure, and the Chinese medical journal full text database through April 18, 2020. The search resulted in a total of 538 articles for initial review. A total of 230 women with COVID-19 and 156 newborns from 20 studies were included in the systematic review. 66 of the women were still pregnant, 154 delivered and 10 had spontaneous or induced abortions or ectopic pregnancies. The majority of studies were case reports (N=15); there were 4 retrospective cohort studies and one case-control study. Fever and cough were the most common symptoms reported (124/210, 59.05%; and 115/210, 54.76%, respectively). 7 women received mechanical	This systematic review of clinical characteristics and maternal-infant outcomes included 20 studies, comprising 230 women with COVID-19 and 156 newborns. In these studies, most births occurred via C-section, and nearly a quarter of infants were born prematurely. The authors report a newborn SARS-CoV-2 positivity rate of 3.91%, which they interpreted as cases of vertical transmission.	Chi, J., Gong, W., & Gao, Q. (2020). Clinical characteristics and outcomes of pregnant women with COVID-19 and the risk of vertical transmission: a systematic review. <i>Archives of gynecology and obstetrics</i> , 1–9. Advance online publication.

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					ventilation. 82.29% of the women were considered moderate cases. 80.52% (n=124) of deliveries occurred via C-section. All live newborns had 5-min Apgar scores above 8, and 24.74% (24/97) were born prematurely. Of the 128 newborns tested for SARS-CoV-2 via throat swab, 123 tested negative and 5 tested positive, yielding a positivity rate of 3.91%. The authors interpreted this positivity rate as cases of vertical transmission, although RT-PCR SARS-CoV-2 tests of vaginal secretions (n=13), breast milk (n=25), amniotic fluid (n=32), placental blood (n=35), and placental tissues (n=9) were all negative. All 5 newborns with positive results were delivered by C-section. Elevated levels of SARS-CoV-2 IgM and IgG were detected in 8 newborns whose throat swabs were negative for SARS-CoV-2. The authors concluded that newborns should be tested for serum antibodies against SARS-CoV-2 more frequently, and multiple sample sources should be included in pathogenic testing.	SARS-CoV-2 tests of vaginal secretions, breast milk, amniotic fluid, placental blood, and placental tissues were all negative.	<a href="https://doi.org/10.1007/s00404-020-05889-5">https://doi.org/10.1007/s00404-020-05889-5</a>
United Kingdom, breast feeding, antibodies, SARS-CoV-2, vertical transmission	1-Dec-20	<a href="#">Detection of breastmilk antibodies targeting SARS-CoV-2 nucleocapsid, spike and receptor-binding-domain antigens</a>	Emerging Microbes and Infections	Letter	This article from the UK describes the case of a 40-year-old female whose breastmilk contained strongly neutralizing SARS-CoV-2 IgA and IgG antibodies reactive against multiple SARS-CoV-2 antigens, at 2.5 months after documented SARS-CoV-2 infection. Her 16-month-old child did not display signs or symptoms of COVID-19 during this study and tested negative for serum SARS-CoV-2 antibodies. At 6.5 months following infection, the woman's breastmilk and serum still remained positive for SARS-CoV-2 neutralizing antibodies. The authors also tested whether the index case's serum and breastmilk SARS-CoV-2 antibody levels would be affected by heating. Serum was heated to 56°C for 30 minutes (higher temperatures caused immunoglobulin aggregation), whilst breastmilk was heated to 62.5°C for 30 minutes (Holder pasteurization). Holder breastmilk pasteurization did not diminish SARS-CoV-2 antibody titers but reduced their capacity to neutralize SARS-CoV-2, while serum heating had no negative effect on SARS-CoV-2 serum antibody levels and neutralizing capacity. The mother continued to breastfeed her child, who remained healthy and without signs of COVID-19. Despite the decrease in breastmilk antibody neutralizing capacity following Holder pasteurization, neutralizing activity was still present, suggesting that pasteurization of breastmilk containing SARS-CoV-2 neutralizing antibodies may be of protective benefit to breastfed children.	This case study describes a 40 year-old female in the UK who was infected with SARS-CoV-2 and developed SARS-CoV-2 IgA and IgG antibodies in her breast milk. Antibodies persisted for at least 6.5 months after infection. Holder breast milk pasteurization did not diminish SARS-CoV-2 antibody titers but reduced their capacity to neutralize SARS-CoV-2, while serum heating had no negative effect on SARS-CoV-2 antibody levels and neutralizing capacity.	Favara DM, Ceron-Gutierrez ML, Carnell GW, et al. Detection of breastmilk antibodies targeting SARS-CoV-2 nucleocapsid, spike and receptor-binding-domain antigens [published online ahead of print, 2020 Dec 1]. Emerg Microbes Infect. 2020;1-14. doi:10.1080/22221751.2020.1858699
COVID-19; communication ; education; hearing loss; language; mask-wearing; pandemic; schools; social distancing; speech	1-Dec-20	<a href="#">Potential Impact of the COVID-19 Pandemic on Communication and Language Skills in Children</a>	Otolaryngology –Head and Neck Surgery	Commentary	This article describes the impact of the COVID-19 pandemic on children's language and communication skills during their critical development years. Mask-wearing may have a disproportionate impact on children with hearing loss. Masks degrade speech signals by attenuating high frequencies spoken by the wearer. Since speech perception involves audio-visual integration of information, mask-wearing can obscure articulatory gestures. Children with hearing loss may be more dependent on lip-reading, thus the loss of visual cues may exacerbate the masks' distortion and attenuation effects. Children with hearing loss may also be disproportionately affected by virtual education compared to normal-hearing peers. Hearing-impaired individuals are more likely to experience "Zoom fatigue" due to the increased listening effort resulting from	This article describes the impact of COVID-19 on children's language and communication skills development and advocates facilitating an optimal communication environment for children.	Charney SA, Camarata SM, Chern A. Potential Impact of the COVID-19 Pandemic on Communication and Language Skills in Children [published online, 2020 Dec 1]. Otolaryngol Head Neck Surg. doi:10.1177/0194599820978247

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					difficulties interpreting nonverbal cues, poor audio quality, and audio-visual dys-synchrony. Social distancing measures have affected all school-age children from having meaningful, in-person interactions with peers that help conversational skills development. Several strategies to mitigate the COVID-19 pandemic's effects on children's development include the use of transparent masks to allow for visual input in an in-person setting, optimization of the visual and auditory environment, video chat capabilities, as well as supplemental captioning, recording, and transcribing services. Clinicians and parents should be cognizant of the pandemic's impact on pediatric speech and language development and proactively facilitate an optimal communication environment for children.		
Hand Hygiene, SARS-CoV-2, COVID-19, Adolescent, Poland	1-Dec-20	<a href="#">Hand Hygiene Behaviors in a Representative Sample of Polish Adolescents in Regions Stratified by COVID-19 Morbidity and by Confounding Variables (PLACE-19 Study): Is There Any Association?</a>	Pathogens	Original Research	This study analyzed hand hygiene behaviors in a national representative sample of Polish adolescents (aged 15 – 20 years old [no median given]) in regions stratified by COVID-19 morbidity, taking socio-economic status of the region, as well rural or urban environment, into account as possible interfering factors. 2323 adolescents were surveyed in the study. In regions of low COVID-19 morbidity, a higher share of adolescents than in regions of high morbidity declared washing their hands before meals ( $p = 0.0196$ ), after meals ( $p = 0.0041$ ), after preparing meals ( $p = 0.0297$ ), before ( $p = 0.0068$ ) and after ( $p = 0.0014$ ) using the restroom, after combing their hair ( $p = 0.0298$ ), after handshaking ( $p = 0.0373$ ), after touching animals ( $p = 0.0007$ ), after contacting babies ( $p = 0.0278$ ), after blowing nose ( $p = 0.0435$ ), after touching sick people ( $p = 0.0351$ ), and after cleaning home ( $p = 0.0234$ ). Comparison of location stratified by number of residents in the city indicated better hand hygiene behaviors in villages and small towns than in medium and large cities ( $p < 0.05$ ). Overall, individuals from regions of low COVID-19 morbidity presented more beneficial hand hygiene habits than those from regions of high COVID-19 morbidity. The authors argue these results indicate that better hand hygiene may be protective against SARS-CoV-2 infection and subsequent COVID-19 disease.	This study analyzed hand hygiene behaviors in a national representative sample of Polish adolescents (aged 15 – 20 years old) in regions stratified by COVID-19 morbidity. Adolescents from regions of low COVID-19 morbidity and smaller towns presented more beneficial hand hygiene habits than those from regions of high COVID-19 morbidity or in medium/large cities.	Skolmowska D, Głabska D, Guzek D. Hand Hygiene Behaviors in a Representative Sample of Polish Adolescents in Regions Stratified by COVID-19 Morbidity and by Confounding Variables (PLACE-19 Study): Is There Any Association?. Pathogens. 2020;9(12):E1011. Published 2020 Dec 1. doi:10.3390/pathogens 9121011
Pregnant, SARS-CoV-2, Vaccine, Antepartum, Maternity, Research	1-Dec-20	<a href="#">Pregnant people deserve the protection offered by SARS-CoV-2 vaccines</a>	Vaccine	Commentary	This commentary argues that pregnant individuals should be included in the design and implementation of vaccine trials for SARS-CoV-2. Continued exclusion of pregnant individuals from vaccine trials will lead to a disproportionate burden of COVID-19 on them, as they may be unable or reluctant to obtain vaccination due to lack of safety and efficacy data. The authors stress that pregnant persons deserve an equitable distribution of the burdens and the benefits of vaccine research, and professional societies around the world support this position. The authors propose that the vaccine and maternal health communities collaborate to intentionally include pregnant persons in phase III trials of SARS-CoV-2 vaccines now, and at every stage of vaccine development, to ensure that they have equitable, timely access to both the evidence and the vaccine.	This commentary argues that pregnant individuals should be included in SARS-CoV-2 vaccine development, so they have timely and equitable access to evidence and vaccination. Pregnant people are at high risk for various adverse events if infected with SARS-CoV-2, and may be reluctant to obtain vaccination due to lack of safety and efficacy data.	Maykin MM, Heuser C, Feltovich H. Pregnant people deserve the protection offered by SARS-CoV-2 vaccines. Vaccine. 2020. doi: https://doi.org/10.1016/j.vaccine.2020.12.007.
COVID-19, pyloric stenosis, pediatric, admission, ICU, lockdown,	1-Dec-20	<a href="#">Lockdown during the COVID-19 pandemic: impact on</a>	Archives of Disease in Childhood	Letter	The authors aimed to assess whether pediatric patients with infantile hypertrophic pyloric stenosis (IHPS) delayed presentation to the hospital during the COVID-19 lockdown compared with the same period the preceding year. Ten centers within the UK (England, Scotland and Northern Ireland) contributed data from patients with IHPS via a website	This study's findings showed no significant difference in mean age at presentation, admission weight, presentation to the hospital, and pre-operative ICU	Research Network PST, Arthur F, Harwood R, et al. Lockdown during the COVID-19 pandemic: impact on infants with

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presentation delay, hospital, UK		<a href="#">infants with pyloric stenosis</a>			(covidinchildren.co.uk) between March 23 - May 31, 2020 (the COVID-19 lockdown period) and between March 23 - May 31, 2019 (controls). The authors compared the outcomes for 47 pediatric patients presenting during the lockdown to 40 controls. The results showed no significant difference in the mean age at presentation (p=0.64) and admission weight (p=0.84) of patients with IHPS in the control group (mean: 31 days old, 3600g) and the lockdown group (mean: 34 days old, 3580g). Furthermore, patients' requirements for pre-operative ICU admission and serum biochemistry were similar. However, the lockdown group had statistically but not clinically significant higher serum potassium levels (4.16 vs. 4.5 mmol/L, p=0.04). Therefore, the authors concluded that pediatric patients with IHPS did not significantly delay presentation to the hospital due to the COVID-19 lockdown.	admission requirements in pediatric patients with infantile hypertrophic pyloric stenosis during the COVID-19 lockdown period compared to a similar period in 2019.	pyloric stenosis [published online, 2020 Dec 1]. Arch Dis Child. 2020;archdischild-2020-320544. doi:10.1136/archdischild-2020-320544
COVID-19, severity, children, adults, factors, immune, endothelial function, age-related difference	1-Dec-20	<a href="#">Why is COVID-19 less severe in children? A review of the proposed mechanisms underlying the age-related difference in severity of SARS-CoV-2 infections</a>	Archives of Disease in Childhood	Review	In this review, the authors discuss the proposed hypotheses for the age-related difference in the severity of COVID-19. The factors proposed include those that put adults at higher risk and those that protect children. Factors that put adults at higher risk include: (1) age-related increase in endothelial damage and changes in clotting function; (2) higher density, increased affinity, and different distribution of ACE 2 receptors and transmembrane serine protease 2; (3) pre-existing coronavirus antibodies (including antibody-dependent enhancement) and T cells; (4) immunosenescence and inflammaging, including the effects of chronic cytomegalovirus infection; (5) a higher prevalence of comorbidities associated with severe COVID-19 and (6) lower levels of vitamin D. Factors that might protect children include: (1) differences in innate and adaptive immunity; (2) more frequent recurrent and concurrent infections; (3) pre-existing immunity to coronaviruses; (4) differences in microbiota; (5) higher levels of melatonin; (6) protective off-target effects of live vaccines and (7) lower intensity of exposure to SARS-CoV-2. The authors concluded that although there are several hypotheses for the age-related difference in the severity of COVID-19, the observed age-gradient seems to most closely parallel changes in immune and endothelial/clotting function.	The authors propose factors to explain the age-related difference in the severity of COVID-19 between children and adults, categorized into those that put adults at higher risk and those that protect children. They suggest that the observed age-gradient seems to most closely parallel changes in immune and endothelial/clotting function.	Zimmermann P, Curtis N. Why is COVID-19 less severe in children? A review of the proposed mechanisms underlying the age-related difference in severity of SARS-CoV-2 infections [published online, 2020 Dec 1]. Arch Dis Child. 2020;archdischild-2020-320338. doi:10.1136/archdischild-2020-320338
SARS-CoV-2, pediatric ward, children, family members, staff, transmission, hospitalization, Israel	1-Dec-20	<a href="#">Hospitalisation of children with SARS-CoV-2 on the general paediatric ward: coping with a persistent pandemic</a>	Archives of Disease in Childhood	Letter	The authors examined the number of SARS-CoV-2 infections among staff and patients during and after hospitalization to a general pediatric ward admitting patients with SARS-CoV-2. Between May - August 2020 (123 days), SARS-CoV-2 positive patients were placed in isolation rooms in the authors' hospital's pediatric ward, the largest tertiary pediatric hospital in Israel. The authors used audio and visual equipment to observe patients in the isolation rooms and staff who entered these rooms (with full PPE) as medically necessary. The authors also analyzed data on the post-hospitalization 14-day period of all SARS-CoV-2 negative patients to identify infection cases after hospitalization. The results showed that a SARS-CoV-2-positive patient was present in the pediatric ward for 56 of 123 (45.5%) days of the study period. Of the 39 SARS-CoV-2-positive patients hospitalized in isolation rooms, 19 were family members (adults) and 20 children. Only one staff member tested positive for SARS-CoV-2 during the study period, infected via a positive family member at home. Furthermore,	This study's findings showed low rates of SARS-CoV-2 transmission to other patients and staff after the hospitalization of SARS-CoV-2 children or parents to a general pediatric ward.	Levinsky Y, Tamari I, Zuabi T, et al. Hospitalisation of children with SARS-CoV-2 on the general paediatric ward: coping with a persistent pandemic [published online, 2020 Dec 1]. Arch Dis Child. 2020;archdischild-2020-321058. doi:10.1136/archdischild-2020-321058

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					of the 566 SARS-CoV-2 negative patients in the ward, 7 tested positive after hospitalization, all of them more than 14 days after discharge. These findings suggest a low risk of SARS-CoV-2 transmission to other patients or staff from hospitalization of SARS-CoV-2 positive children or parents to a general pediatric ward.		
Spain, olfactory, smell, Anosmia/hyposomia	1-Dec-20	<a href="#">Subtle olfactory dysfunction after SARS-CoV-2 virus infection in children</a>	International Journal of Pediatric Otorhinolaryngology	Original Research	This paper presents the results of a nested case-control study to determine the prevalence of olfactory dysfunction in children with confirmed SARS-CoV-2 infection. During the period of March to May, 2020, all patients screened for SARS-CoV-2 infection by RT-PCR and anti-SARS-CoV-2 antibodies at a tertiary care facility in Spain were recruited to the study. A total of 126 patients (0-15 years) were recruited, of which 33 had confirmed SARS-CoV-2. Mean age of infected children was 8.4 years (95% CI 6.8–10.1), higher than controls (p = 0.035), and ranged from 2 to 15 years. All recruits were asked to respond to a survey regarding olfactory dysfunction, and 69 patients >6 years old performed a Kradeo(TM) odor identification test based on 7 odorants, 7 months after infection. Of the children who completed the odorant test, mean age was 11.6 years (95% CI 10.5–12.7) for the case-group and 9.5 years (95% CI 8.7–10.2) for the controls (p = 0.002). 15% of children reported anosmia and/or dysgeusia in the survey, all of whom were over 11 years of age with confirmed SARS-CoV-2. Additionally, those children with confirmed SARS-CoV-2 showed mild mis-recognition of odorants in the odor test; cases accurately identified a median of 3 odors (IQR 2-4) as compared to a median of 4 identified by controls (IQR 3-5), but this difference was not significant (p=0.10). Olfactory effects were more significant in male patients than female patients (p = 0.03). However, the authors report that olfactory dysfunction among pediatric COVID-19 patients is less prevalent than in adult populations.	This paper presents the results of a nested case-control study in Spain to determine the prevalence of olfactory dysfunction in children with confirmed SARS-CoV-2 infection. Children with SARS-CoV-2 displayed mild olfactory dysregulation. This was more pronounced in males than in females.	Concheiro-Guisan A, Fiel-Ozores A, Novoa-Carballal R, et al. Subtle olfactory dysfunction after SARS-CoV-2 virus infection in children. Int J Pediatr Otorhinolaryngol. 2021;140:110539. doi:10.1016/j.ijporl.2020.110539
pregnancy; postpartum; COVID-19; India; psychosis; stress	1-Dec-20	<a href="#">Postpartum psychosis in mothers with SARS-CoV-2 infection: A case series from India</a>	Asian Journal of Psychiatry	Letter to the Editor	In this letter to the editor, the authors present 3 cases of postpartum psychosis (PP) at a hospital in Mumbai, India during April 4 - July 31, 2020. All 3 women were either 23 or 24 years old, and all were positive for SARS-CoV-2 via RT-PCR, although none had COVID-19 symptoms. All 3 women developed PP within 7 days of delivery. The most common symptoms were delusion of persecution and delusion of reference. 2 women had delusion surrounding SARS-CoV-2 infection. 2 women recovered within 7 days of treatment, the other woman within 3 days. 2 patients received haloperidol and trihexyphenidyl, and the third patient was given olanzapine. The authors hypothesize that the added stress due to the women's SARS-CoV-2-positive status and separation from their families/social isolation could have contributed to the PP development. Additionally, they propose that altered immune mechanisms in patients with SARS-CoV-2 infection may be a risk factor for developing psychiatric illness. The authors recommend prospective studies generate robust data on the association of PP with COVID-19.	In this letter, the authors present 3 cases of SARS-CoV-2-positive women in Mumbai, India that developed postpartum psychosis. The authors propose that psychosis could have been caused by stress due to SARS-CoV-2 infection and the resulting social isolation, and/or from an immune response.	Subramanyam AA, Nachane HB, Mahajan NN, Shinde S, D Mahale S, Gajbhiye RK. Postpartum psychosis in mothers with SARS-CoV-2 infection: A case series from India. Asian J Psychiatr. 2020 Dec;54:102406. doi: 10.1016/j.ajp.2020.102406. Epub 2020 Aug 29. PMID: 33271702; PMCID: PMC7456193.
COVID-19, Adolescence,	1-Dec-20	<a href="#">COVID-19 and Adolescent</a>	The Lancet Psychiatry	Correspondence	The authors of this correspondence discussed the potential impact of the COVID-19 pandemic and subsequent lockdowns in India on adolescent mental health. As a result of the lockdowns, schools were closed in March	This correspondence discusses the effects of the COVID-19 pandemic on adolescents'	Patra S, Patro BK. COVID-19 and adolescent mental

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Mental Health, India		<a href="#">Mental Health in India</a>			2020, and parents/teachers are concerned about the effects of school closure, social distancing, and increased Internet use on children's mental health. Although the direct impact of COVID-19 has only been mild in children and adolescents, the indirect impact has included increased psychological distress due to parental anxiety, disruption of daily routines, increased family violence, and home confinement with little or no access to peers, teachers, or physical activity. The authors suggest strategies to address adolescent mental health, including monitoring the incidence of various psychiatric disorders and identifying risk and resilience factors. They recommend that frontline health workers in COVID-19 community screening teams be encouraged to discuss recent changes in behavior, substance use, and excessive isolation among children and adolescents. They also recommend that teachers and parents be trained to identify signs and symptoms that suggest poor mental health, such as sleep disturbances, excessive anger, and difficulty concentrating. Furthermore, mental health professionals can address mental health needs using "tele-mental health" interventions that target adolescents, which have shown promising results.	mental health due to the lockdown and subsequent school closures in India, including acute and chronic stress. The authors recommend strategies to screen for and address the adolescent population's mental health needs during the COVID-19 pandemic.	health in india. The Lancet. Psychiatry. 2020;7(12):1015. <a href="http://dx.doi.org/10.1016/S2215-0366(20)30461-2">http://dx.doi.org/10.1016/S2215-0366(20)30461-2</a> . doi: 10.1016/S2215-0366(20)30461-2.
Argentina, seroprevalence, physicians, children's hospital, COVID-19, antibodies	1-Dec-20	<a href="#">Seroprevalence of SARS-CoV-2 antibodies among physicians from a children's hospital</a>	Archivos Argentinos de Pediatría	Original Research	To determine the seroprevalence of COVID-19 antibodies in pediatricians, the authors conducted a cross-sectional study on the staff physicians and residents at the Hospital General de Niños Pedro de Elizalde (HGNPE) in Argentina. Additionally, they ascertained demographic, occupational, and epidemiological characteristics to determine their possible risk for SARS-CoV-2 seropositivity. The primary outcome was the detection of SARS-CoV-2 antibodies (IgG and/or IgM), while the predictor variables were age, place of residence, contacts with people diagnosed with COVID-19 (professional/social), travel history, and professional category (staff/resident). Of the 116 physicians included (ages 45.6 years ± 13.3 years), 4 referred to contact with infected patients without the appropriate protective equipment, and 6 reported having travelled to risk areas. 42.2% of participants reported working in areas designated for COVID-19 care. SARS-CoV-2 antibodies (IgG) were detected in one of the physicians. No IgM was detected. The association between the proposed predictors and the outcome could not be assessed. The authors concluded that the precautionary measures undertaken during the pandemic, such as lockdown, may be associated with low seroprevalence. However, the inclusion of only physicians in this study limits its generalizability.	The authors aimed to determine the seroprevalence of COVID-19 antibodies (IgM and IgG), by collecting blood samples from pediatricians at a hospital in Argentina. They also collected epidemiological and demographic characteristics to determine whether they posed a risk for seropositivity of SARS-CoV-2. They could not determine the association between the predictors and the SARS-CoV-2 seroprevalence, since only 1/116 physicians had IgG antibodies for SARS-CoV-2. They concluded that the implementation of measures like lockdown may be associated with low seroprevalence.	Insúa C, Stedile G, Figueroa V et al. Seroprevalence of SARS-CoV-2 antibodies among physicians from a children's hospital. Arch Argent Pediatr. 2020 Dec;118(6):381-385. English, Spanish. doi: 10.5546/aap.2020.eng.381. PMID: 33231044.
Pregnancy, multiple gestation, preeclampsia, eclampsia, preterm birth, India	1-Dec-20	<a href="#">Impact of SARS-CoV-2 on multiple gestation pregnancy</a>	International Journal of Gynecology and Obstetrics	Original Research	This retrospective study aimed to assess clinical presentations, pregnancy complications, and maternal and neonatal outcomes among women with multiple gestation pregnancy (MGP) and confirmed SARS-CoV-2 infection in Mumbai, India. Data were obtained from the PregCovid Registry of pregnant and postpartum women with PCR-confirmed SARS-CoV-2 infection from April 4-September 10, 2020. 879 women (of which 20 had MGP) were included in the study. 15 (75.0%) women with COVID-19 and MGP were in their third trimester. A significantly higher proportion of MGP	The authors assessed maternal and neonatal outcomes of women with multiple gestation pregnancies and COVID-19 infections compared to their singleton counterparts with COVID-19 and to a cohort of women with multiple gestation	Mahajan NN, Ansari M, Gaikwad C, et al. Impact of SARS-CoV-2 on multiple gestation pregnancy. Int J Gynaecol Obstet. 2020 Dec 1. doi: 10.1002/ijgo.13508.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					women with COVID-19 delivered preterm (66.7%) as compared with their singleton counterparts (8.6%) (P=0.001). The clinical presentations and laboratory parameters did not differ significantly between singleton pregnancy and MGP with COVID-19 infection. The proportion of asymptomatic pregnant women was also similar in the two groups (P=0.505). All neonates tested negative for COVID-19 at birth. Data were also compared with a cohort of women with MGP attending the hospital before the pandemic (April 1, 2019-March 31, 2020, n=63). The rate of twins was 34.2 per 1000 births during the pandemic study period and 37.6 per 1000 deliveries in pre-pandemic period. The incidence of pre-eclampsia/eclampsia was higher in the COVID-19 MGP group than in both the COVID-19 singleton (41.6% vs 7.9%) and pre-pandemic MGP (50.0% vs 12.7%) groups. The authors recommend that women with MGP and Covid-19 infection should receive special attention and require a multidisciplinary team approach.	pregnancies prior to the pandemic. The found an increased incidence of pre-eclampsia/ eclampsia in the COVID-19 multiple gestation group.	
MIS-C, multi-inflammatory syndrome in children, patient care bundles, COVID-19 management	1-Dec-20	<a href="#">Recommendations for the initial management of multisystem inflammatory syndrome related to COVID-19, in children and adolescents</a>	Archivos argentinos de pediatria	Review	This is a review on the management of SARS-CoV-2 infection in children (aged 0-19 years). In children, COVID-19 can present as a condition characterized by a hyper-inflammatory response, known as MIS-C. It shares clinical characteristics with Kawasaki disease or toxic shock syndrome, and its initial management should be similar to that of viral sepsis with organ dysfunction. The authors propose recommendations for institutional bundles of measures for the management of MIS-C. Patient care bundles are diagnostic and therapeutic actions to manage and treat disease. For MIS-C related to COVID-19, these include early detection, immediate and time-sensitive resuscitation, stabilization, timely referral with the intervention of suitable health care providers in case of inadequate treatment response, and process measurement with corrections. The authors present a usable chart detailing 6 steps of initial management to be completed within 1 hour of MIS-C diagnosis. A figure detailing potential management strategies according to the health facility's level of care and resources available is also provided. While the prevalence of MIS-C related to COVID-19 in children is low, it should be monitored closely as it can quickly worsen.	This is a review on the management of SARS-CoV-2 infection and MIS-C in children. For MIS-C, patient care bundles include early detection, immediate and time-sensitive resuscitation, stabilization, timely referral with the intervention of suitable health care providers in case of inadequate treatment response, and process measurement with corrections.	Kohn-Loncarica G, Fustiñana A, Díaz-Rubio F, et al. Recommendations for the initial management of multisystem inflammatory syndrome temporally related to COVID-19, in children and adolescents. Recomendaciones para el manejo inicial del síndrome inflamatorio multisistémico relacionado temporalmente con COVID-19, en niños y adolescentes. <i>Arch Argent Pediatr.</i> 2020;118(6):e514-e526. doi:10.5546/aap.2020.e514