

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; pediatric; transient severe liver injury; Greece	28-Feb-21	Transient Severe Liver Injury: A Unique Presentation of COVID-19 Disease in a Pediatric Patient	The Pediatric Infectious Disease Journal	Brief Report	The authors presented a pediatric patient in Greece with mild COVID-19 phenotype but transient severe liver injury. On 15 November 2020, a previously healthy 5-year-old male developed nausea, paroxysmal vomiting, and inability to tolerate fluids for 10 hrs. Laboratory tests revealed moderate increased inflammatory markers and transaminasemia, indicating liver injury. His family history included 4 RT-PCR-confirmed cases of SARS-CoV-2 over the last 12 days. On presentation, he tested negative for SARS-CoV-2 by RT-PCR via nasal swab. During his hospital stay, the patient remained asymptomatic and repeatedly tested negative for SARS-CoV-2 RT-PCR by nasal swab. Over the next week, the patient's liver chemistries significantly improved. The child remained at hospital for 9 days before being discharged. He also tested positive for SARS-CoV-2 IgG antibodies on day 16, confirming the strong suspicion of COVID-19 infection. Hepatic damage should be considered even in mild cases of SARS-CoV-2 infection, to ensure prompt recognition and management.	The authors presented a pediatric patient in Greece with mild COVID-19 phenotype but transient severe liver injury. Hepatic damage should be considered even in mild cases of SARS-CoV-2 infection to ensure prompt recognition and management.	Sgouropoulou V, Vargiami E, Kyriazi M, et al. Transient Severe Liver Injury: A Unique Presentation of COVID-19 Disease in a Pediatric Patient. <i>Pediatr Infect Dis J.</i> 2021;40(5):e204-e205. doi:10.1097/INF.0000000000003104.
COVID-19; pregnant women; health care workers; horizontal transmission; perinatology clinic; Turkey	28-Feb-21	Perinatology clinic in the coronavirus disease-2019 pandemic: what harms, often teaches	The Journal of Maternal-Fetal and Neonatal Medicine	Article	In this prospective cohort study, the authors assessed horizontal transmission of SARS-CoV-2 in frontline health care workers (HCW) providing obstetric care in a single tertiary perinatology unit in Turkey, while practicing strict clinical triage, following recommended precautions, and wearing PPE. They also compared maternal and perinatal outcomes during the pandemic (March-August 2020) with those in the preceding 3 months (December 2019-February 2020). 162 pregnant women (median age=27 years, range=15-45 years, representing all 3 trimesters) had RT-PCR-positive SARS-CoV-2 infections in the following forms: mild-moderate (n=146), severe (n=12), critical (n=1) and asymptomatic (n=3). The ratio of women with severe pre-eclampsia admitted to the ICU increased significantly during the pandemic compared to pre-pandemic (n=84/129 vs. n=62/128, p=0.01). 25 HCW (n=11 nurses/midwives, n=7 doctors, n=3 health technicians, n=4 support staff) had positive PCR testing for SARS-CoV-2 during the time frame of interest. Of those, 22 HCW were working in the perinatology unit. Therefore, in a perinatology clinic during the COVID-19 pandemic, exposure to 162 PCR-positive pregnant women may be correlated with a 5.4% (22/408) documented horizontal transmission in the frontline HCW, despite clinical triage and PPE.	In this prospective cohort study, the authors assessed horizontal transmission of SARS-CoV-2 in frontline health care workers (HCW) providing obstetric care in a single tertiary perinatology unit in Turkey, while practicing strict clinical triage, following recommended precautions, and wearing PPE. 162 SARS-CoV-2 PCR-positive pregnant women were correlated with a 5.4% (22/408) documented horizontal transmission in the frontline HCW, despite clinical triage and PPE.	Yapar Eyi EG, Moraloglu Tekin O, Buglagil A, et al. Perinatology clinic in the coronavirus disease-2019 pandemic: what harms, often teaches. <i>J Matern Fetal Neonatal Med.</i> 2021;1-9. doi:10.1080/14767058.2021.1875440.
COVID-19; pediatric; neurological symptoms	28-Feb-21	Definitive pathognomonic signs and symptoms of paediatric neurological	Acta Paediatrica	Review	The authors discussed pediatric neurological symptoms in children with COVID-19 which include MIS-C. Reports of neurological complications include headaches, fatigue, muscle pain, dizziness, hyposmia, hypogeusia, visual dysfunction and altered state of consciousness, epilepsy and Guillain-Barré syndrome expressed as hypoxia, multi-organ dysfunction, and metabolic and electrolyte derangement. The initial findings suggest that neurological	The authors discussed pediatric neurological symptoms in children with COVID-19 which include MIS-C. The initial findings suggest that neurological manifestations can be considered to be the direct	Verrotti A, Mazzocchetti C, Iannetti P. Definitive pathognomonic signs and symptoms of paediatric neurological COVID-19 are still emerging. <i>Acta</i>

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		COVID-19 are still emerging			manifestations can be the direct result of central nervous system viral invasion or post-infection immuno-mediated disease since specific antibodies have been found in cerebral spinal fluid. Both Kawasaki disease and MIS-C have been associated with a common trigger that provokes a significant cytokine storm that results in systemic inflammation and multi-organ dysfunction, including neurological symptoms. The different severity level of neuro-invasion, neurotropism and neurovirulence in COVID-19 patients may result from an interaction between viral and host factors. Close fetal observation is required to monitor even minor abnormalities in psychomotor development. Pediatric neurological COVID-19 still needs to be clarified as the knowledge of definitive pathognomonic signs and symptoms is still emerging.	result of central nervous system viral invasion or post-infection immuno-mediated disease. Pediatric neurological COVID-19 still needs to be clarified as the knowledge of definitive pathognomonic signs and symptoms is still emerging.	Paediatr. 2021. doi:10.1111/apa.15827.
Autism spectrum disorder, Behavior disorder, COVID-19, Risk factors	28-Feb-21	Factors affecting the behavior of children with ASD during the first outbreak of the COVID-19 pandemic	Neurological Sciences	Original Research	This cross-sectional study in Chile assessed the impact of the COVID-19 pandemic on children with autism spectrum disorder (ASD). 118 parents answered an online survey between Aug 1 - Oct 30, 2020, reporting on the intensity and frequency of behavioral problems in their child with ASD (age range: 2-15 years; median age: 6 years). 44.9% of parents reported that behavioral problems had increased in intensity and/or frequency during the COVID-19 pandemic. This increase was predicted by children having a family member hospitalized with COVID-19 (OR= 4.11; 95% CI:1.53–11.1) and parents' mental health disorders (OR= 2.43; 95% CI: 1.01–5.83). The researchers conclude that their results indicate that behavioral changes in children with ASD during the COVID-19 pandemic are due to stress on the family system. They suggest that their findings may be used to mitigate negative impact on child and family psychosocial health.	This cross-sectional study in Chile assessed the impact of the COVID-19 pandemic on children with autism spectrum disorder (ASD). They conclude that behavioral changes in children with ASD during the COVID-19 pandemic are due to stress on the family system.	Nuñez A, Le Roy C, Coelho-Medeiros ME et al. Factors affecting the behavior of children with ASD during the first outbreak of the COVID-19 pandemic. <i>Neurol Sci.</i> 2021;1-4. doi:10.1007/s10072-021-05147-9
COVID-19, dermatology, exanthema, Gianotti-Crosti, pediatrics, virology	28-Feb-21	Gianotti-crosti syndrome in the setting of recent coronavirus disease-19 infection	Pediatric Dermatology	Case Report	This case report describes a 10-month-old boy in the US with a history of atopic dermatitis who presented with a new-onset rash. The patient's mother reported that the rash appeared on his buttocks and spread to his extremities and cheeks. The patient was not bothered by the rash. Upon questioning, his mother reported that the patient had fever and cough with a positive SARS- CoV- 2 RT-PCR swab 4 weeks earlier. His constitutional symptoms resolved within 1 week, and a rash appeared 3 weeks later. Of note, family members who also tested positive for SARS-CoV-2 did not develop a rash. On exam, the patient had erythematous, symmetric papules on his cheeks, bilateral upper and lower extremities and buttocks with sparing of the chest, abdomen and back. This presentation was consistent with acrodermatitis of childhood, Gianotti-Crosti syndrome, and the patient did not require treatment as the rash is self-resolving. Though several rashes have been associated with COVID-19, the Gianotti-Crosti rash appears after the resolution of the infection, rather than during the active phase. Possible pathophysiological explanations include a post-viral immunologically mediated pathway and that it may be caused by a virus-induced	This case report describes a 10-month-old boy in the US with a history of atopic dermatitis who presented with a new-onset rash 3 weeks following a positive SARS-CoV-2 test. The authors suggest that COVID-19 was the infectious trigger for this rash and that this case can serve to increase physician awareness and encourage further data collection of other cutaneous manifestations of COVID-19.	Swali RN, Lee EB, Adams JL. Gianotti-crosti syndrome in the setting of recent coronavirus disease-19 infection [published online, 2021 Feb 28]. <i>Pediatr Dermatol.</i> 2021;10.1111/pde.14518. doi:10.1111/pde.14518

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					delayed hypersensitivity immune response. In this case report, as there was a lack of confounding variables, the authors suggest that COVID-19 was the infectious trigger for the development of the rash. This case can serve to increase physician awareness and encourage further data collection of other cutaneous manifestations of COVID-19.		
USA, neonate, placenta, pregnancy, COVID-19, SARS-CoV-2	28-Feb-21	Maternal, neonatal and placental characteristics of SARS-CoV-2 positive mothers [Free Access to Abstract Only]	The Journal of Maternal-Fetal and Neonatal Medicine	Original Research	This study explores the effects of SARS-CoV-2 on neonates and placental pathology compared to normal pregnancies. Data were collected between March-August 2020 from New York Presbyterian-Brooklyn Methodist Hospital (USA). Data from neonates (n=142) and placentas (n=101) from SARS-CoV-2-positive mothers were compared with those from SARS-CoV-2-negative mothers. There were 142 SARS-CoV-2-positive mothers within the study group, and 43 (36%) of them were symptomatic. Only 1/142 neonate tested positive for SARS-CoV-2 in the first 24 hours of life. 2 additional neonates initially tested negative in the first 24 hours, and later tested positive on day 7 and at 1 month. All neonates were asymptomatic and had no sequelae. There was no increase of pre-term labor and delivery or NICU admissions from SARS-CoV-2-positive mothers. Placentas from SARS-CoV-2-positive mothers showed no increase of placental pathologic features, compared to those of negative mothers. There were more vaginal deliveries (p=0.086) and more meconium staining of fetal membranes (p=0.029) from the SARS-CoV-2-positive mothers. These data show no increased risk of pre-term delivery in SARS-CoV-2 positive mothers. Vertical transmission and perinatal infection might occur, but incidence is low.	This study explores the effects of SARS-CoV-2 on neonates and placental pathology compared to normal pregnancies in the USA. Very few neonates born to SARS-CoV-2 positive mothers tested positive themselves (3/142), and infected mothers had higher incidence of vaginal delivery (not statistically significant) and meconium staining of fetal membranes. In all, SARS-CoV-2-positive mothers showed no increased risk of pre-term delivery, and vertical transmission and perinatal infection might occur but incidence is low.	Zhang P, Heyman T, Greechan M, et al. Maternal, neonatal and placental characteristics of SARS-CoV-2 positive mothers [published online ahead of print, 2021 Feb 28]. J Matern Fetal Neonatal Med. 2021;1-9. doi:10.1080/14767058.2021.1892637
adolescents; children; coronavirus-19; sedentary behaviour; screen time; physical activity	27-Feb-21	Physical activity, screen time and the COVID-19 school closures in Europe - an observational study in 10 countries	European Journal of Sport Science	Original Research	The authors examined the prevalence and correlation factors of physical activity and screen time for children (ages 6-18 years, median age 13 years, n = 8395) in 11 countries in Europe (Russia, Spain, Italy, Germany, France, Belgium, Portugal, Romania, Hungary, Poland, and Slovenia) from May 15 - June 22, 2020, during the COVID-19 pandemic. Parents of the children who were surveyed indicated that 66.4% (n = 5577, 95% CI 65.4 - 67.4) of the children followed structured routines, 56.6% (n = 4749, 95% CI 55.5 - 57.6) were active during online physical education, and 19.0% (95% CI, 18.2 - 19.9) met the WHO Global physical activity recommendation. Screen time exceeding 2 hours per day occurred for 69.5% [95% CI, 68.5 - 70.5] of children on weekdays and 63.8% [95% CI, 62.7 - 64.8] on weekends. Factors associated with healthy levels of physical activity included playing outdoors more than 2 hours per day, having a daily routine, and being active during online physical education. The authors suggest that policymakers, schools, and parents incorporate these considerations into their decisions to increase children's physical activity during the COVID-19 pandemic and that closing outdoor facilities should only be considered a last resort.	The authors examined the prevalence and correlation factors of physical activity and screen time for children in 11 European countries during the COVID-19 pandemic. Only 19% of children of the parents surveyed met WHO Global physical activity recommendations, and total screen time exceeding 2 hrs/day was highly prevalent (weekdays: 69.5%; weekend: 63.8%). The authors suggest that policymakers, schools, and parents incorporate these considerations into their decisions to increase children's physical activity during the COVID-19 pandemic and that	Kovacs VA MD, PhD, Starc G PhD, Brandes M PhD, et al. Physical activity, screen time and the COVID-19 school closures in Europe - an observational study in 10 countries [published online, 2021 Feb 27]. Eur J Sport Sci. 2021;1-26. doi:10.1080/17461391.2021.1897166

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						closing outdoor facilities should only be considered a last resort.	
case report, coagulopathy, COVID-19, pregnancy, pulmonary embolism, thrombosis	27-Feb-21	Pulmonary embolism in pregnancy with COVID-19 infection: A case report	Clinical Case Reports	Case Study	This case study was written on a 22-year-old pregnant woman at 30 weeks and 5 days gestation who was admitted to Firoozgar Hospital in Tehran, Iran on April 22, 2020. The woman was admitted due to loss of consciousness and double mydriasis; 6 days earlier, she had presented shortness of breath. When admitted, the patient was intubated, and CPR was performed. When no fetal heartbeat was detected, the patient was moved to the operating room for emergency echocardiography. The patient was found to have a massive pulmonary embolism and right- and left-sided heart failure. Her SARS-CoV-2 test was positive, and COVID-19 was confirmed with an X-ray displaying diffuse consolidative opacities in both lungs. When fetal death was confirmed with an ultrasound, delivery was planned. However, the patient expired before delivery due to respiratory-cardiovascular arrest on April 23. The patient was found to have high Partial Thromboplastin Time (PTT), fibrinogen, and D-dimer levels, which are associated with COVID-19 and are indicators for increased thrombin production and an increased risk of death.	This case study was written on a 22-year-old pregnant woman at 30 weeks and 5 days gestation who was admitted to Firoozgar Hospital in Tehran, Iran on April 22, 2020. The patient was diagnosed with COVID-19, fetal death was confirmed, and the patient expired due to respiratory-cardiovascular arrest on April 23. The patient had elevated PTT, fibrinogen, and D-dimer levels associated with COVID-19.	Goudarzi S, Firouzabadi FD, Mahmoudzadeh F, et al. Pulmonary embolism in pregnancy with COVID-19 infection: A case report. Clin Case Rep. 2021. doi:10.1002/ccr3.3709
COVID-19; children; asthma; Oman	27-Feb-21	CHILDREN WITH ASTHMA HOSPITALISED WITH COVID-19: MULTICENTRE EXPERIENCE	Journal of Paediatrics and Child Health	Letter to the Editor	The authors described the experience of 223 children (median age=4 years [range not specified]) with asthma hospitalized for SARS-CoV-2 infection in 3 main pediatric admitting centers in Oman [date not specified]. 5 patients (2%) had acute exacerbation of asthma, requiring salbutamol and corticosteroids. 3 patients required oxygen therapy and 2 were observed in high dependency, but none required assisted ventilation. The length of hospital stay was 3 days on average, and all had full recovery. Asthma was not found to be a risk factor for severe COVID-19 among children in Oman. With the gradual opening of schools, there is a need to be vigilant regarding the severity of COVID-19 in this population. Optimizing asthma management is the key to preventing severe disease in these children.	The authors described the experience of children with asthma hospitalized for SARS-CoV-2 infection in 3 main pediatric admitting centers in Oman. Asthma was not found to be a risk factor for severe COVID-19 among this cohort.	Al Yazidi LS, Al Maskari N, Al Reesi M. CHILDREN WITH ASTHMA HOSPITALISED WITH COVID-19: MULTICENTRE EXPERIENCE. J Paediatr Child Health. 2021;57(3):464-466. doi:10.1111/jpc.15415.
Coronavirus, Perinatal psychiatry, Infodemiology	27-Feb-21	Google search behaviour relating to perinatal mental wellbeing during the United Kingdom's first COVID-19 lockdown period: a warning for future restrictions	Archives of Women's Mental Health	Original Research	This infodemiological study examined the weekly relative search volume (RSV) of terms related to perinatal mental health through Google during the first COVID-19 lockdown period in the United Kingdom. RSVs from March 22 - July 5, 2020 were compared to those from March 24 - July 7, 2019. During lockdown, weekly RSVs decreased for "mother guilt" (-61.80%; p=0.057), "mum no family" (-71.87%; p=0.036), "unwanted pregnancy" (-45.10%; p=0.018), "abortion" (-38.24%; p=0.06), "miscarriage" (-12.46%; p = 0.000074), and "neonatal death" (-35.22%; p=0.032). Increases in the weekly RSVs were observed for "bad mother" (+27.23%; p=0.013), "mother domestic abuse" (+241.28%; p=0.067), "domestic abuse" (+ 63.03%; p = 0.0000013), "domestic violence" (+27.57%; p = 0.0020), and "financial abuse" (+21.23%; p=0.014). Weekly RSVs decreased for "substance misuse" (-20.20%; p=0.035), "drug use" (-11.79%; p=0.061), "come off drugs" (-50.89%; p=0.061), and "physical abuse"	This infodemiological study examined the weekly relative search volume (RSV) of terms related to perinatal mental health through Google during the first COVID-19 lockdown period in the United Kingdom. Changes were found for search terms specific to perinatal health, as well as non-specific terms.	Chapman GE, Ishlek I, Spoor J. Google search behaviour relating to perinatal mental wellbeing during the United Kingdom's first COVID-19 lockdown period: a warning for future restrictions. Arch Womens Ment Health. 2021;1-6. doi:10.1007/s00737-021-01110-x

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					(-14.00%; p=0.069). The researchers note that their results do not consider the total number of searches made during lockdown, and that some of the search terms have limited specificity to perinatal mental health.		
COVID-19; Caesarean section; SARS-CoV-2; hypoxia; intrauterine transmission; placental insufficiency; transplacental transmission; vertical transmission	27-Feb-21	Intrauterine vertical SARS-CoV-2 infection: a case confirming transplacental transmission followed by divergence of the viral genome	BJOG: An International Journal of Obstetrics and Gynaecology	Case Report	This article presents a case of COVID-19 during pregnancy which led to intra-uterine SARS-CoV-2 transmission with placental dysfunction and fetal distress. The patient was a 27-year-old woman (gravida 2, para 1) seen at a university hospital in Sweden at gestational week 34 + 4 days due to 3-day history of fever, abdominal pain, and reduced fetal movements, along with one day of dry coughing [dates not reported]. RT-qPCR of nasopharynx (NPH) throat swab was positive for SARS-CoV-2. In light of the cardiotocograph results at admission, the team performed an immediate C-section. The neonate showed no initial signs of spontaneous breathing and was ventilated in a separate room until spontaneous breathing began at 6 minutes of age. The neonate had no contact with the mother during the first 60 hours of life; RT-qPCR of NPH swab obtained from the neonate 48 hours after the delivery was positive for SARS-CoV-2. All 27 staff that tended to the neonate and 4 nearby patients tested negative for SARS-CoV-2 via RT-qPCR. The neonate was united with the mother 60 hours after birth, at which point breastfeeding was initiated. Viral genome sequencing found the same 12 variant positions in the SARS-CoV-2 genomes from maternal, neonatal, and placenta samples, indicating vertical transmission. SARS-CoV-2 RNA was found in the maternal blood, and RT-qPCR indicated the highest viral load within the placenta. Other studies have suggested that placental inflammation may play a central role in the transmission of SARS-CoV-2. In this case, SARS-CoV-2 protein was found in the villous cytotrophoblasts and syncytiotrophoblasts, and massive perivillous fibrin deposits covered >50% of the placenta. The placental histopathological changes seen in this case are similar to previous reports.	This article presents a case of COVID-19 during pregnancy which led to intra-uterine SARS-CoV-2 transmission with placental dysfunction and fetal distress. The authors propose that placental inflammation played a central role in the transmission of SARS-CoV-2 from mother to fetus.	Zaigham M, Holmberg A, Karlberg ML, et al. Intrauterine vertical SARS-CoV-2 infection: a case confirming transplacental transmission followed by divergence of the viral genome [published online, 2021 Feb 27]. BJOG. 2021;10.1111/1471-0528.16682. doi:10.1111/1471-0528.16682
trauma-informed care; toxic stress; ACEs; pediatrics	27-Feb-21	A trauma-informed approach to the pediatric COVID-19 response	Current Problems in Pediatric and Adolescent Health Care	Commentary	This commentary explains how pandemic-related impacts to child well-being can be explained by the neurobiology of trauma and toxic stress, and introduces a trauma-informed framework that pediatricians can use in clinical practice to promote the health, well-being, and safety of children during the COVID-19 pandemic and beyond. During COVID-19, uncertainty, concern, and isolation can lead to high levels of stress among children. The neuro-endocrine shifts associated with the toxic stress response can disrupt optimal brain growth and functioning. This may manifest as a change in behaviors or symptoms of anxiety and depression in the short term; over the long term, the stress response can disturb whole-body homeostasis, leading to inflammation and activation of pathways causing disease. If pediatricians recognize the potential traumatic effect of COVID-19 and respond appropriately with a trauma-informed approach to care, they may be able to intervene and	This commentary explains how pandemic-related impacts to child well-being can be explained by the neurobiology of trauma and toxic stress. The authors introduce a trauma-informed framework that pediatricians can use in clinical practice during the COVID-19 pandemic and beyond.	Chokshi B, Pletcher BA, Strait JS. A trauma-informed approach to the pediatric COVID-19 response [published online, 2021 Feb 27]. Curr Probl Pediatr Adolesc Health Care. 2021;100970. doi:10.1016/j.cppeds.2021.100970

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					safeguard against both acute and lifelong negative health outcomes. The authors describe the "CARES" framework for trauma-informed pediatric care: (C)onsider the context of the patient's presentation; (A)sk how COVID-19 may be impacting the family; re-inforce (R)esiliency factors that may lesson stress effects such as regular family time, positive interactions, consistent daily routines, regular play and outdoor activities, and validation of difficult emotions; (E)ducate patients and caregivers on the relationship between traumatic exposures, stress, and health; and promote (S)elf-care among pediatric providers through regular self-assessment.		
COVID-19; long COVID; children; school reopening	27-Feb-21	Children with long covid	New Scientist	News Article	This article discusses the emerging information regarding long-term health effects of COVID-19 in children in the UK. This article acknowledges that the majority of children are either asymptomatic or have mild symptoms when diagnosed with COVID-19; however, there are increasing cases of children being identified with possible long-term effects, months after an initial diagnosis. Until this point, most long-term COVID-19 are from adults. In a study of children performed in Italy between March - November 2020, greater than half of the 129 children studied between 6-16 years old had at least one symptom lasting >120 days. 42.6% had symptoms that impaired their daily activities. The UK Office for National Statistics's latest report estimates that 12.9% of UK children aged 2 to 11 years, and 14.5% of children aged 12 to 16 years still have symptoms 5 weeks after their first infection. Many parents share frustration over lack of support from healthcare providers, specifically as the varied symptoms associated with COVID-19 can be attributed to many illnesses. The authors suggest that these data on long term effects of COVID-19 in children are especially relevant at this time as schools are re-opening. Further studies will be performed to assess the risk factors and prevalence of long-term COVID-19 in children in the coming months.	This article discusses emerging information regarding long-term health effects of COVID-19 in children in the UK. The authors suggest that data on long term effects of COVID-19 in children are especially relevant at this time as schools are re-opening.	Thomson H. Children with long covid. New Sci. 2021;249(3323):10-11. doi:10.1016/S0262-4079(21)00303-1
Breastfeeding; COVID-19; Vaccination	27-Feb-21	Breastfeeding and COVID-19 vaccination: position statement of the Italian scientific societies	Italian Journal of Pediatrics	Commentary	The availability of the COVID-19 vaccine has raised the issue of its compatibility with breastfeeding. Consequently, the Italian Society of Neonatology, the Italian Society of Pediatrics, the Italian Society of Perinatal Medicine, the Italian Society of Obstetrics and Gynecology, the Italian Association of Hospital Obstetricians-Gynecologists, and the Italian Society of Infectious and Tropical Diseases have made an ad hoc consensus statement. They begin by summarizing indications from the UK, US, Canada, and the EU. The UK Joint Committee on Vaccination and Immunization advises that breastfeeding women should be offered the COVID-19 vaccine if they are otherwise eligible. The Canadian Pfizer-BioNTech vaccine manufacturer sheet simply states that it is not known whether the vaccine is excreted in human milk and that risk to the infant cannot be excluded. While the US Food and Drug Administration and Centers for Disease Control and Prevention have emphasized the absence of scientific data (without explicit contra-indication), the US Society for Maternal-Fetal Medicine	This commentary summarizes the position statement of 6 Italian scientific societies that the COVID-19 vaccine is compatible with breastfeeding. Indications from the UK, US, Canada, and the EU are also summarized.	Davanzo R, Agosti M, Cetin I, et al. Breastfeeding and COVID-19 vaccination: position statement of the Italian scientific societies. Ital J Pediatr. 2021;47(1):45. Published 2021 Feb 27. doi:10.1186/s13052-021-00998-6

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					and the American College of Obstetricians and Gynecologists both state that the vaccine should be offered to breastfeeding women. The Academy of Breastfeeding Medicine states it is very unlikely that mRNA from the vaccine would pass into human milk, and if so would likely have no biological effect on the infant. They also note that vaccination of breastfeeding mothers may allow the passage of anti-SARS-CoV-2 IgA antibodies from mother to infant within 5-7 days. The European Medicines Agency states no specific risk is expected for the breastfeeding mother and infant. Since the health benefits of breastfeeding are well demonstrated and the health risk for the nursed infant is biologically implausible, the aforementioned Italian scientific societies conclude that COVID-19 vaccination is compatible with breastfeeding.		
COVID-19; respiratory disease; prevalence	27-Feb-21	Changes in respiratory diseases in Chongqing Health Center for Women and Children during COVID-19	New Microbes and New Infections	Original Article	The authors summarized the outpatient volume of respiratory tract infections and volume of pediatric patients at the Chongqing Health Center for Women and Children (China) from January 2017-June 2020. The pediatric outpatient volumes were 165,496 in 2017, 188,327 in 2018, and 209,058 in 2019. However, the total number of outpatient visits between January-June 2020 underwent a significant reduction. Comparison of total outpatient volume and that for respiratory diseases from 2020 compared to the same period in 2017-2019 showed a significant reduction (p-value <0.05). There was also a gradual increase in the number of outpatient volumes and respiratory disease visits noted from February-June 2020. The authors noted that sanitary measures and mask-wearing practices were associated with a decrease in hospital visits compared to previous years (p<0.05). In addition to mask-wearing and sanitizer use, the authors also recommended temperature screenings before entering public places and parents taking measures to reduce the number of children going to hospitals by self-medication. The authors found a decrease in the volume of pediatric outpatient visits and total respiratory disease visits from January 2020-June 2020 compared to the same period from 2017- 2019 (p<0.05). Hence, they suggest the continuation of sanitary measures such as handwashing and sanitizer usage, in conjunction with mask-wearing, which they associated with the drastic decrease in pediatric hospital visits in 2020.	The authors found a decrease in the volume of pediatric outpatient visits and total respiratory disease visits from January 2020-June 2020 compared to the same period from 2017-2019 (p<0.05). Hence, they suggested the continuation of sanitary measures such as handwashing and sanitizer usage, in conjunction with mask-wearing, which they associated with the drastic decrease in pediatric hospital visits in 2020.	Xiaoxiao X, Mingdeng X, Xuemei L. Changes in respiratory diseases in Chongqing Health Center for Women and Children during COVID-19. <i>New Microbes New Infect.</i> 2021:100856. doi:https://doi.org/10.1016/j.nmni.2021.100856
COVID-19; MIS-C; Multisystem inflammatory disease; Saudi Arabia; children; pediatric	27-Feb-21	COVID-19 in children ranging from asymptomatic to a multi-system inflammatory disease: A single-center study	Saudi Medical Journal	Original Article	The aim of the study was to identify clinical and laboratory characteristics of Saudi children with confirmed COVID-19. The authors conducted a retrospective study of 88 children (mean age 5.74 years, sd 4.7 years) from April-June 2020 in Saudi Arabia with confirmed SARS-CoV-2 infection. Affected family members with COVID-19, namely the mothers (49.4%) and fathers (26.5%), were the main source of infection for these children. 63.9%, 34.9%, 32.5%, and 27.7% presented with fever, malaise, cough, and diarrhea, respectively. 49.4% of patients had underlying comorbidities, and 5.7% of patients presented with MIS-C. Increased levels of D-dimer (p=0.023), the presence of cough (p=0.005), and distress (p=0.017)	The aim of the study was to identify clinical and laboratory characteristics of Saudi children with confirmed COVID-19. Affected family members with COVID-19, namely the mothers (49.4%) and fathers (26.5%), were the main source of infection for these children. When working with sick children, the authors	Shahin W, Rabie W, Alyossof O, et al. COVID-19 in children ranging from asymptomatic to a multi-system inflammatory disease: A single-center study. <i>Saudi Med J.</i> 2021;42(3):299-305. doi:10.15537/smj.2021.42.3.20200625

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					were associated with the presence of comorbidities. The length of hospital stay ranged from 1-17 days and was negatively correlated with lymphocyte count ($r=-0.36$, $p=0.001$), but it was positively correlated with absolute neutrophil count ($r=0.33$, $p=0.002$) and inflammatory marker levels [statistics varied by marker]. All the included patients had favorable outcomes and smooth recovery. The authors recommend keeping a high index of suspicion for MIS-C in all sick children.	recommend keeping a high index of suspicion for MIS-C, which represented 5.7% of the included study population.	
Kawasaki disease, COVID-19, MIS-C, phenotype, laboratory analysis, genetic susceptibility, immunotherapy	26-Feb-21	Phenotype, susceptibility, autoimmunity, and immunotherapy between Kawasaki disease and Coronavirus disease-19 associated Multisystem Inflammatory Syndrome in Children	Frontiers in Immunology	Review Article	The authors present a detailed review of the phenotype, laboratory findings, autoimmunity, and immunotherapy found in Kawasaki's disease (KD), COVID-19, and MIS-C. Specifically, they describe the differences in demographics and presentation between KD, KD shock syndrome (KDSS), COVID-19, and MIS-C (see table 1). They provide a detailed comparison of the immunopathogenesis of KD and MIS-C, focusing on the imbalance of T-helper 17 and T regulator cells and the role played by epigenetic regulation of DNA methylation. They review the genetic susceptibility of KD, such as the HLA-MICA A4 allele linked with coronary aneurysm and particular DNA polymorphisms linked with susceptibility. They suggest that MIS-C may be linked with HLA B*46:01 subtype and a toll-like receptor 7 (TLR7) variant inducing a proinflammatory reaction. They discuss IVIG resistance in both KD and MIS-C and the use of additional agents such as anti-IL6, tocilizumab, anakinra, and anti-coagulopathy regimens. They present an illustration of SARS-CoV-2 infection, immunity, and autoimmunity while offering eight potential therapies to treat MIS-C (see Figure 1). The authors suggest that clarifying the phenotypes, genetic susceptibility, and hyperinflammatory mechanism in the various diseases, including those with IVIG resistance, would allow more specific therapies to be directed to each individual.	The authors present a detailed review of the phenotype, laboratory findings, autoimmunity and immunotherapy found in KD, KDSS, COVID-19 and MIS-C followed by a list of 8 therapeutic possibilities for MIS-C. They suggest that it may become possible to individualize effective therapies with better understanding of the phenotypes, genetic susceptibility and hyperinflammatory mechanisms in the various diseases.	Chen MR, Kuo HC, Lee YJ, et al. Phenotype, Susceptibility, Autoimmunity, and Immunotherapy Between Kawasaki Disease and Coronavirus Disease-19 Associated Multisystem Inflammatory Syndrome in Children. <i>Front Immunol.</i> 2021 Feb 26;12:632890. doi: 10.3389/fimmu.2021.632890. PMID: 33732254; PMCID: PMC7959769.
COVID-19; confinement; behavioral problems; children's well-being; digital media; emotional problems; screen time; Portugal	26-Feb-21	Are Emotional and Behavioral Problems of Infants and Children Aged Younger Than 7 Years Related to Screen Time Exposure During the Coronavirus Disease 2019 Confinement? An Exploratory Study in Portugal	Frontiers in Psychology	Article	This study analyzed the association between screen time exposure and emotional/behavioral problems of infants and children aged <7 years, as manifested during the lockdown period in Portugal due to the COVID-19 pandemic. A sample of 193 parents (mean age=36.44 ± 4.35 years; 92.2% female) of children (mean age=42.86 ± 20.65 months; 56% male) completed a survey about the time and manner of use of screen time exposure of their children. Data were derived on circumstances both before and after the confinement; the survey also explored the child's behavioral and emotional adjustment using the Preschool Pediatric Symptom Checklist (PPSC). Respondents agreed that exposure time to television (71%) and tablets and cellphones (25%) increased during the confinement. Majority of parents disagreed that exposure time to videogames (70.5%) and computers (59.1%) increased. PPSC Attention Problems showed positive correlations with total hours of exposure to screens on weekdays ($r=0.288$, $p=0$) and total hours of exposure to screens on weekends ($r=0.257$, $p=0.001$). The findings revealed a modest relationship between children's exposure time to screens and	The study analyzed the association between screen time exposure and emotional/behavioral problems of infants and children aged <7 years, as manifested during the lockdown period in Portugal due to the COVID-19 pandemic. The findings revealed a modest positive correlation between children's exposure time to screens and behavioral and emotional problems on children studied. Parents may also play an important role in children's behavioral and emotional adjustment during the confinement period.	Monteiro R, Rocha NB, Fernandes S. Are Emotional and Behavioral Problems of Infants and Children Aged Younger Than 7 Years Related to Screen Time Exposure During the Coronavirus Disease 2019 Confinement? An Exploratory Study in Portugal. <i>Front Psychol.</i> 2021;12:590279. doi:10.3389/fpsyg.2021.590279.

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					behavioral and emotional problems on children studied. The attitude of participation of the parents while children are using their devices was also associated to PPSC Total ($r=-0.170$, $p=0.030$) and PPSC Internalization ($r=-0.264$, $p=0.001$). Parents may therefore play an important role in children's behavioral and emotional adjustment during the confinement period.		
face mask; handwashing; pregnant women; preventive measures; social distancing; COVID-19	26-Feb-21	Adherence to COVID-19 preventive measures and associated factors among pregnant women in Ghana	Tropical Medicine and International Health	Original Research	This study aimed to assess adherence to COVID-19 preventive measures and associated factors among pregnant women in Ghana. A cross-sectional study was conducted in 16 health facilities in the Nabdram District of Ghana. 527 pregnant women who had antenatal care appointments during October 2020 were randomly selected. There were 3 outcomes of interest: wearing a face mask, handwashing with soap or alcohol-based hand sanitizer, and social distancing. The average age of the women was 26 years +/- 5.9 years (participation restricted to women 18 years or older), 85% were married, and 47% had a primary education level. The prevalence of wearing a face mask, handwashing/hand sanitizing, and social distancing was 18.0%, 31.7%, and 22.0%, respectively. Older maternal age, greater number of years of maternal education, and knowledge of COVID-19 transmission were all associated with increased odds of each of the 3 outcomes (all $p<0.05$). Additionally, living in an urban area was associated with 2.39 times the odds of social distancing (95% CI: 1.46 to 3.39 [p-value not reported]) compared to living in a rural area. The authors conclude that overall, compliance with COVID-19 preventative measures was low in their sample, and that efforts to increase knowledge of COVID-19 symptoms, transmission, and preventive measures are essential to improving the practice of the preventative measures.	This cross-sectional study aimed to describe the prevalence of 3 COVID-19 preventative measures and factors associated with their practice among a sample of pregnant women in the Nabdram District of Ghana in October 2020. Researchers found a low prevalence of mask wearing, hand washing, and social distancing among their population, but reported that having knowledge of COVID-19 transmission and other factors increased odds of practicing the preventative measures.	Awingura Apanga, P., & Tii Kumbeni, M. (2021). Adherence to COVID-19 preventive measures and associated factors among pregnant women in Ghana. <i>Tropical medicine & international health</i> : TM & IH. https://doi.org/10.1111/tmi.13566
adolescents; children; coronavirus; COVID-19; epidemiology; infectious disease; SARS-CoV-2	26-Feb-21	Impact of outpatient SARS-CoV-2 infections in minority children	Medicine	Research Article	The authors conducted a retrospective study from March 15-June 1, 2020, of children (≤ 21 years) for risk factors, demographics, and the clinical course of SARS-CoV-2 infection in non-hospitalized patients in the US. During the study period, 1796 outpatients were tested for SARS-CoV-2 (all ≤ 21 years, median age 14 years), and 170 tested positive; 40 patients participated in the survey with a median age of 16 years (IQR: 8.5-19 years). Older patients >10 years were more likely to have COVID-19 (OR: 2.19; 95%CI 1.5-3.2), and those living in counties with $>15\%$ of the population living below the poverty line were also more likely to test positive for SARS-CoV-2 (OR: 1.5; 95%CI 1.06-2.1). Hispanic or Latino patients were 3 times more likely to test positive for SARS-CoV-2 (OR: 3; 95%CI 2.29-4.03). History of smoking or vaping and obesity were present in 17.5% and 15% of the participants, respectively. Female children >10 years were 9 times more likely to have symptoms lasting >7 days, with a median of 32 days (IQR: 32-47). Underlying medical conditions, type of insurance, or ethnicity did not affect the duration of symptoms. Fever (62.5%), chills (27.5%), shortness of breath (42.5%), and cough (47.5%) were the most common symptoms noted. The authors state that this	The authors conducted a retrospective study of children (≤ 21 years) for risk factors, demographics, and the clinical course of SARS-CoV-2 infection in non-hospitalized patients in the US. Older patients >10 years were 2 times more likely to have COVID-19.	Denny V, Shah N, Petro K, et al. Impact of outpatient SARS-CoV-2 infections in minority children. <i>Medicine (Baltimore)</i> . 2021;100(8):e24895. doi:10.1097/MD.00000000000024895

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					study's importance is to provide a better understanding of the clinical impact and populations at risk for COVID-19 as schools begin to re-open.		
COVID-19, Child and adolescent psychiatry, Neurodevelopmental disorders	26-Feb-21	Mostly worse, occasionally better: impact of COVID-19 pandemic on the mental health of Canadian children and adolescents	European Child and Adolescent Psychiatry	Original Research	This cross-sectional study examined the impact of COVID-19 emergency measures on child/adolescent mental health for children/adolescents with and without pre-existing psychiatric diagnoses, between April 15-June 19, 2020, in Canada. Using adapted measures from the CRISIS questionnaire, parents of children aged 6–18 years (n = 1013; 56% male; 62% pre-existing psychiatric diagnosis) and self-reporting children/adolescents aged 10–18 years (n = 385) indicated changes in mental health across six domains: depression, anxiety, irritability, attention, hyperactivity, and obsessions/compulsions. Depending on the age group, 67–70% of children/adolescents experienced deterioration in at least one mental health domain; however, 19–31% of children/adolescents experienced an improvement in at least one domain. Children/adolescents without and with psychiatric diagnoses tended to experience deterioration during the first wave of COVID-19. Rates of deterioration were higher in those with a pre-existing diagnosis. The rate of deterioration was variable across different age groups and pre-existing psychiatric diagnostic groups: depression 37–56%, anxiety 31–50%, irritability 40–66%, attention 40–56%, hyperactivity 23–56%, obsessions/compulsions 13–30%. Greater stress from social isolation was associated with deterioration in all mental health domains (all ORs 11.12–55.24). The impact of pre-existing psychiatric diagnosis was heterogeneous, associated with deterioration in depression, irritability, hyperactivity, obsession/compulsions for some children (ORs 1.96–2.23) but also with an improvement in depression, anxiety, and irritability for other children (ORs 2.13–3.12). The researchers advise that enhancing social interactions for children/adolescents will be an important mitigation strategy for current and future COVID-19 waves.	This cross-sectional study found that the COVID-19 pandemic impacted mental health across six domains: depression, anxiety, irritability, attention, hyperactivity, and obsessions/compulsions. Children/adolescents with and without pre-existing psychiatric diagnoses reported deterioration, and greater stress from social isolation was associated with deterioration in all mental health domains.	Cost KT, Crosbie J, Anagnostou E, et al. Mostly worse, occasionally better: impact of COVID-19 pandemic on the mental health of Canadian children and adolescents. Eur Child Adolesc Psychiatry. 2021 Feb 26;1–14. doi: 10.1007/s00787-021-01744-3.
COVID-19 vaccination; vaccine trials in youth and adolescents; Vaccine safety; vaccine efficacy	26-Feb-21	Vaccine trials ramp up in children and adolescents	Science	News Article	This article discusses the progress of COVID-19 vaccine trials in young people in the US. Both the Pfizer and Moderna vaccines, the first two vaccines to receive emergency use authorization in the US, have completed enrollment for their clinical trials in adolescents ages 12-15 years. Pfizer/BioNTech have enrolled 2200 volunteers, and Moderna is completing recruitment of 3000 volunteers. Additionally, AstraZeneca will begin to test their vaccine in children in the UK between the ages of 6-17 years, and Johnson and Johnson and Sinovac Biotech are also moving toward or testing young people. Though the morbidity and mortality of COVID-19 in children is far less than in that of adults, 250 children died in the US, and others were diagnosed with MIS-C and may have long-term symptoms. Vaccine studies in children will rely on immune markers, specifically neutralizing antibodies, to measure vaccine effectiveness. Experts predict that the efficacy of COVID-19 vaccines will not differ in	This article discusses the progress of COVID-19 vaccine trials in young people in the US. As the risk of harm from COVID-19 to children is lower than to adults, physicians and parents want assurances of safety and evidence that markers of immunity will persist, a sign that the protection will be durable.	Couzin-Frankel J. Vaccine trials ramp up in children and adolescents. Science. 2021;371(6532):874-875. doi:10.1126/science.371.6532.874

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					adolescents (trials are currently using the same dose as in adults), as their immune responses are similar to adults. As the risk of harm from COVID-19 to children is lower than to adults, physicians and parents want assurances of safety and evidence that neutralizing antibodies and other markers of immunity persist, a sign that the protection will be durable.		
COVID-19; maternal; neonatal; outcome; pregnancy	26-Feb-21	Maternal and neonatal outcomes of pregnant patients with COVID-19: A prospective cohort study [Free Access to Abstract Only]	International Journal of Gynaecology and Obstetrics	Original Research	This study aimed to determine the maternal and neonatal outcomes of pregnant women with SARS-CoV-2 infection in Iran. From March-November 2020, 56 pregnant women with PCR-confirmed SARS-CoV-2 infection and 94 healthy pregnant women were enrolled in the cohort study and followed until childbirth. The two groups were similar in terms of maternal age (mean age in exposed group = 31.6 years +/- 6.1 years, range 19-44 years) [age information for control group not given], gravidity, parity, and comorbidities. [The authors did not state if they controlled for other variables in the models to estimate relative risk.] The exposed group (SARS-CoV-2-positive) compared to the control group (healthy women) had 2.42 times the relative risk of poor maternal outcomes (95% CI 1.63-3.58, p<0.0001), 1.40 times the risk of delivery by C-section (95% CI 1.06-1.85, p=0.027), 2.68 times the risk for pre-eclampsia (95% CI 1.10-6.52, p=0.037), 2.70 times the risk of preterm labor (95% CI 1.42-5.14, p=0.003) and 3.84 times the risk of fetal distress (95% CI 1.24-11.90, p=0.016). Additionally, an Apgar score <7 was 25.4 times higher in the exposed group (p=0.025) [95% CI not provided]. The two groups were not significantly different in terms of premature rupture of membranes, low birth weight, admission to the neonatal ICU, and neonatal death. The authors did not include any recommendations for future policy or research.	This prospective cohort study enrolled 150 women in Iran, 56 of whom were SARS-CoV-2-positive, who were followed to delivery from March-November 2020. The authors report that SARS-CoV-2-positive pregnant women had an increased risk of pre-eclampsia, preterm labor, C-section, fetal distress, and newborns with an Apgar score <7.	Abedzadeh-Kalahroudi, M., Sehat, M., Vahedpour, Z., et al. Maternal and neonatal outcomes of pregnant patients with COVID-19: A prospective cohort study. International journal of gynaecology and obstetrics. 2021. https://doi.org/10.1002/ijgo.13661
COVID-19, pregnancy, computed tomography, chest radiography, radiology	26-Feb-21	Clinical and radiologic characteristics of symptomatic pregnant women with COVID-19 pneumonia	Journal Of The Turkish-German Gynecological Association	Original Research	The aim of this retrospective study is to identify the demographic characteristics and evaluate the clinical, laboratory, and radiologic findings of symptomatic pregnant women with COVID-19 pneumonia. As pregnant women are at increased risk for severe illness from COVID-19, accurate diagnostic testing for pregnant women is increasingly important. In this study, symptomatic, pregnant women were identified from two tertiary health care centers from March 15 - September 1, 2020 in Turkey. 55 pregnant women with COVID-19 confirmed either with RT-PCR-testing or imaging studies were included. The mean age was 29.7 ± 6.4 years (range 19 – 53 years). Radiologic imaging studies were performed in 34 (61.8%) patients. The positivity rate in PCR-testing among patients with abnormal imaging was 92.3% (n = 24/26). The sensitivity of chest xray (CXR) in detecting COVID-19 pneumonia was found to be 66.7% and chest CT sensitivity was 86.6%. On chest CXR, 14 (66.7%) patients had parenchymal abnormalities, and the most common abnormalities were airspace opacities (61.9%) and prominent bronchovascular shadows (28.6%). On chest computed tomography (CT), 17 (85.0%) patients had parenchymal abnormalities consistent with COVID-19.	The aim of this retrospective research study was to identify the demographic characteristics and evaluate the clinical, laboratory, and radiologic findings of symptomatic pregnant women with COVID-19 pneumonia. The authors report that radiographic imaging in pregnant women is a useful tool for diagnosis especially given the increase in severe outcomes for both the mother and infant.	Kuzan TY, Murzoğlu Altıntoprak K, Çiftçi HÖ, et al. Clinical and radiologic characteristics of symptomatic pregnant women with COVID-19 pneumonia. J Turk Ger Gynecol Assoc. 2021 Feb 26. doi: 10.4274/jtgga.galenos.2021.2020.0215. Epub ahead of print. PMID: 33631874.

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					Chest CT most commonly showed bilateral (88.2%), multilobar (100%) involvement; peripheral and central distribution (70.6%); patchy-shape (94.1%) and ground-glass opacity (94.1%). Preterm birth rate was 41.2% (n = 7/17). 5 (9.1%) of the 55 pregnant women were admitted to the ICU; 3 developed acute respiratory distress syndrome and 1 died. The preterm birth and C-section rates were observed as remarkably increased. The authors report that radiographic imaging in pregnant women is a useful tool for diagnosis especially given the increase in severe outcomes for both the mother and infant.		
Tocilizumab, safety data, pregnancy, adverse outcomes, viral reactivation	26-Feb-21	Safety of tocilizumab in COVID-19 pregnant women and their newborn: A retrospective study	Journal of Clinical Pharmacy and Therapeutics	Original Research	Tocilizumab, an IL-6 receptor inhibitor proposed as a candidate to stop the inflammatory phase of infection by SARS-CoV-2, has scarce safety data in pregnant women and newborns. This retrospective study described maternal and neonatal safety outcomes associated with tocilizumab treatment in 12 pregnant women with severe COVID-19 in Spain treated from March 1-April 31, 2020. Median (range) age and gestational age at admission were 37 (23–50) years and 27.7 (18.0–36.4) weeks, respectively. 8 patients (67%) received a single dose of tocilizumab and 4 (33%) received two doses. All 12 pregnancies resulted in live births. Hepatotoxicity was observed in 2 patients, which improved or resolved at discharge. Cytomegalovirus reactivation was detected in another patient who had also received corticosteroids for 15 days, causing a congenital infection in her newborn. According to Naranjo's causality algorithm, both CMV reactivation and hepatotoxicity adverse events were classified as possibly related to tocilizumab administration. The authors conclude that overall, tocilizumab administration did not seem to have significant detriment to maternal or neonatal health when treating severe COVID-19 pregnant women. However, viral reactivation was an adverse outcome, and healthcare providers should be aware of the risk of secondary infections when immunosuppressive agents are used in pregnant women.	This study assessing the safety of tocilizumab in 12 pregnant women with severe COVID-19 in Spain found that overall, tocilizumab administration did not seem to have significant detriment to maternal or neonatal health. However, viral reactivation was an adverse outcome for one woman and two women experienced hepatotoxicity that improved or resolved.	Jiménez-Lozano I, Carot-Teller JM, Fernández-Hidalgo N, et al. Safety of tocilizumab in COVID-19 pregnant women and their newborn: A retrospective study. <i>J Clin Pharm Ther.</i> 2021; doi:10.1111/jcpt.13394
screening; pregnancy; biochemical markers; ultrasound	26-Feb-21	Prenatal Biochemical and Ultrasound Markers in COVID-19 Pregnant Patients: A Prospective Case-Control Study	Diagnostics	Original Research	This prospective observational study aimed to evaluate whether pregnant women with SARS-CoV-2 infection during the first trimester of pregnancy are at higher risk of noninvasive prenatal screening test alterations and/or congenital fetal anomalies at the second-trimester fetal anatomy scan compared to women without SARS-CoV-2 infection. 164 pregnant women at 12 weeks gestation attending a facility for noninvasive prenatal diagnosis or admitted to the care units for obstetric or COVID-19-related symptoms in Turin, Italy, between April 16 and June 22, 2020, participated in the study. Of the 147 women in the analysis, 17 were SARS-CoV-2-positive. 17 of 164 women tested for anti-SARS-CoV-2 IgG and IgM antibodies at 12 weeks gestation were seropositive or had a positive nasopharyngeal swab test for SARS-CoV-2, yielding an overall COVID-19 cumulative incidence of 10.4% in the first trimester. The mean age in the SARS-CoV-2-positive group was 32 years and 34 years in the SARS-CoV-2-negative group. In an analysis matched for gestational age, there	This study evaluated whether women with SARS-CoV-2 infection during the first trimester of pregnancy are at higher risk of noninvasive prenatal screening test alterations and/or of congenital fetal anomalies at the second-trimester fetal anatomy scan in Italy. There were no significantly different unfavorable prenatal biochemical or ultrasound markers of fetal anomalies in SARS-CoV-2-positive women in the first trimester compared to a cohort of SARS-CoV-2-negative	Cosma S, Carosso AR, Borella F, et al. Prenatal Biochemical and Ultrasound Markers in COVID-19 Pregnant Patients: A Prospective Case-Control Study. <i>Diagnostics (Basel).</i> 2021;11(3):398. Published 2021 Feb 26. doi:10.3390/diagnostics11030398

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					were no significant differences in mean nuchal translucency thickness or biochemical markers between cases and controls ($p = 0.77, 0.63, 0.30, 0.40, 0.28$) or in the fetal incidence of structural anomalies at the second-trimester fetal anatomy scan ($p = 0.21$). No pneumonia or hospital admission due to COVID-19-related symptoms were observed. Asymptomatic or mildly symptomatic SARS-CoV-2 infection during the first trimester of pregnancy did not predispose affected women to more fetal anomalies than unaffected women. COVID-19 had a favorable maternal course at the beginning of pregnancy in this previously healthy cohort.	pregnant women matched for gestational age.	
COVID-19; epidemiology; children; attack rate	26-Feb-21	Difference in SARS-CoV-2 attack rate between children and adults may reflect bias	Clinical Infectious Diseases	Article	The author discusses the present issues in the epidemiology of COVID-19 in children, driven particularly by the generally held assertion that children are twice as likely as adults to be asymptomatically infected with SARS-CoV-2. Lower secondary attack rates in children compared to adults have been observed in household contact studies. However, there is evidence that the lower attack rates may reflect lower testing in children and reduced exposure rather than a genuine difference in biological susceptibility. Additionally, children may shed infectious viruses for a shorter period than adults, and their antibody response may be less broad than it is in adults. This suggests that pediatric cases may be detectable for a shorter period than adult cases, an important implication for both PCR and serological testing. The author suggests that serology may provide better insight into children's susceptibility to SARS-CoV-2 infection and challenges recent conclusions that children are less susceptible to infection than adults due to flawed study designs and undeniable biases. The author argues that improvements in study design, data collection, and data interpretation are required to better understand the epidemiology of COVID-19 in children.	The author discusses flaws in the existing epidemiological studies of SARS-CoV-2 prevalence and susceptibility in children and cites lower testing levels and limited detectability of children on PCR and serology tests as some of the limitations of current studies. The author argues that improvements in study design, data collection, and data interpretation are required to better understand the epidemiology of COVID-19 in children.	Hyde Z. Difference in SARS-CoV-2 attack rate between children and adults may reflect bias. <i>Clin Infect Dis.</i> 2021;ciab183. doi:10.1093/cid/ciab183
coronavirus, COVID-19, externalising behaviour, intellectual disability, internalising behaviour, parental well-being, siblings	25-Feb-21	COVID-19 impact on psychological outcomes of parents, siblings and children with intellectual disability: longitudinal before and during lockdown design	Journal of Intellectual Disability Research	Original Research	This cohort study used data from an ongoing study of families of children with intellectual disability (ID) in the United Kingdom, to examine the impact of the COVID-19 pandemic restrictions on such families. Wave 1 data was collected 2.5 years before Wave 2 data collection, which was conducted between April 9-July 2, 2020. Primary parental caregivers ($n=397$) of children with ID (Wave 2 age range: 5-16 years, mean age (SD) = 11.53(2.56) years) answered questionnaires at both time points. No differences over time were observed for: psychological distress, life satisfaction, positive gains, caregiving impact, and externalizing/internalizing behavior of the child or any siblings. The researchers conclude that this lack of change at the group level may not be accounting for individual experiences of the COVID-19 lockdown, or may be due to some positive effects of social distancing measures. They recommend more longitudinal research to explore long-term effects of the COVID-19 pandemic on children with ID.	This cohort study examined the impact of the COVID-19 pandemic restrictions on families of children with intellectual disability in the United Kingdom. No changes in psychological or behavioral measures were observed during the pandemic, which the authors conclude may be because of individual variation or positive effects of the lockdown.	Bailey T, Hastings RP, Totsika V. COVID-19 impact on psychological outcomes of parents, siblings and children with intellectual disability: longitudinal before and during lockdown design. <i>J Intellect Disabil Res.</i> 2021;65(5):397-404. doi:10.1111/jir.12818

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COVID-19; antibody test; pediatric; Type 1 diabetes; United States	25-Feb-21	Prevalence of SARS-CoV-2 Antibodies in Children and Adults with Type 1 Diabetes	Diabetes Technology and Therapeutics	Original Research	The authors aimed to assess the prevalence of SARS-CoV-2 antibodies in children and adults with and without type 1 diabetes in Colorado, USA, between January-October 2020. They developed a highly sensitive (100%) and specific (99.9%) test for antibodies against SARS-CoV-2 and measured the antibodies in children and adults with new-onset (n = 129, mean age=12.3 ± 8.2 years, age range=1.3-69.3 yrs) and established type 1 diabetes (n = 94, mean age=20.7 ± 14.4 years, age range=1.5-66.8 years) seen for routine diabetes care. The antibodies were also measured in 562 children (mean age=9.3 ± 4.5 yrs, age range=1-18 yrs) and 102 adults (mean age=41.4 ± 7.7 yrs, age range=19-60.5 yrs) from the general population of Colorado. The results showed that the prevalence of SARS-CoV-2 antibodies in persons with new-onset type 1 diabetes (0.8%; 95% CI 0.1-4.2%) or those with established disease (4.3%; 95% CI 1.7-10.4%) did not differ from that in the general population children (2.8%; 95% CI 1.8-4.6%) or adults (3.9%; 95% CI 1.5-9.7%). In a different cohort of individuals [age not provided] that tested positive repeatedly for SARS-CoV-2 RT-PCR and antibodies (n=31), antibodies remained positive for up to 9 months, although the levels decreased starting 3 months after the infection (p=0.007). The authors concluded that the prevalence of SARS-CoV-2 antibodies was not different in children and adults with and without type 1 diabetes in Colorado and found no evidence for an increased prevalence of SARS-CoV-2 infections among youth with newly diagnosed type 1 diabetes.	The authors assessed the prevalence of SARS-CoV-2 antibodies in children and adults with new-onset and established type 1 diabetes at a diabetic center in the United States between January-October 2020 compared to the general population. Findings showed that the prevalence of SARS-CoV-2 antibodies was not different in children and adults with and without type 1 diabetes, and there was no evidence for an increased prevalence of SARS-CoV-2 infections among youth with newly diagnosed type 1 diabetes.	Jia X, Gesualdo P, Geno Rasmussen C, et al. Prevalence of SARS-CoV-2 Antibodies in Children and Adults with Type 1 Diabetes. Diabetes Technol Ther. 2021. doi:10.1089/dia.2020.0609
Autism Spectrum Disorder, COVID-19, Mental health, Caregivers, Pre-post design, Survey	25-Feb-21	COVID-19 pandemic effects in people with Autism Spectrum Disorder and their caregivers: Evaluation of social distancing and lockdown impact on mental health and general status	Research in Autism Spectrum Disorders	Original Research	This cohort study examined the psychological impact of COVID-19 lockdown on children/adolescents and adults diagnosed with Autism Spectrum Disorder (ASD) in Barcelona, Spain. Participants included adults with ASD (n=35), corresponding informants (n=32), and the caretakers of children/adolescents with ASD (n=37; age range: 3-17 years; mean(SD) = 10.7(3.4) years), who all completed surveys before the beginning of lockdown and after lockdown had commenced [no further time data given]. Before lockdown, child/adolescent participants scored with a mean below the clinical threshold (65 points) for all psychopathology subscales except: Anxious/Depressed (M(SD) = 65.7 (14.8)), Social Problems (M(SD) = 67 (16.4)), Thought Problems (M(SD) = 66.7 (15)), and Attention Problems (M(SD)= 73.3 (16)). There was no significant change in subscale scores over time. Before lockdown, children/adolescents with higher ASD severity (Group 2) had lower scores for Withdrawn/Depressed (Z = -2.62, p = 0.01) than low severity participants (Group 1). During lockdown, Group 2 had lower scores than Group 1 for: Anxious/Depressed (Z = -2.5, p = 0.01), Somatic Complaints (Z = -2.85, p = 0.00), Rule-Breaking Behavior (Z = -2.1, p = 0.04), Internalizing Problems (Z = -2.99, p = 0.00), and Total Problems (Z = -2.25, p = 0.02). The researchers conclude that their results show general improvement in psychopathological status over the course of the COVID-19 lockdown.	This cohort study examined the psychological impact of COVID-19 lockdown on children/adolescents and adults diagnosed with Autism Spectrum Disorder (ASD) in Barcelona, Spain. The researchers conclude that their results show general improvement in psychopathological status over the course of the lockdown.	Lugo-Marín J, Gisbert-Gustemps L, Setien-Ramos I, et al. COVID-19 pandemic effects in people with Autism Spectrum Disorder and their caregivers: Evaluation of social distancing and lockdown impact on mental health and general status. Res Autism Spectr Disord. 2021;83:101757. doi:10.1016/j.rasd.2021.101757

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					However, long-term studies are necessary to observe whether this improvement continues after lockdown procedures end.		
COVID-19; pediatric; MIS-C; intracranial hypertension; United States	25-Feb-21	Intracranial Hypertension in Multisystem Inflammatory Syndrome in Children (MIS-C)	The Journal of Pediatrics	Article	The authors presented 4 pediatric cases (aged 14, 6, 13 and 12 years) hospitalized between April-October 2020 with MIS-C complicated by intracranial hypertension (IH) and myocardial dysfunction in the United States. Notably, each patient had at least 2 symptoms of neurologic dysfunction at presentation, including blurry vision, headache, neck stiffness, and encephalopathy. Each patient also had at least moderate myocardial dysfunction and required multiple vasopressors. All patients received immunomodulatory treatment with at least high dose steroids and IV immunoglobulin, and some received additional therapies. Although each had neuro-imaging, none had dedicated cerebrovascular imaging to specifically look for the small vessel vasculitis seen in other MIS-C-related organ dysfunction. However, neuro-imaging obtained did not reveal an alternate primary cause of IH, such as sinus venous thrombosis. All patients returned to their neurologic baseline, though one required acetazolamide for symptoms of IH at discharge. The findings highlight unique hemodynamic management considerations in children with concurrent IH and myocardial dysfunction.	The authors presented 4 pediatric cases (aged 14, 6, 13 and 12 years) hospitalized between April-October 2020 with MIS-C complicated by intracranial hypertension (IH) and myocardial dysfunction in the United States. The findings highlight unique hemodynamic management considerations in children with concurrent IH and myocardial dysfunction.	Becker AE, Chiotos K, McGuire JL, et al. Intracranial Hypertension in Multisystem Inflammatory Syndrome in Children (MIS-C). J Pediatr. 2021:S0022-3476(21)00201-8. doi:10.1016/j.jpeds.2021.02.062.
Multisystem Inflammatory Syndrome in Children; SARS-COV-2; Strain; Ventricular Dysfunction	25-Feb-21	Detailed Assessment of Left Ventricular Function in Multisystem Inflammatory Syndrome in Children Using Strain Analysis	Canadian Journal of Cardiology Open	Original Research	In this single-center, retrospective cohort study, the authors conducted a detailed assessment of left ventricular (LV) function in MIS-C patients using strain and strain rate analysis. The study population included 25 MIS-C patients (median age 11.4 years; 14 males; 11 females) admitted to Boston Children's Hospital, United States, from March 1 to June 31, 2020. The authors compared patients with normal peak systolic strain z-scores (both longitudinal and circumferential strain) to those with abnormal peak systolic strain z-scores (decreased circumferential and/or longitudinal strain). The results showed that the median ejection fraction (EF) was 55.2% (IQR 48.3 to 58%), with the abnormal strain patients having lower EF (p<0.01). When comparing MIS-C patients with normal EF (n=15) to controls, MIS-C patients had lower peak systolic and diastolic strain rates. In patients with initially depressed function, EF normalized in 8/10 (80%), but 4/11 (36%) had persistently abnormal systolic strain after discharge. Patients with both depressed peak longitudinal and circumferential strain (n=5) demonstrated higher illness severity with hypotension/shock on presentation (p=0.02) and need for ICU admission (p=0.02), inotropic support (p<0.01), and positive pressure ventilation (p=0.04). No deaths were reported. The authors concluded that LV systolic dysfunction is common in the acute phase of MIS-C, and detection may be improved with strain imaging. Longitudinal cardiac follow-up is imperative as some patients may be at risk for persistent LV dysfunction.	The authors assessed left ventricular (LV) function in MIS-C by comparing pediatric patients with normal peak systolic strain z-scores to those with abnormal peak systolic strain z-scores using strain and strain rate analysis. Findings showed that the median ejection fraction (EF) was 55.2%, with the abnormal strain patients having lower EF (p<0.01). The authors concluded that LV systolic dysfunction is common in the acute phase of MIS-C, and detection may be improved with strain imaging. Longitudinal cardiac follow-up is imperative as some patients may be at risk for persistent LV dysfunction.	Kobayashi R, Dionne A, Ferraro A, et al. Detailed Assessment of Left Ventricular Function in Multisystem Inflammatory Syndrome in Children Using Strain Analysis. CJC Open. 2021 Feb 25. doi: 10.1016/j.cjco.2021.02.012. Epub. PMID: 33649742; PMCID: PMC7905387.
SARS-CoV-2, COVID-19, Pregnancy,	25-Feb-21	The Pregnancy Outcomes and Child	JMIR Research Protocols	Preprint (not peer-reviewed)	This ongoing PRegnancy OUtcomes and child Development Effects of SARS-CoV-2 infection Study (PROUDEST) is a multicenter prospective study designed to elucidate the repercussions of COVID-19 for	This is an ongoing multicenter prospective study aimed at understanding the	Fernandes GM, Motta F, Sasaki LMP, et al. The Pregnancy Outcomes and

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Neonate, Children		Development Effects of SARS-CoV-2 Infection Study (PROUDEST): A Multicenter Prospective Cohort Study Protocol			mother-child global health. The study comprises two prospective sequential sub-studies. The PREGNANT sub-study will assess the effects of SARS-CoV-2 infection on pregnancy, childbirth, and puerperium clinically and from a mechanistic standpoint to understand the inflammatory and immunological phenomena underlying SARS-CoV-2 in relation to pregnancy. Pregnant women ages 18-40 years with laboratory-confirmed SARS-CoV-2 (group A, n=300) will be compared to control subjects with no laboratory evidence of in-pregnancy exposure to the virus (group B, n=300). The BORN sub-study is a long-term follow-up study assessing the offspring of women who entered the prior sub-study. It will describe the effects of SARS-CoV-2 exposure during pregnancy on children's growth, neurodevelopment, and metabolism from birth up to five years of age. It includes two comparison groups: group A (exposed, n=300) comprises children born from SARS-CoV-2 exposed pregnancies, and group B (controls, n=300) comprises children from non-exposed mothers. Recruitment started in July 2020, and as of September 2020, 115 pregnant women infected with SARS-CoV-2 during pregnancy and 80 newborns had been included. Upon completing the study, the authors expect to have obtained comprehensive data to better understand the effects of SARS-CoV-2 and its inflammatory and immunological processes on pregnancy, puerperium, and infancy. Their findings will inform clinical decisions regarding the care of exposed mothers and children and support the development of evidence-based public health policies.	repercussions of SARS-CoV-2 on mother-child global health. Recruitment started in July 2020 and as of September 2020, 115 pregnant women infected with SARS-CoV-2 during pregnancy and 80 newborns had been included. Upon completion of the study, the authors expect to have obtained comprehensive data to provide a better understanding of the effects of SARS-CoV-2 on maternal and child health.	Child Development Effects of SARS-CoV-2 Infection Study (PROUDEST): A Multicenter Prospective Cohort Study Protocol [published online, 2021 Feb 25]. JMIR Res Protoc. 2021;10.2196/26477. doi:10.2196/26477
COVID-19, SARS-COV-2, Pregnancy, Vertical transmission, Pharyngeal swab, Cord blood	25-Feb-21	Pharyngeal Sampling for PCR-testing in the Investigation of SARS-COV-2 Vertical Transmission in Pregnancy	European Journal of Obstetrics and Gynecology and Reproductive Biology	Expert Opinion	The authors of this article underline the limitations of diagnostic procedures used to evaluate the potential risk of SARS-CoV-2 vertical transmission, with focus on neonatal pharyngeal swabs. Evidence suggests that vertical transmission from mother to infant, antenatally or intrapartum, does occur, but is uncommon. The authors performed a literature review of published articles from February 9 to April 20, 2020. Results showed that PCR testing had been largely based on neonatal pharyngeal swabs. Out of 114 neonates tested during the first wave of the COVID-19 pandemic, in only 14 cases (12.2%) described in 4 reports were cord blood and/or amniotic fluid tested. Placental tissues were examined in 6 cases, paired with cord blood and amniotic fluid in 3 cases or isolated in the remaining 3, whereas vaginal secretions were examined in a total of 6 cases. In all the above cases, PCR testing of all samples was negative, apart from 4 neonates, who tested positive in pharyngeal samples taken on days 2 and 4 of life; in these 4 infants, viral acquisition likely occurred after birth. Published reports appear to confirm the potential of intra-uterine trans-placental transmission, as SARS-CoV-2 has been detected in umbilical cord blood and other biological samples. The authors recommend new terminology be used to classify methods of transmission, and they recommend testing cord blood, placenta, amniotic fluid, and, in cases of abortion or stillbirth, fetal tissues. In	The authors of this opinion article and literature review underline the limitations of diagnostic procedures used to evaluate the potential risk of SARS-CoV-2 vertical transmission, with focus on neonatal pharyngeal swabs. They conclude that, given that the hypothetical route for in-utero SARS-CoV-2 infection is not likely to immediately involve the upper respiratory tract, the public and healthcare providers should understand that negative neonatal pharyngeal PCR tests do not exclude the possibility of intra-uterine viral transmission.	Konstantinidou A, Skaltsounis P, Eleftheriades M, et al. Pharyngeal sampling for PCR-testing in the investigation of SARS-COV-2 vertical transmission in pregnancy. European Journal of Obstetrics & Gynecology and Reproductive Biology. 2021, 260, 18-21. https://doi.org/10.1016/j.ejogrb.2021.02.026 .

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					conclusion, given that the hypothetical route for in-utero SARS-CoV-2 infection is not likely to immediately involve the upper respiratory tract, the public and healthcare providers should understand that negative neonatal pharyngeal PCR tests do not exclude the possibility of intra-uterine viral transmission.		
Cardiology, gender, disparities, childcare, finances	25-Feb-21	COVID-19 and Gender Disparities in Pediatric Cardiologists with Dependent Care Responsibilities	American Journal of Cardiology	Original Research	This online survey assessed the gender-specific effects of the COVID-19 lockdown on the professional and personal lives of North American pediatric cardiologists with child or adult dependent care responsibilities (n=242, ages 20 to >60 years). The survey included demographics, dependent care details, work hours, leave from work, salary cut, childcare hours, and partner involvement. 127 (52%) respondents were female. Most (86.7%) cardiologists had childcare responsibilities and 12.8% cared for adults. Most single parents or adult caregivers were female (p < 0.0001). Females reported a greater increase in childcare hours (p < 0.001) and adult care hours (p=0.01) per week during the pandemic. A higher proportion of females reported a salary cut (29.1% of females vs 17.6% of males, p = 0.04) and scaled back or discontinued work (14% vs 5.3%; p = 0.03). Male cardiologists were much more likely to have partners who reduced work hours (67% vs 28%; p < 0.001) and reported that their partners took a salary cut compared with partners of female cardiologists (51% vs 22%; p < 0.001). The authors conclude that gender disparity in caregiver responsibilities existed among pediatric cardiologists, and the pandemic has disproportionately affected female pediatric cardiologists with respect to dependent care responsibilities, time at work, and financial compensation.	In this study of the gender-specific effects of the COVID-19 lockdown on the lives of North American pediatric cardiologists with child or adult dependent care responsibilities, females reported a greater increase in childcare and adult care hours during the pandemic, reported more salary cuts, and more often scaled back or discontinued work than their male colleagues. Additionally, their partners were less likely to reduce work hours compared to the partners of male cardiologists. The authors conclude that the pandemic has disproportionately affected female pediatric cardiologists.	Ferns SJ, Gautam S, Hudak ML. COVID-19 and Gender Disparities in Pediatric Cardiologists with Dependent Care Responsibilities. Am J Cardiol. 2021;S0002-9149(21)00166-1. doi:10.1016/j.amjcard.2021.02.017
COVID-19; pregnancy; drugs; treatment	25-Feb-21	SAFETY PROFILE OF TREATMENTS ADMINISTERED IN COVID 19 INFECTION IN PREGNANT WOMEN	Clínica e Investigación en Ginecología y Obstetricia	Article	This article reviewed the safety profile of treatments administered in pregnant women infected with SARS-CoV-2. Some drugs have been used empirically, and obstetricians have to consider whether the same treatments used in the general population are valid for pregnant women with severe disease, according to their safety profile for both the mother and the fetus. There has been a wide experience with the use of hydroxychloroquine and lopinavir/ritonavir in pregnant women. Tocilizumab and interferon beta could be used if benefits exceed risks. There are also known forbidden drugs because of their teratogenicity (thalidomide and renin-angiotensin system blockers). There is no experience using remdesivir in pregnancy but absence of data does not imply evidence of harm. It is important to inform pregnant women of all the therapeutic options to help them decide with obstetricians and medical specialist the best drug to use for each specific case, taking into account the safety for both the mother and fetus.	This article reviewed the safety profile of treatments administered in pregnant women infected with SARS-CoV-2. It is important to inform pregnant women of all the therapeutic options to help them decide with obstetricians and medical specialist the best drug to use for each specific case, taking into account the safety for both the mother and fetus.	Martínez-Sánchez N, De la Calle Fernández-Miranda M, Bartha JL. SAFETY PROFILE OF TREATMENTS ADMINISTERED IN COVID 19 INFECTION IN PREGNANT WOMEN. Clin Invest Ginecol Obstet. 2021. doi:10.1016/j.gine.2021.01.004.
COVID-19, pediatric; Kawasaki-like; pseudo-	25-Feb-21	Cutaneous Manifestations Related to COVID-19 Immune Dysregulation in	Current Allergy and Asthma Reports	Review	In this review, the authors present and discuss clinical cases as examples of different cutaneous responses previously reported in some children with SARS-CoV-2 infection, which are poorly categorized due the high heterogeneity among different case series in both frequency and severity. To date, the more frequently reported	In this review, the authors presented and discussed clinical cases as examples of different cutaneous responses previously reported in some children with	Larenas-Linnemann D, Luna-Pech J, Navarrete-Rodríguez EM, et al. Cutaneous Manifestations Related to COVID-19

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chilblain; purpuric lesion		the Pediatric Age Group			skin variants featured in pediatric cases are purpuric (pseudo-chilblain, necrotic-acral ischemia, hemorrhagic macules, and/or cutaneous necrosis), morbilliform/maculopapular, erythema multiforme, urticarial, vesicular, Kawasaki-like, and miscellaneous (highly variable in both frequency and severity). Their pathophysiological mechanism is still unclear and is likely to be the result of the complex involvement of one or more mechanisms, like direct virus-induced skin damage, vasculitis-like reactions, and/or indirect injury as a consequence of a systemic inflammatory reaction. As new studies emerge and a better clinical description of these cutaneous symptoms is defined and their causal mechanism is better understood, a clearer framework will be available to properly interpret them for diagnostic, therapeutic, and prognostic purposes. Until then, physicians should be very careful in evaluating skin reactions in children with suspected infection.	SARS-CoV-2 infection. As new studies emerge and a better clinical description of these cutaneous symptoms is defined and their causal mechanism is better understood, a clearer framework will be available to properly interpret them for diagnostic, therapeutic, and prognostic purposes. Until then, physicians should be careful in evaluating skin reactions in children with suspected infection.	Immune Dysregulation in the Pediatric Age Group. <i>Curr Allergy Asthma Rep.</i> 2021;21(2):13. doi:10.1007/s11882-020-00986-6.
COVID-19; anxiety; fear; perceived Stress; self-Care	25-Feb-21	Association between perceived stress, fear and anxiety of COVID 19 with self-care in pregnant women: a cross-sectional study	Psychology, Health, and Medicine	Original Research	The authors examined the association between perceived fear and anxiety of SARS-CoV-2 infection, stress, and pregnancy-related self-care among pregnant women (n = 215) in Iran from June 15 -August 16, 2020. A cross-sectional sample of women was selected randomly in one city, and surveys were completed by those selected. Data were collected using demographic and obstetrics questionnaires, Pregnancy Self-Care Scale, Fear of COVID-19, COVID-19 Anxiety Scale(CDAS), and Perceived Stress Scale (PSS) by the self-report method. The mean (standard deviation (SD)) of fear, anxiety, perceived stress, and self-care was 20.85(6.45), 18.20(10.45), 31.16 (7.65), and 40.84(4.11), respectively. There was a small positive significant association between fear (r = 0.20, P = 0.004) and anxiety (r = 0.14, P = 0.03) of SARS-CoV-2 infection with self care, but the association between stress and self-care was small and negatively significant (r = -0.14, P = 0.04). Furthermore, 11% of the changes in self-care during the COVID-19 pandemic among the women sampled were explained by stress, fear, and anxiety of SARS-CoV-2 infection ($\beta= 0.130$, SE= 0.043, P=0.002). The authors note that self-care behaviors are limited by social isolation but that pregnant women may benefit from psychoeducation on the effects of mental health on pregnancy, including providing information, skills, and social support to facilitate self-care.	The authors examined the association between perceived fear and anxiety of SARS-CoV-2, stress, and pregnancy-related self-care in Iran. There was a small positive significant association between fear (r = 0.20, P = 0.004) and anxiety (r = 0.14, P = 0.03) of SARS-CoV-2 infection with self care, but the association between stress and self-care was small and negatively significant (r = -0.14, P = 0.04).	Masjoudi M, Aslani A, Seifi M, Khazaeian S, Fathnezhad-Kazemi A. Association between perceived stress, fear and anxiety of COVID 19 with self-care in pregnant women: a cross-sectional study [published online, 2021 Feb 25]. <i>Psychol Health Med.</i> 2021;1-12. doi:10.1080/13548506.2021.1894344
COVID-19, SARS-CoV-2, Neonates, Young Infants, Fever, Sepsis	25-Feb-21	Neonates and Young Infants With COVID-19 Presented With Sepsis-Like Syndrome: A Retrospective Case Controlled Study	Frontiers in Pediatrics	Original Research	The authors aimed to describe the presentations and biochemical characteristics of sepsis-like syndrome (SLS) in infants aged <2 months who tested positive for SARS-CoV-2 compared to those in the same age group who were SARS-CoV-2 negative, between April 1 and July 1, 2020. Infants were divided into two groups: Group 1 (n=41), infants with positive nasal/oropharyngeal PCR tests for SARS-CoV-2 (study group); and Group 2 (n=40), infants with negative PCR tests for SARS-CoV-2 (control group). The results included 105 infants admitted for clinical sepsis: 41 were SARS-CoV-2 positive, and 64 were negative. Fever was present in 90% of SARS-CoV-2 positive	The authors aimed to describe the presentations and biochemical characteristics of sepsis-like syndrome (SLS) in infants aged <2 months who tested positive for SARS-CoV-2 compared to those in the same age group who were SARS-CoV-2 negative. The study showed that respiratory symptoms were	Hassan M, Khalil A, Magboul S, et al. Neonates and Young Infants With COVID-19 Presented With Sepsis-Like Syndrome: A Retrospective Case Controlled Study. <i>Front Pediatr.</i> 2021;9:634844. Published 2021 Feb 25.

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					infants vs. 80% of the negative group. SARS-CoV-2 positive infants had a higher incidence of nasal congestion and cough (39% and 29%, respectively) compared to the SARS-CoV-2 negative group (20% and 3%, respectively, P<0.05). Poor feeding and hypoactivity occurred more frequently in the SARS-CoV-2 negative group (58% and 45%, respectively) than in the SARS-CoV-2 positive group (22% and 12%, respectively, P<0.004). CSF cultures were negative in 26/27 SARS-CoV-2 positive infants, while all SARS-CoV-2 negative infants had negative CSF cultures. Blood cultures were negative in both groups, and urine cultures were positive for bacterial growth in 9 infants with SARS-CoV-2 negative sepsis. This study showed that respiratory symptoms were more common in the SARS-CoV-2 positive group, while poor feeding and hypoactivity were more common in the SARS-CoV-2 negative group. However, the clinical differentiation between SARS-CoV-2 disease and sepsis in such age groups is difficult. Therefore, screening young infants with SLS for SARS-CoV-2 is necessary during this pandemic.	more common in the SARS-CoV-2 positive group, while poor feeding and hypoactivity were more common in the SARS-CoV-2 negative group. Screening young infants with SLS for SARS-CoV-2 is necessary during this pandemic.	doi:10.3389/fped.2021.634844
SDG; child mortality; newborn mortality; under-5 mortality	25-Feb-21	Newborns and Under-5 Mortality in Ethiopia: The Necessity to Revitalize Partnership in Post-COVID-19 Era to Meet the SDG Targets	Journal of Primary Care and Community Health	Commentary	In this commentary, the authors reflect on partnership dynamics during the COVID-19 pandemic, thereby identifying learning opportunities that could facilitate achievement of the Sustainable Development Goals (SDG) targets in Ethiopia, with a particular focus on SDG 3.2 (ending preventable deaths of newborns and children under 5 years of age). The authors review child mortality in Ethiopia over the past two decades, including causes and determinants of death. They also review pre-pandemic partnerships' impact on reducing child mortality, highlighting the role of donors, as well as multi-lateral, bi-lateral, and other organizations. The authors then describe how the pandemic has impacted Ethiopia's progress towards the SDGs. They describe the disruption of childhood vaccination programs, routine health services (including maternal and child health services) and the economic impact, all of which are delaying SDG progress. The authors comment that previous support from partners focused on direct health services and neglected other determinants of child health. The authors state that the inequities exacerbated by the COVID-19 pandemic should inform future partnerships, and the COVID-19 pandemic should be taken as an opportunity to spur efforts to achieve universal health coverage.	This commentary describes the trends of child mortality over the past two decades in Ethiopia and reflects on how the response to the COVID-19 pandemic can inform future partnerships, in order to achieve the Sustainable Development Goals.	Tefera, Y. G., & Ayele, A. A. (2021). Newborns and Under-5 Mortality in Ethiopia: The Necessity to Revitalize Partnership in Post-COVID-19 Era to Meet the SDG Targets. Journal of primary care & community health, 12, 2150132721996889. https://doi.org/10.1177/2150132721996889
protocol; systematic review; meta-analysis; maternal outcomes; fetal; neonatal	25-Feb-21	Evaluation of COVID-19 as a risk factor for maternal-fetal and neonatal complications: protocol of a systematic review and meta-analysis of cohort and	medRxiv	Preprint (not peer-reviewed)	COVID-19 in pregnant women has been suggested to impair maternal-fetal and neonatal outcomes. The authors describe the protocol for a systematic review and meta-analysis to evaluate the impact of COVID-19 on the following outcomes: maternal, fetal, and neonatal mortality; the need for intensive care; mode of delivery; premature delivery; birth weight; Apgar score; presence of intra-uterine growth restriction; and presence of amniotic fluid change. Records on MEDLINE/PubMed, LILACS/BIREME, Web of science, Biorxiv, Medrxiv, and Embase will be searched on July 23, 2020 [Note: possible discrepancy between year of search (2020) and year of	The authors describe the protocol for a systematic review and meta-analysis to evaluate the impact of COVID-19 on maternal, fetal, and neonatal morbidity and mortality.	Bezerra P, de Siqueira Barros Nogueira, Fernanda Gabriella, dos Santos AC, et al. Evaluation of COVID-19 as a risk factor for maternal-fetal and neonatal complications: Protocol of a systematic review and meta-analysis of cohort and case-control

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		case-control studies			protocol submission (2021)]. They will include cohort and case-control studies (in English, Spanish, or Portuguese) comparing pregnant women with COVID-19 to those without COVID-19 and fully reporting the aforementioned outcomes at the patient level. Pooled effects will be estimated by both fixed and random-effects models and presented according to qualitative and quantitative heterogeneity assessment. Sensitivity analyses will be performed as well as subgroup, meta-regression, and multiple meta-regression analyses. Researchers will also evaluate the risk of selective publication and the quality of the evidence reviewed. These results will serve to help clinicians and health systems improve maternal, fetal, and neonatal outcomes as the COVID-19 pandemic continues.		studies. medRxiv. 2021:2021.02.23.21252294. doi: 10.1101/2021.02.23.21252294.
Multisystem inflammatory syndrome; Children; Adults; MIS-C; MIS-A; Adverse event; Immunization; Guidelines; Case definition	25-Feb-21	Multisystem inflammatory syndrome in children and adults (MIS-C/A): Case definition & guidelines for data collection, analysis, and presentation of immunization safety data	Vaccine	Review	This is a Brighton Collaboration Case Definition of the term “Multisystem Inflammatory Syndrome in Children and Adults (MIS-C/A)” to be utilized in the evaluation of adverse events following immunization. The prevalence of MIS-C in communities experiencing wide-spread SARS-CoV-2 transmission has been estimated at 2/100,000 children. Waves of MIS-C cases follow approximately 4–6 weeks after the local peak of adult COVID-19 cases. 3 case definitions are compared side by side for MIS-C according to Royal College of Paediatrics and Child Health, US Centers for Disease Control and Prevention (CDC), and the WHO, along with a case definition for MIS-A developed by the US CDC to describe manifestations seen in adults (≥21 years). The authors note distinct variations in these definitions, including age criteria, the length of fever, and the requirement of SARS-CoV-2 positive testing. Clinical and laboratory features of 4 large cohorts of MIS-C patients are compared in table format, and symptoms of MIS-C are compared with the symptoms of Kawasaki Disease (KD). While gastro-intestinal symptoms tend to dominate the presentation of MIS-C patients, abdominal pain, vomiting and diarrhea are uncommon in conventional KD (not associated with SARS-CoV-2 infection). Mean age of MIS-C patients is also higher at age 8.5 years, compared to a mean age of 3 years in KD patients. Given the difficulty of predicting the possibility of MIS-C/A following COVID-19 vaccination, the authors propose a case definition and guideline for evaluating MIS-C/A following vaccination with varying levels of diagnostic certainty. Notably, this case definition allows “following SARS-CoV-2 vaccination” to fulfill diagnostic criteria in lieu of laboratory confirmed SARS-CoV-2 infection, confirmed COVID-19 within 12 weeks, or close contact with a known COVID-19 case within 12 weeks.	This is a Brighton Collaboration Case Definition of the term “Multisystem Inflammatory Syndrome in Children and Adults (MIS-C/A)” to be utilized in the evaluation of adverse events following immunization. This revised case definition for MIS-C/A allows prior receipt of SARS-CoV-2 vaccination to fulfill diagnostic criteria in lieu of evidence of primary SARS-CoV-2 infection (laboratory-confirmed, prior diagnosis, or close contact with a known case).	Vogel TP, Top KA, Karatzios C, et al. Multisystem inflammatory syndrome in children and adults (MIS-C/A): Case definition & guidelines for data collection, analysis, and presentation of immunization safety data [published online, 2021 Feb 24]. Vaccine. 2021;S0264-410X(21)00093-1. doi:10.1016/j.vaccine.2021.01.054

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Fertility, reproduction, ovarian function, systematic review, women's health	25-Feb-21	Impact of COVID-19 on female fertility: a systematic review and meta-analysis protocol	British Medical Journal (BMJ) Open	Research Protocol	The authors present a protocol for a systematic review and meta-analysis to improve understanding of the relationship between COVID-19 and female fertility. The authors will search Web of Science, PubMed, EMBASE, Cochrane Library, Ovid, EBSCO, WHO COVID-19 Database, and other databases for observational studies and self-controlled case series that report the impact of COVID-19 on female fertility [date of search not provided]. Participants will include female patients (13-49 years of age) with COVID-19, excluding women who were excessively exposed to certain physical, biological, chemical, or environmental factors that affect female fertility (e.g. pelvic radiation or severe thyroid dysfunction), and the comparison group will be the same population without SARS-CoV-2 infection. The primary outcomes will be the proportion of women with decreased fertility, the association between COVID-19 and female fertility, or any risk estimate between COVID-19 and female fertility with particular attention paid to the decreased ovarian reserve function. The secondary outcomes will be uterine receptivity, oviducts status and menstrual status. The authors plan to use I2 statistics to assess the heterogeneity and will explore the potential sources of heterogeneity using subgroup analyses and meta-regression. Ultimately they hope to improve understanding of COVID-19 and female fertility to facilitate the development of prevention strategies at individual and population levels.	The authors describe the protocol for a systematic review and meta-analysis to evaluate the impact of COVID-19 on female fertility.	Li F, Lu H, Zhang Q, et al. Impact of COVID-19 on female fertility: a systematic review and meta-analysis protocol. BMJ Open. 2021;11(2):e045524. Published 2021 Feb 25. doi:10.1136/bmjopen-2020-045524
COVID-19 pandemic; Stress; Pregnancy; Depression; Anxiety	25-Feb-21	Mental health of pregnant and postpartum women in response to the COVID-19 pandemic	Journal of Affective Disorders Reports	Research Paper	This longitudinal study examined changes in depression and anxiety from before to during the COVID-19 pandemic among pregnant and postpartum women and investigated moderation by loneliness and other contextual risk factors. 135 women (median age = 31.81 years, SD=5.57; 26% Latina, 55% non-Hispanic White, 11% Black; 39% low-income) enrolled in an existing prospective study in Denver, Colorado, United States completed self-report questionnaires including the Edinburgh Postnatal Depression Scale (EPDS) and State Trait Anxiety Inventory - short form (STAI-SF) during early pregnancy, prior to COVID-19, and during COVID-19. COVID-19 response surveys were distributed on 13 April and completed by 22 May 2020. Depressive symptoms were higher during COVID-19 compared to pre-COVID-19 (p<0.001) but not significantly higher than during early pregnancy (p=0.84). Anxiety symptoms were higher during COVID-19 compared to both pre-COVID-19 (p<0.001) and early pregnancy (p=0.01). Higher loneliness was associated with increased depressive symptoms during COVID-19 (p=0.04). Greater COVID-19-specific adversity was linked to an increased depressive (p<0.001) and anxiety symptoms (p<0.001) during COVID-19 compared to pre-pandemic. Lower income-to-needs-ratio most strongly predicted depressive (p=0.004) and anxiety symptoms (p=0.001) during early pregnancy, but the groups did not significantly differ prior to or during the COVID-19 pandemic. The authors conclude that pregnant and postpartum women constitute a vulnerable population at risk of	This longitudinal study examined changes in depression and anxiety from before to during the COVID-19 pandemic among pregnant and postpartum women and investigated contextual risk factors. The findings suggest that pregnant and post-partum women are at increased risk of depression and anxiety and that these symptoms were exacerbated by loneliness and COVID-19-specific adversity.	Perzow S, Hennessey E, Hoffman M, et al. Mental health of pregnant and postpartum women in response to the COVID-19 pandemic. JADR (2021) https://doi.org/10.1016/j.jadr.2021.100123 .

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					increased depression and anxiety during the COVID-19 pandemic. Identifying mothers at risk may increase treatment utilization, mitigate fetal and infant exposure to maternal depression and anxiety, and help prevent adverse child outcomes.		
SARS-CoV-2, COVID-19, pregnant women, placental pathology, neonates, placenta diseases	25-Feb-21	Impact of SARS-CoV-2 on the Clinical Outcomes and Placental Pathology of Pregnant Women and Their Infants: A Systematic Review	Heliyon	Systematic Review	The authors conducted a systematic literature review to illustrate findings pertaining to SARS-CoV-2 on placental pathology and maternal and neonatal outcomes. This review searched several databases including MEDLINE, Embase and Global Health. The final review included 41 studies, comprising 315 women with either symptomatic or asymptomatic PCR-confirmed SARS-CoV-2. The endpoints were: pregnancy outcomes, radiology and laboratory findings, and placental pathology findings. Most of the women were in their third trimester of pregnancy. 6 women were admitted to the ICU (1.9%). Overall, the most prevalent complications during pregnancy were gestational hypertension (2.5%), gestational diabetes (3.5%), and type 2 diabetes (2.2%). 21% of neonates were born preterm, and there was 1 neonatal death (0.4%). Pre-eclampsia was the most frequent disease of the placenta (n=8, 2.5%). Additionally, there were 3 cases each of placental abruption and placenta previa (0.95%). More than half the infected pregnant women had pneumonia (50.8%). On lung CT, some pregnant women with SARS-CoV-2 demonstrated pure (5.7%), bilateral (3.8%), or patchy ground-glass opacities (4.8%). There were 87 cases (30%) of elevated C-reactive protein (CRP), 21 cases (6.7%) of leukocytosis and 25 cases (7.9%) of lymphopenia. In conclusion, the authors report that pregnant women with SARS-CoV-2 had higher rates of ICU admission, gestational diabetes, pre-eclampsia, placental abruption, placenta previa, preterm birth, and elevated CRP, in comparison to pregnant women without SARS-CoV-2. When compared to non-pregnant patients with SARS-CoV-2, rates of viral pneumonia, lung abnormalities, and low lymphocyte counts were similar.	In this systematic review, pregnant women with SARS-CoV-2 had higher rates of ICU admission, gestational diabetes, preeclampsia, placental abruption, placenta previa, preterm birth, and elevated C-reactive protein, in comparison to pregnant women without SARS-CoV-2. When compared to non-pregnant patients with SARS-CoV-2, rates of viral pneumonia, lung abnormalities and low lymphocyte counts were similar.	Oltean I, Tran J, Lawrence S, et al. Impact of SARS-CoV-2 on the clinical outcomes and placental pathology of pregnant women and their infants: A systematic review. Heliyon. 2021:e06393. doi: https://doi.org/10.1016/j.heliyon.2021.e06393 .
School opening, children, lockdown, students, transmission	25-Feb-21	SARS-CoV-2 infections in children following the full re-opening of schools and the impact of national lockdown: Prospective, national observational cohort surveillance, July-December 2020, England	Journal of Infection	Original Research	In this prospective national surveillance study in England, the authors analyzed age-specific SARS-CoV-2 infections to better understand trends in school-aged children (ages 2-18 years). SARS-CoV-2 infection rates by school year (grade) were analyzed from July-December 2020, including during the national lockdown in November during which schools remained open. SARS-CoV-2 rates were low during early summer but started increasing in mid-August, initially in young adults followed by secondary and then primary school-aged children (prior to schools reopening). After schools reopened, cases in school-aged children lagged behind and followed adult trends, with a strong age gradient in weekly infection rates. For example, in October 2020, infection rates in young adults were 18.32 times (95%CI, 16.42–20.44) higher than in preschool children. There was a strong ($p < 0.001$) correlation in regional infection rates between adults and secondary, primary, and preschool-aged children. The November lockdown was associated with declines in adult infection rates,	In this prospective assessment of the age-specific temporal trends of SARS-CoV-2 in school-aged children in England, the authors found that SARS-CoV-2 infections followed the same trajectory as adult cases with a strong age gradient in weekly infection rates. They concluded that maintaining low community infection rates is therefore critical for keeping schools open during the pandemic.	Mensah AA, Sinnathamby M, Zaidi A, et al. SARS-CoV-2 infections in children following the full re-opening of schools and the impact of national lockdown: Prospective, national observational cohort surveillance, July-December 2020, England. J Infect. 2021;S0163-4453(21)00093-1. doi:10.1016/j.jinf.2021.02.022

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		[Free Access to Abstract Only]			followed a week later by declines in student cases. Cases in adults and children both increased rapidly following the emergence of a more transmissible novel variant (B.1.1.7). The authors concluded that in school-aged children, SARS-CoV-2 infections followed the same trajectory as adult cases. Maintaining low community infection rates is critical for keeping schools open during the pandemic.		
COVID-19; children; adolescents; bullying; mental health	25-Feb-21	Bullying during COVID-19: the impact on child and adolescent health	British Journal of General Practice	Article	The author discussed the impact of bullying during the COVID-19 pandemic on child and adolescent health. The increased risk of poor health, educational, and social outcomes associated with bullying are well recognized in childhood and extend into adult life. In addition to traditional forms of physical, verbal, and psychological bullying, cyberbullying via digital modalities represents a relatively new phenomenon. Children and adolescents are particularly vulnerable to cyberbullying victimization due to their ubiquitous uptake of smartphones and social media participation. National lockdowns and widespread school closures triggered by COVID-19 substantially increased the online activity of millions of children and adolescents globally. Such conditions provided the opportunity for potentially increased rates of cyberbullying victimization while traditional forms of bullying were rendered unfeasible. Research is urgently needed to establish the impact of COVID-19 on the prevalence of all forms of childhood and adolescent bullying and meaningful interventions installed in anticipation of elevated levels. These could initially focus on teenage girls, who are at a greater risk of cyberbullying and associated poor mental health outcomes. While evidence-based anti-bullying interventions are lacking, cooperative learning approaches offer the greatest potential for success, although implementation will be challenging under current physical distancing restrictions. Finally, health professionals working with children and adolescents, particularly those in general practice, should be alerted to the possible increased rates of bullying and the likely impact on child and adolescent health.	The author discussed the impact of bullying during the COVID-19 pandemic on child and adolescent health. National lockdowns and widespread school closures triggered by COVID-19 substantially increased the online activity of millions of children and adolescents globally. Such conditions provided the opportunity for potentially increased rates of cyberbullying victimization while traditional forms of bullying were rendered unfeasible.	Armitage R. Bullying during COVID-19: the impact on child and adolescent health. Br J Gen Pract. 2021;71(704):122. doi:10.3399/bjgp21X715073.
COVID-19, lymphopenia, mean platelet volume, pediatrics	25-Feb-21	Demographic, clinical and laboratory features of COVID-19 in children: The role of mean platelet volume in predicting the hospitalization and severity	Journal of Medical Virology	Research Article	The authors investigate the role of mean platelet volume (MPV) in predicting the prognosis of COVID-19 in children. A single-center retrospective study was conducted between March 11 - December 11, 2020 at a tertiary hospital in Turkey. 251 children with SARS-CoV-2 positive RT-PCR (median age 8.92 ± 6.01 years, 55.5% male) were compared with 65 suspected COVID-19 cases (median age 3.60±4.51 years, 55.4% male). In the confirmed COVID-19 group, 48 (19.1%) patients were asymptomatic, 183 (72.9%) mild, 16 (6.4%) moderate, 1 (0.4%) severe and 3 were (1.2%) critically ill. Confirmed COVID-19 patients had significantly lower mean values of white blood cell (WBC), absolute neutrophil count, absolute lymphocyte count, platelet, and hemoglobin (P<0.001) than suspected COVID-19 patients. However, there was no significant difference in MPV levels between the two groups (P=0.894). C-reactive protein (CRP), procalcitonin, fibrinogen, and NT-pro-BNP mean values were	The authors investigate the role of mean platelet volume (MPV) in predicting the prognosis of COVID-19 in children through a single-center retrospective study of 316 children in Turkey. The authors conclude that MPV values are not associated with COVID-19 severity, however, WBC, CRP, procalcitonin, D-dimer, and NT-pro-BNP can be used to predict COVID-19 hospitalization.	Guner Ozenen G, Sahbudak Bal Z, Umit Z, et al. Demographic, clinical and laboratory features of COVID-19 in children: The role of mean platelet volume in predicting the hospitalization and severity. J Med Virol. 2021 Feb 25. doi: 10.1002/jmv.26902. Epub ahead of print. PMID: 33629365.

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					significantly lower in confirmed COVID-19 cases than suspected cases (all $P < 0.001$). 55 (21.9%) patients required hospitalization due to COVID-19 and MPV, WBC, CRP, procalcitonin, D-dimer, and NT-pro-BNP were statistically higher in hospitalized patients than those in outpatients. Lymphopenia ($P = 0.031$) and higher levels of fibrinogen ($P = 0.017$) were significantly associated with severe clinical symptoms. The most powerful predictor of hospitalization due to COVID-19 was the D-dimer ($P < 0.001$). The authors conclude that MPV values are not associated with COVID-19 severity. However, other parameters such as WBC, CRP, procalcitonin, D-dimer, and NT-pro-BNP can be used to predict COVID-19 hospitalization.		
COVID-19; children; MIS-C; United States	24-Feb-21	Distinguishing active pediatric COVID-19 pneumonia from MIS-C	Pediatric Rheumatology Online Journal	Original Research	The authors distinguished active pediatric COVID-19 pneumonia and MIS-C using presenting signs and symptoms, patient characteristics, and laboratory values. 111 patients were identified retrospectively at a children's hospital in the United States between April 1 - September 1, 2020. 74 COVID-19 cases were classified as mild, while 8 were moderate, and 8 were severe. 10 and 11 patients were classified as mild and severe MIS-C, respectively. Patients presenting with COVID-19 had a median age of 15.5 years (IQR 8.8-17.3 years), while patients with MIS-C had a median age of 12 years (IQR 8-13 yrs). 94% of COVID-19 patients had pre-existing conditions, compared to 10% in MIS-C patients. Fever, rash, conjunctivitis, and gastrointestinal symptoms were predominant in the MIS-C population, whereas COVID-19 patients presented with predominantly respiratory symptoms. COVID-19 patients were more likely to have a positive SARS-CoV-2 PCR ($p = 0.0001$) and to require respiratory support on admission ($p = 0.0056$). However, MIS-C patients had lower sodium levels ($p = 0.0004$), higher levels of C-reactive protein ($p = 0.0015$), erythrocyte sedimentation rate ($p = 0.0031$), d-dimer ($p = 0.0236$) and procalcitonin ($p = 0.0004$), while COVID-19 patients had higher lactate dehydrogenase levels on admission ($p = 0.0005$). The results indicate that COVID-19 and MIS-C cases have differentiating factors, including chronic medical issues, symptoms, and laboratory abnormalities which may aid healthcare providers in distinguishing between the 2 disease entities.	The authors distinguished active pediatric COVID-19 pneumonia and MIS-C using presenting signs and symptoms, patient characteristics, and laboratory values. Fever, rash, conjunctivitis, and gastrointestinal symptoms were predominant in the MIS-C population, whereas COVID-19 patients presented with predominantly respiratory symptoms. The results indicate that COVID-19 and MIS-C cases have differentiating factors, including chronic medical issues, symptoms, and laboratory abnormalities which may aid healthcare providers in distinguishing between the 2 disease entities.	Reiff DD, Mannion ML, Samuy N, et al. Distinguishing active pediatric COVID-19 pneumonia from MIS-C. <i>Pediatr Rheumatol Online J</i> . 2021;19(1):21. doi:10.1186/s12969-021-00508-2.
COVID-19; perinatal; Mexico	24-Feb-21	Perinatal COVID-19: a case report, literature review, and proposal of a national system for case record	Boletín Médico del Hospital Infantil de México	Article	The authors described a case of perinatal COVID-19 in Mexico. The patient was a 5-day-old male born at 40 weeks gestation by C-section secondary to fetal bradycardia during labor [date not specified]. The mother was asymptomatic and was hospitalized for post-operative monitoring in the low-risk postpartum ward in a room shared with another postpartum woman. The other woman presented fever and pharyngeal pain on the second day postpartum. RT-PCR for SARS-CoV-2 tested positive for both women and both children. While the mother remained asymptomatic, the neonate developed pneumonia and required mechanical ventilation. He was transferred to a tertiary level neonatal unit on day 5 of life, where congenital heart disease was ruled out. He progressed satisfactorily with a negative RT-PCR	The authors described a case of perinatal COVID-19 in Mexico. Both mother and neonate tested positive by RT-PCR for SARS-CoV-2 but while the mother remained asymptomatic, the neonate developed pneumonia. This case was classified as horizontal transmission, although the possibility of vertical transmission cannot be ruled	Lima-Rogel V, Villegas-Silva R, Coronado-Zarco A, et al. Perinatal COVID-19: a case report, literature review, and proposal of a national system for case record. <i>Bol Med Hosp Infant Mex</i> . 2021;78(1):34-40. English. doi:10.24875/BMHIM.2000230.

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					test for SARS-CoV-2 on day 8, and was extubated and discharged on day 21 of life. No complications were reported on telephone follow-up. This case was classified as horizontal transmission, although the possibility of vertical transmission cannot be ruled out. In addition, the authors conducted a literature review and highlighted that vertical transmission in neonates has not been confirmed to date, although there have been many cases of horizontal transmission. The authors also highlighted a National System for Case Reports designed to collect information on neonates patients with suspected or confirmed SARS-CoV-2 infection, which will inform researchers of incidence, clinical presentation, and mortality data, and help develop evidence-based management guidelines in the future.	out. Additionally, the authors performed a literature review and reported that vertical transmission was not confirmed in their research. Finally, they proposed a national system for collecting data on neonates with suspected or confirmed SARS-CoV-2 infection.	
COVID-19; SARS-CoV-2; Epidemiology; Signs and symptoms; Children; Mexico	24-Feb-21	Clinical and epidemiological characteristics of children with SARS-CoV-2 infection: a case series in Sinaloa	Boletín Médico del Hospital Infantil de México	Original Research	This case series in Sinaloa, Mexico included 51 pediatric patients (26 males, 25 females, median age: 10 years; range not provided) with SARS-CoV-2 infection confirmed by PCR test, identified in the Sistema de Vigilancia Epidemiológica de Enfermedades Respiratorias (Epidemiological Surveillance System of Respiratory Diseases, SISVER) between March 1 and May 31, 2020. Of the 51 included, 10 confirmed patients admitted to the Sinaloa Pediatric Hospital (HPS) in the same period were also examined in this study. The results showed 70% of the children having a positive contact. The most frequent symptoms were fever (78%), cough (67%), and headache (57%). Most cases were mild or asymptomatic. 3 patients with co-morbidities died. Furthermore, only 4 of 10 patients identified in HPS were admitted with the diagnosis of possible COVID-19, and the other 6 were admitted for unrelated reasons. They concluded that SARS-CoV-2 infection in children was mostly mild or asymptomatic, and the clinical presentation varied. This study showed evidence for the possibility of complications and mortality, especially in children with co-morbidities.	This case series in Sinaloa, Mexico identified 51 pediatric patients with SARS-CoV-2 infection. The study concluded that SARS-CoV-2 infection in children was mostly mild or asymptomatic, and the clinical presentation varied. This study showed evidence for the possibility of complications and mortality, especially in children with co-morbidities.	Pérez-Gaxiola G, Flores-Rocha R, Valadez-Vidarte JC, Hernández-Alcaraz M, Herrera-Mendoza G, Real-Lugo MÁD. Clinical and epidemiological characteristics of children with SARS-CoV-2 infection: a case series in Sinaloa. Bol Med Hosp Infant Mex. 2021;78(1):18-23. doi:10.24875/BMHIM.20002021
COVID-19, SARS-CoV-2, Children, Vaccination, Silent Infection	24-Feb-21	Simulated Identification of Silent COVID-19 Infections among Children and Estimated Future Infection Rates with Vaccination	medRxiv	Preprint (not peer-reviewed)	The authors aim to investigate the benefits of identifying silent or asymptomatic SARS-CoV-2 infections among children as a proxy for their vaccination. The study used an age-structured disease transmission model, parameterized with census data and estimates from published literature, to simulate the synergistic effect of interventions in reducing attack rates over the course of one year. A synthetic population was based on US census data. In addition to the isolation of symptomatic cases within 24 hours of symptom onset, vaccination of adults was implemented to reach a 40-60% coverage over the course of one year, with an efficacy of 95% against symptomatic and severe SARS-CoV-2 infection. The results showed that in the base-case scenarios with an effective reproduction number $Re=1.2$, a targeted approach that identifies 11% and 14% of silent infections among children within 2 or 3 days post-infection, respectively, would bring attack rates under 5%, with 40% vaccination coverage of adults. If asymptomatic infections among children remained undetected, achieving the same attack rates would require	The authors aim to investigate the benefits of identifying silent or asymptomatic SARS-CoV-2 infections among children as a proxy for their vaccination. The study used an age-structured disease transmission model, parameterized with census data and estimates from published literature, to simulate the synergistic effect of interventions in reducing attack rates over the course of one year. In the absence of pediatric vaccine availability, a targeted approach to rapidly identify asymptomatic SARS-CoV-2	Moghadas SM, Fitzpatrick MC, Shoukat A, et al. Identifying silent COVID-19 infections among children is critical for controlling the pandemic. medRxiv. 2021. doi: 10.1101/2021.01.06.21249349.

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					an unrealistically high vaccination coverage (at least 81%) of this age group, in addition to 40% vaccination coverage of adults. The effect of identifying asymptomatic infections was robust in sensitivity analyses with respect to vaccine efficacy against infection and reduced susceptibility of children to infection. In conclusion, in the absence of pediatric vaccine availability, a targeted approach to rapidly identify asymptomatic SARS-CoV-2 infections in children was estimated to significantly mitigate disease burden. Without measures to interrupt transmission chains from asymptomatic infections, vaccination of adults is unlikely to contain the outbreaks in the near term.	infections in children was estimated to significantly mitigate disease burden.	
MIS-C; children; SARS-CoV-2; cardiac manifestations; India	24-Feb-21	Multisystem Inflammatory Syndrome in Children Temporarily Associated with SARS-CoV-2	The Indian Journal of Pediatrics	Scientific Letter	In this scientific letter, the authors described the clinical profile and outcome of 8 children in India [6 males and 2 females, median age: 4.65 years, IQR: 3.1-7.2 years] with MIS-C between September and October 2020. Common systems of clinical presentation were cardiovascular (n=7) 87.5%, gastro-intestinal (n=4) 50%, and respiratory (n=2) 25%. The other manifestations included shock (n=5) 62.5%, hypertension (n=4) 50%, hypoxemia (n=4) 50%, and generalized erythematous rash (n=4) 50%. Serological evidence of SARS-CoV-2 infection was present in 7 children (87.5%) which also included 1 RT-PCR-positive child. 1 child (12.5%) had exposure to COVID-19. Thrombocytopenia was seen in 7 children (87.5%) as well as leucopenia and lymphopenia in 1 child each. The inflammatory markers were elevated in 100% of the children. 2 children (2%) had liver dysfunction but none had abnormal renal functions. 5 children (62.5%) had abnormal 2D echocardiography (ECHO), of which, 3 children (37.5%) had severe left ventricular dysfunction. None had coronary artery abnormalities during the hospital stay. 4 (50%) had hypoxemia needing oxygen support by noninvasive ventilation. Inotropes/vasopressor support was needed in 50% of the children. 100% of the children were treated with IV immunoglobulin (2 g/kg). In addition, 6 (75%) received methyl prednisolone (10–30 mg/kg). 100% of the children survived. The striking cardiac manifestations were cardiogenic shock and abnormal ECHO in the form of left ventricular dysfunction as the mechanism underlying myocardial dysfunction in MIS-C has not been yet fully researched. As seen in adults with COVID-19, possible causes in these children include acute myocarditis, hypoxic injury, and ischemic injury caused by cardiac microvascular damage or coronary artery disease.	This scientific letter presents the clinical profile and outcome of 8 children in India with MIS-C. The prospective observational series found the common systems of clinical presentation were cardiovascular, gastro-intestinal, and respiratory with other manifestations being shock, hypertension, hypoxemia, and generalized erythematous rash. The striking cardiac manifestations in their sample were cardiogenic shock and abnormal echocardiography (ECHO) in the form of left ventricular dysfunction as the mechanism underlying myocardial dysfunction in MIS-C has not been yet fully researched.	Ratageri VH, Pawar GR, N G, Maldar SB, Illau S. Multisystem Inflammatory Syndrome in Children Temporarily Associated with SARS-CoV-2 [published online ahead of print, 2021 Feb 24]. Indian J Pediatr. 2021;1. doi:10.1007/s12098-021-03693-w
COVID-19; children; multisystem inflammatory syndrome; rare disease	24-Feb-21	Post-COVID-19 Outbreak of Severe Kawasaki-like Multisystem Inflammatory Syndrome in Children	Malaysian Journal of Medical Sciences	Brief Communication	The authors discussed severe Kawasaki-like MIS-C in association with COVID-19. COVID-19 is usually mild and non-fatal in children. However, in rare cases, children could be severely affected, and clinical manifestations may differ from adults. MIS-C is a rare but serious complication associated with COVID-19, initiated by an overactive immune response in children that usually presents weeks after exposure to SARS-CoV-2. Inflammation could occur in different parts of the body. Initial symptoms of Kawasaki disease, to which the	The authors discussed severe Kawasaki-like MIS-C in association with COVID-19. MIS-C is a rare but serious complication associated with COVID-19, initiated by an overactive immune response in children that usually presents	Shakeel S, Ahmad Hassali MA. Post-COVID-19 Outbreak of Severe Kawasaki-like Multisystem Inflammatory Syndrome in Children. Malays J Med Sci. 2021;28(1):109-116.

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					authors are comparing MIS-C, include fever, abdominal pain, red eyes, vomiting or diarrhea and a rash on the trunk. Some children may have a swollen red mouth and red tongue, whereas others may have swollen glands in the neck. The disease puts pressure on the heart, as blood vessels leading towards the heart get inflamed and incapable of carrying adequate blood, producing cardiac complications in children hospitalized with MIS-C. The association between MIS-C and COVID-19 is still unidentified – there is very little understanding of what triggers MIS-C, which necessitates a rigorous mapping of the disease and associated risk elements for better disease management and navigating through this crisis.	weeks after exposure to SARS-CoV-2. The association between MIS-C and COVID-19 is still unidentified – there is very little understanding of what triggers MIS-C, which necessitates a rigorous mapping of the disease and associated risk elements for better disease management and navigating through this crisis.	doi:10.21315/mjms2021.28.1.14.
Midwives, Health services, COVID-19, SARS-CoV-2, Pandemic, Maternity care, Resilience, Challenges	24-Feb-21	Midwives' Experiences of Providing Maternity Care during the COVID-19 Pandemic in Australia	Women and Birth	Original Research	The authors of this cross-sectional descriptive study aimed to explore and describe midwives' experiences of providing maternity care during the COVID-19 pandemic in Australia. The two-phased study was conducted between May and June 2020. Data were collected through an online survey and semi-structured interviews, and the results included responses from 620 midwives. Approximately 57% of midwives reported a move to telehealth appointments. For labor care, 70% of midwives reported that women had limited support, and 77% indicated that postnatal visiting was impacted. Five main themes were derived from the qualitative data: coping with rapid and radical changes, challenges to woman-centered care, managing professional resilience, addressing personal and professional challenges, and looking ahead. In conclusion, these findings provide valuable evidence to understand the impact on midwives who have provided care during the COVID-19 pandemic. This information will be useful for health leaders and policy makers as they consider ways to continue care during the pandemic and support the essential midwifery workforce. Recommendations are presented to improve preparedness for future pandemics.	The authors of this cross-sectional descriptive study aimed to explore and to describe midwives' experiences of providing maternity care during the COVID-19 pandemic in Australia. These findings provide valuable evidence to understand the impact on midwives who have provided care during the COVID-19 pandemic.	Bradfield Z, Hauck Y, Homer CSE, et al. Midwives' experiences of providing maternity care during the COVID-19 pandemic in Australia. Women and Birth. 2021. https://www.sciencedirect.com/science/article/pii/S1871519221000421 . doi: https://doi.org/10.1016/j.wombi.2021.02.007 .
COVID-19; NICU staff; family-centered care; neonatal intensive care unit; parents; pre-term infant	24-Feb-21	The Collateral Impact of COVID-19 Emergency on Neonatal Intensive Care Units and Family-Centered Care: Challenges and Opportunities	Frontiers in Psychology	Perspective Article	This article details the impact of the COVID-19 pandemic on family-centered care provision for high-risk newborns and their families. Restrictions to parental (especially paternal) visitation can lead to heightened parental distress and disrupted child development due to delayed parent-infant interactions. Despite WHO recommendations that mothers with suspected or confirmed COVID-19 not be separated from their infants, hospitals in many countries are not allowing breastfeeding or skin-to-skin contact in these cases. Immediate skin-to-skin contact and breastfeeding within 2 hours of delivery make mothers more sensitive to the infant's needs and support the infant's social and bonding-related behaviors. Post-natal separation of mother and infant can also have long-term negative consequences to the child's cognitive, socio-emotional, physical, and social development. Furthermore, precautions taken by mothers with suspected or confirmed COVID-19 allowed to care for their newborns (hand hygiene, mask-wearing, and routine disinfection) may complicate the mother's relationship with her newborn.	This article details the impact of the COVID-19 pandemic on family-centered care provision for high-risk newborns and their families, including restrictions to parental visitation in neonatal ICUs, pandemic-related understaffing, and post-natal separation of mothers and infants.	Cena L, Biban P, Janos J, et al. The Collateral Impact of COVID-19 Emergency on Neonatal Intensive Care Units and Family-Centered Care: Challenges and Opportunities. Front Psychol. 2021;12:630594. Published 2021 Feb 24. doi:10.3389/fpsyg.2021.630594

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					Understaffing resulting from the COVID-19 pandemic is also concerning because understaffing in NICUs has been associated with adverse outcomes in very-low-birth-weight infants. The authors conclude that online support groups and other forms of virtual peer support can help to safely empower families and support NICU staff during the COVID-19 pandemic.		
UK, COVID-19, vaccine, long COVID, children	24-Feb-21	Vaccinating children to prevent long covid? More caution is needed in interpreting current epidemiological data	British Medical Journal (BMJ)	Letter	This letter seeks to reconcile how prevalent "long COVID" is among children and whether this warrants vaccination of children. The Office for National Statistics (ONS) states that 12.9% of primary school age and 15% of secondary school-age children have long COVID. However, the author argues that these statistics need context. These values represent the proportion of children who, within five weeks of a positive SARS-CoV-2 test, have one of the following symptoms: fatigue, cough, headache, loss of taste or smell, myalgia, sore throat, fever, shortness of breath, nausea, or vomiting, diarrhea, or abdominal pain. The ONS reported prevalence for some of these symptoms is as follows: fatigue 3.5%; cough 4%; headache 5.3%; loss of taste or smell 2%; myalgia 1.7%. These results seem in line with or lower than the general population, and many of these symptoms are to be expected given high levels of family and community stress. The authors state that the prevalence estimates being discussed need a comparator group and must be interpreted with more caution, especially given the lack of a dedicated case definition for children. In the meantime—especially while there are no safety data in children—the authors endorse the Royal College of Pediatrics and Child Health's sensible position on COVID-19 vaccination.	This letter seeks to reconcile how prevalent "long COVID" is among children and whether this warrants vaccination of children. The author argues that prevalence estimates from the Office for National Statistics need context and seem in line with or lower than the general population. The authors endorse the Royal College of Pediatrics and Child Health's sensible position on COVID-19 vaccination.	Bhopal SS, Absoud M. Vaccinating children to prevent long covid? More caution is needed in interpreting current epidemiological data. BMJ. 2021;372:n520. Published 2021 Feb 24. doi:10.1136/bmj.n520
Abortion Applicants; COVID-19; Family Physicians; Induced Abortion; Pandemics; Pregnancy; First Trimester; Telemedicine	24-Feb-21	Family Physicians' Role in Simplifying Medication Abortion During the COVID-19 Pandemic	Journal of the American Board of Family Medicine	Editorial	This commentary piece argues that, during the COVID-19 pandemic, family physicians are in a unique position to begin incorporating medication abortion into their practice in a way that limits the spread of SARS-CoV-2. The writers note that abortion services, like other clinical services, have changed due to the COVID-19 pandemic to include "no-test" protocols, eliminating much of the contact between patients and staff. 3.7% of recently graduated family physicians provide abortions, but 13.3% report feeling prepared to provide abortion care. Medication abortion draws on clinical skills learned during residencies, such as pregnancy diagnosis counseling, medication management, and clinical follow-up. Many family physicians operate in medically underserved areas of the United States, many of which have considerable barriers to abortion care. Expanding abortion care is essential, as access has decreased during the COVID-19 pandemic. However, the researchers note that these changes should continue into the future.	This commentary piece argues that, during the COVID-19 pandemic, family physicians are in a unique position to begin incorporating medication abortion into their practice in a way that limits the spread of SARS-CoV-2. Expanding abortion care is important, as access has decreased during the COVID-19 pandemic.	Patel P, Narayana S, Thill Z et al. Family Physicians' Role in Simplifying Medication Abortion During the COVID-19 Pandemic. JABM, 34. Feb 2021. doi: https://doi.org/10.3122/jabfm.2021.S1.200208

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
COVID-19; pediatric; cystic fibrosis; Mexico	24-Feb-21	SARS-CoV-2 infection in a pediatric patient with cystic fibrosis	Boletín Médico del Hospital Infantil de México	Case Report	The authors describe the case of cystic fibrosis (CF) and SARS-CoV-2 infection in a 22-month-old male patient in Mexico. The patient presented to a tertiary level hospital with cough, fever, and increased respiratory work [date not specified]. He received supplemental oxygen, antibiotics, and antiviral therapy and tested positive for type B influenza and SARS-CoV-2. Due to the persistence of respiratory difficulty, high-flow therapy was initiated, with a good response. After an episode of hypoxemia, bradycardia, and increased respiratory work secondary to accumulated secretions, orotracheal intubation and invasive mechanical ventilation were performed. The patient subsequently improved clinically, and after 10 days of in-hospital antibiotic management with adequate clinical evolution, the patient was discharged to complete oral treatment and home isolation. This case illustrates the clinical course in a pediatric patient with CF history and SARS-CoV-2 infection, which did not present with severity criteria and was managed with standard protocols of intensive therapy.	The authors described the case of cystic fibrosis (CF) and SARS-CoV-2 infection in a 22-month-old male patient in Mexico. This case illustrates the clinical course in a pediatric patient with CF history and SARS-CoV-2 infection, which did not present with severity criteria and was managed with standard protocols of intensive therapy.	Páez-Velásquez JS, Romero-Urbe IE, Castilla-Peón MF, et al. SARS-CoV-2 infection in a pediatric patient with cystic fibrosis. Bol Med Hosp Infant Mex. 2021;78(1):29-33. English. doi:10.24875/BMHIM.20000216.
Adolescent; COVID-19; Child; Coronavirus disease 2019; Geographic location; Infant; Mortality	24-Feb-21	International heterogeneity in coronavirus disease 2019 pediatric mortality rates	Boletín Médico del Hospital Infantil de México	Original Research	Severe COVID-19 is infrequent in children and shows a mortality rate of around 0.08%; however comparisons by population are scarce. This study explored international differences in the pediatric mortality rate (among children <15 years old). 23 countries with populations over 5 million were included in the analysis. Pediatric COVID-19 mortality rate varied from 0 to 12.1 deaths per million children of the corresponding age group, with the highest rate in Peru. In most countries, deaths were more frequent in the 0-4-year-old age group, except for Brazil. The percentage of total COVID-19 deaths among children <15 years old (pediatric/general COVID mortality) varied considerably, ranging from 0% (Republic of Korea) to 10.4% (India). Pediatric COVID-19 mortality rates and pediatric/general COVID mortality correlated strongly with 2018 neonatal mortality ($p<0.001$ for both), while pediatric COVID-19 mortality rates showed moderate correlation ($p=0.02$) and pediatric/general COVID mortality showed no correlation ($p=0.38$) with COVID-19 mortality in the general population. The authors conclude that international differences in pediatric COVID-19 mortality parallel historical neonatal mortality trends. Neonatal mortality is a well-known index of the quality of a country's health system, which points to the importance of social determinants of health in pediatric COVID-19 mortality disparities.	This study explored differences in the pediatric mortality rate (among children <15 years old) in 23 countries. The authors conclude that international differences in pediatric COVID-19 mortality parallel historical neonatal mortality trends, indicating the importance of social determinants of health in pediatric COVID-19 mortality disparities.	González-García N, Miranda-Lora AL, Garduño-Espinosa J, et al. International heterogeneity in coronavirus disease 2019 pediatric mortality rates. Heterogeneidad internacional en las tasas de mortalidad pediátrica por COVID-19. Bol Med Hosp Infant Mex. 2021;78(1):24-28. doi:10.24875/BMHIM.2000291
Pregnancy, maternal mortality, obstetricians, Latinx	24-Feb-21	Pregnant during the pandemic: United in motherhood	EclinicalMedicine	Commentary	In this commentary, the authors reflect on the experiences of being pregnant and obstetricians during the COVID-19 pandemic in Texas, USA. They share the painful moments of experiencing a maternal death due to COVID-19 in a Latinx woman, whose family was unable to say goodbye and whose infant must return home without a mother. The authors reflect, "Maternal death is heavy. Heavier as obstetricians and mothers. Heaviest while pregnant... Emerging data suggest that symptomatic COVID-19 may be yet another risk factor	In this commentary, the authors reflect on the experiences of being pregnant and obstetricians during the COVID-19 pandemic in Texas, USA. They share the painful moments of maternal deaths, the uncertainty and trepidation	Afshar Y, Parchem J. Pregnant during the pandemic: United in motherhood. Eclinicalmedicine. 2021; 33,100760 doi.org/10.1016/j.eclinm.2021.100760

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					for maternal mortality which unequally affects minoritized patients of color, a frequent reminder of broken systems and enduring structural racism..." The authors also comment on the challenges of being pregnant during the pandemic, stating that "It is impossible for the mind not to venture into the 'what ifs'. The experience of being pregnant during the COVID-19 pandemic is strange and injected with even more uncertainty. Comfort has been replaced by trepidation, joy shrouded by the suffering around us." In addition, this commentary reveals the challenges resulting from a paucity of data on COVID-19 in pregnancy with which the obstetricians could counsel their patients. The authors conclude the article with a reflection of gratitude and hope for safe and healthy births.	around their pregnancies, and the hope for safe and healthy births.	
pregnancy; COVID-19 vaccine; safety; vaccine hesitancy	24-Feb-21	Pregnant People's Paradox-Excluded From Vaccine Trials Despite Having a Higher Risk of COVID-19 Complications	Journal of the American Medical Association (JAMA)	Perspective	Despite evidence that pregnant patients have a higher risk of COVID-19 complications and death than nonpregnant people and may experience greater risk of preterm delivery with greater disease severity, many pregnant health care workers have shown hesitancy about COVID-19 vaccination. This article explores some of the reasons behind this hesitancy, citing the exclusion of pregnant and lactating individuals from research and mixed messages about the vaccine's safety as contributing factors. The author presents a timeline of conflicting recommendations regarding the safety of vaccinating pregnant and lactating people against COVID-19 throughout January 2021. While the US Centers for Disease Control and Prevention (CDC), the American College of Obstetricians and Gynecologists, and the Society for Maternal-Fetal Medicine have emphasized patient choice, the WHO has recommended withholding vaccines from pregnant people unless the benefit of vaccination outweighs the potential risk. A January 29, 2021 statement from the WHO clarified that its recommendations place more emphasis on guiding immunization program decisions, while the US CDC's recommendations emphasize guiding individual decision-making. Regardless, the author argues that these mixed messages stem from a longstanding exclusion of pregnant and lactating people from clinical trials. Multiple efforts are underway to collect information about pregnant individuals who have received COVID-19 vaccines, which are described briefly in this article.	This article explores some of the reasons behind COVID-19 vaccine hesitancy among some pregnant and lactating healthcare workers, citing the exclusion of pregnant and breastfeeding individuals from research and mixed messages about the vaccine's safety as contributing factors.	Rubin R. Pregnant People's Paradox-Excluded From Vaccine Trials Despite Having a Higher Risk of COVID-19 Complications [published online, 2021 Feb 24]. JAMA. 2021;10.1001/jama.2021.2264. doi:10.1001/jama.2021.2264
MIS-C; pediatrics; inflammation; cardiovascular; mucocutaneous	24-Feb-21	Characteristics and Outcomes of US Children and Adolescents With Multisystem Inflammatory Syndrome in Children (MIS-C) Compared With Severe Acute COVID-19	Journal of the American Medical Association (JAMA)	Original Research	Refinement of criteria for MIS-C may inform efforts to improve health outcomes. To compare clinical characteristics and outcomes of children and adolescents with MIS-C vs those with severe COVID-19, the authors present a case series of 1,116 patients aged <21 years hospitalized between March 15 and October 31, 2020, at 66 US hospitals. Final date of follow-up was January 5, 2021. Of 1,116 patients (median age 9.7 years; range not reported), 539 (48%) were diagnosed with MIS-C and 577 (52%) with COVID-19. Compared with patients with COVID-19, patients with MIS-C were more likely to be 6-12 years old (40.8% vs 19.4%; aRR, 1.51 [95% CI, 1.33-1.72]) vs 0-5 years) and non-Hispanic Black (32.3% vs 21.5%; aRR, 1.43 [95% CI,	In this case series comparing children and adolescents with MIS-C vs those with severe COVID-19, MIS-C patients were more like to be aged 6-12 years, of non-Hispanic Black race, have severe cardiovascular or mucocutaneous involvement, and have more extreme inflammation.	Feldstein LR, Tenforde MW, Friedman KG, et al. Characteristics and Outcomes of US Children and Adolescents With Multisystem Inflammatory Syndrome in Children (MIS-C) Compared With Severe Acute COVID-19 [published online, 2021 Feb 24]. JAMA.

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					1.17-1.76] vs White). Compared with patients with COVID-19, patients with MIS-C were more likely to have cardiorespiratory involvement (56.0% vs 8.8%; aRR, 2.99 [95% CI, 2.55-3.50]), cardiovascular without respiratory involvement (10.6% vs 2.9%; aRR, 2.49 [95% CI, 2.05-3.02]), and mucocutaneous without cardiorespiratory involvement (7.1% vs 2.3%; aRR, 2.29 [95% CI, 1.84-2.85]). Patients with MIS-C had higher neutrophil to lymphocyte ratio (median, 6.4 vs 2.7, P<0.001), higher C-reactive protein level (median 152 mg/L vs 33 mg/L; P<0.001), and lower platelet count (<150 ×10 ³ cells/μL; 41% vs 17%, P<0.001). A total of 398 patients (73.8%) with MIS-C and 253 (43.8%) with COVID-19 were admitted to the ICU, and 10 (1.9%) with MIS-C and 8 (1.4%) with COVID-19 died during hospitalization. Among patients with MIS-C with reduced left ventricular systolic function (34.2%) and coronary artery aneurysm (13.4%), an estimated 91% (95% CI, 86.0%-94.7%) and 79.1% (95% CI, 67.1%-89.1%), respectively, normalized within 30 days. The authors conclude these patterns may help differentiate between MIS-C and COVID-19.			2021;10.1001/jama.2021.2091. doi:10.1001/jama.2021.2091
SARS-CoV-2; COVID-19; transmission; aerosol; face mask	24-Feb-21	Aerosol Transmission of SARS-CoV-2 by Children and Adults During the COVID-19 Pandemic	Pediatric Pulmonology	Commentary	The authors outline the major methods of transmission of SARS-CoV-2, focusing on aerosol transmission and their implications for limiting the spread of SARS-CoV-2 among children and adults. Defining the factors driving infectivity and transmission is critical for infection control and containment of the COVID-19 pandemic. The authors describe the mechanism of droplet production as it differs between the upper and lower airways and how these dynamics vary with age. The article explores how the characteristics of the indoor environment into which aerosols are dispersed are critical. SARS-CoV-2 can be transmitted by droplets and aerosols generated by tidal breathing, coughing, and sneezing and is viable in particles that remain suspended in air. Understanding the behavior of virus-laden droplets and aerosols in confined spaces is urgently needed for schools and workplaces to open safely. This makes the usage of masks, social distancing, and adequate room ventilation critical for limiting the aerosol spread of SARS-CoV-2.	The authors outline the major methods of transmission of SARS-CoV-2, focusing on aerosol transmission and their implications for limiting the spread of SARS-CoV-2 among children and adults.	Moschovis PP, Yonker LM, Shah J, Singh D, Demokritou P, Kinane TB. Aerosol Transmission of SARS-CoV-2 by Children and Adults During the COVID-19 Pandemic. <i>Pediatr Pulmonol.</i> 2021 Feb 24. doi: 10.1002/ppul.25330. Epub ahead of print. PMID: 33624927.	
COVID-19; mental health; online education; children	24-Feb-21	The impact of COVID-19 pandemic outbreak on education and mental health of Chinese children aged 7-15 years: an online survey	BioMed Central (BMC) Pediatrics	Original Research	This study evaluated the impact of the COVID-19 pandemic on mental health and attitudes towards online education among Chinese children aged 7-15 years. A total of 688 parents or caretakers from 27 Chinese regions participated in the study by completing a detailed questionnaire administered through social media. Nearly 21% of parents reported that their children experienced post-traumatic stress disorder (PTSD) during the pandemic, and 7.2% reported their children exhibiting depressive symptoms. PTSD and depression levels were significantly higher in middle school than primary school students (p < 0.01). The school system (p=0.05) and the province of origin (p=0.01) were also significantly associated with the development of PTSD symptoms. About 44% of participants felt that online education is "effective in gaining knowledge and improving	In this cross-sectional study, the authors evaluated the impact of the COVID-19 pandemic on children's mental health through questionnaires administered to 688 parents of Chinese children aged 7-15 years. They found that 21% and 7.2% of respondents reported PTSD and depressive symptoms in their children, respectively. The authors suggest that authorities optimize online	Ma Z, Idris S, Zhang Y, et al. The impact of COVID-19 pandemic outbreak on education and mental health of Chinese children aged 7-15 years: an online survey. <i>BMC Pediatr.</i> 2021;21(1):95. Published 2021 Feb 24. doi:10.1186/s12887-021-02550-1	

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					practical and communication skills." Nearly 80% of participants felt that the online education system is efficient and reported satisfaction and easy adaptability to this system. The authors suggest that authorities optimize online education systems and implement effective interventions to cope with the psychological effects of COVID-19 on children since many are being affected by PTSD and depression.	education systems and implement effective interventions to cope with the psychological effects of COVID-19 on children.	
COVID-19; postpartum length of stay; postpartum re-admission; Israel	23-Feb-21	Consequences of the COVID-19 pandemic on the postpartum course: Lessons learnt from a large-scale comparative study in a teaching hospital	International Journal of Gynaecology & Obstetrics	Original Research	This retrospective cross-sectional study evaluated the consequences of the COVID-19 pandemic restrictions in Israel on postpartum course in women who gave birth between March-April 2020 (first wave, group A), between July-September 2020 (second wave, group B), and a matched historical cohort throughout 2017-2019 (group C). 3377 women were included: 640, 914, and 1823 in groups A (mean age=31.49 ± 4.49 yrs), B (mean age=31.44 ± 4.93 yrs), and C (mean age=31.42 ± 4.91 yrs), respectively. Mean length of hospital stay after birth (pooled vaginal and C-section deliveries) was shorter in groups A and B compared to the control group (2.28 ± 1.01 and 2.25 ± 0.93 vs. 2.55 ± 1.10 days, p<0.001). Rates of emergency department presentations 30 days after discharge were higher in groups C and B compared to group A (6.63% and 6.45% vs. 3.12%, p=0.006). Rates of re-admissions 30 days after discharge were 0.78%, 1.42%, and 1.09% (groups A, B, and C, respectively), demonstrating no statistical difference (p=0.408). During the pandemic, there was a reduction or no change in rates of emergency department presentations and re-admissions, despite the shortened length of stay after delivery.	This retrospective cross-sectional study evaluated the consequences of the COVID-19 pandemic restrictions in Israel on postpartum course in women who gave birth between March-April 2020 (first wave, group A), between July-September 2020 (second wave, group B), and a matched historical cohort throughout 2017-2019 (group C). During the pandemic, there was a reduction or no change in rates of emergency department presentations and re-admissions, despite the shortened length of stay after delivery.	Kugelman N, Toledano-Hacohen M, Karmakar D, et al. Consequences of the COVID-19 pandemic on the postpartum course: Lessons learnt from a large-scale comparative study in a teaching hospital. Int J Gynaecol Obstet. 2021;153(2):315-321. doi:10.1002/ijgo.13633.
COVID-19; children; psoriasis; telehealth, France	23-Feb-21	Impact of the COVID-19 pandemic on children with psoriasis	Annales de Dermatologie et de Vénérologie	Original Research	The authors investigated the impact of the COVID-19 pandemic on children with psoriasis in France. A survey of children aged <18 years with psoriasis (mean age=11.4 years), conducted from June 10 - 29, 2020. 92 children were included in the analysis. 71.7% had psoriasis lesions at the time of home lockdown, while 45.2% were receiving systemic treatments, and 2 contracted SARS-CoV-2. During the lockdown, psoriasis worsened in 47.3% of the children, and 18.8% stopped their systemic treatments, mainly due to the pandemic. A total of 41.3% had a consultation for psoriasis during the lockdown (71.1% by teleconsultation), 39.5% due to worsening of their psoriasis, and 21.1% for pandemic-related issues. Among patients not having a consultation during the lockdown, 27.5% had a cancellation by the doctor, and 9.3% had concerns over going to see the doctor. Finally, 22.8% of patients reported finding it challenging to respect hygiene measures because of their psoriasis, such as application of alcohol-based hand sanitizers (47.6%), handwashing routines (42.9%), and wearing a mask (28.6%). This study demonstrated the significant clinical impact of the COVID-19 pandemic on children with psoriasis. Teleconsultations played a key role in patient management including patient monitoring, provision of information, and renewal of treatments.	The authors investigated the impact of the COVID-19 pandemic on children with psoriasis in France. 22.8% of patients reported finding it challenging to respect hygiene measures because of their psoriasis, such as application of alcohol-based hand sanitizers (47.6%), handwashing routines (42.9%), and wearing a mask (28.6%). Teleconsultations played a key role in patient management including patient monitoring, provision of information, and renewal of treatments.	Beytout Q, Pepiot J, Maruani A, et al. Impact of the COVID-19 pandemic on children with psoriasis. Ann Dermatol Venereol. 2021;S0151-9638(21)00027-2. doi:10.1016/j.annder.2021.01.005.

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MIS-C; pediatric COVID-19; Costa Rica; Iran; Canada; outcomes	23-Feb-21	Multicenter cohort study of children hospitalized with SARS-CoV-2 infection	medRxiv	Preprint (not peer-reviewed)	This retrospective cohort study aimed to describe and compare the characteristics of SARS-CoV-2 infection in hospitalized children in 3 countries. 211 children up to 17 years of age with SARS-CoV-2 infection or MIS-C confirmed by molecular testing or serology, admitted to 15 hospitals (13 in Canada [n=95]; 1 in Iran [n=32]; and 1 in Costa Rica [n=84]) from February 1 to November 16, 2020 were included. Of 211 included cases, 103 (49%) had a presumptive diagnosis of COVID-19 or MIS-C at admission while 108 (51%) were admitted with other diagnoses. 21 (10%) met criteria for MIS-C. 87 (41%) had comorbidities. Children admitted in Canada were older than those admitted to non-Canadian sites (median age 4.1 years vs 2.2 years; p<0.001) and less likely to require mechanical ventilation (3/95 [3%] vs 15/116 [13%]; p<0.05). 64 (30%) required supplemental oxygen or ICU admission and 4 (1.9%) died. Age <30 days (adjusted (a)OR: 7.4; 95% CI 2.30-23.82), admission outside Canada (aOR 3.13; 95% CI 1.33-7.14), presence of at least one comorbidity (aOR 3.44; 95% CI 1.51-7.85) and chest imaging compatible with COVID-19 (aOR 4.64; 95% CI 2.06-10.47) predicted severe or critical COVID-19. The authors suggest that It is possible that the threshold for admission or for testing is lower in Canada or that children present for medical attention later in the course of illness in other countries. Regardless, the authors propose that future research examine socio-demographic factors that may drive hospitalization rates and outcomes related to SARS-CoV-2 infection in children.	This retrospective cohort study aimed to describe and compare the characteristics of SARS-CoV-2 infection in hospitalized children in Canada, Iran, and Costa Rica. Disease severity was higher at non-Canadian sites (Iran and Costa Rica). Neonates, children with comorbidities and those with chest radiographs compatible with COVID-19 were at increased risk for severe or critical COVID-19. the authors propose that future research examine socio-demographic factors that may drive hospitalization rates and outcomes related to SARS-CoV-2 infection in children.	Barton M, Papenburg J, Ulloa-Gutierrez R, et al. Multicenter cohort study of children hospitalized with SARS-CoV-2 infection. medRxiv. 2021:2021.02.19.21251340. doi: 10.1101/2021.02.19.21251340.
COVID-19; pregnancy; maternal health; neonatal; infant	23-Feb-21	Consequences of the SARS-CoV-2 pandemic in the perinatal period [Free Access to Abstract Only]	Current Opinion in Pediatrics	Review	The author reviewed the consequences of SARS-CoV-2 infection on the health and perinatal outcomes of pregnant women and their infants. The severity of SARS-CoV-2 infection is greater in pregnant compared to nonpregnant women as measured by rates of ICU admission, mechanical ventilation, mortality, and morbidities including myocardial infarction, venous thrombo-embolic and other thrombotic events, pre-eclampsia, preterm labor, and preterm birth. The risk of transmission from mother to infant is relatively low (1.5-5%), as quantitated by neonatal SARS-CoV-2 testing. Infants appear to be at higher risk of testing positive for SARS-CoV-2 if the mother has tested positive within 1 week of delivery or is herself symptomatic at the time of maternity admission. The rate of positivity is not higher in infants who room in with the mother compared to infants who are initially separated and cared for in a SARS-CoV-2-free environment. Infants who test positive in the hospital generally have no or mild signs of disease (and most of these signs could be attributed to prematurity), and rarely require re-admission for clinical signs of COVID-19. The author concluded that pregnant women should take precautions to avoid SARS-CoV-2 infection, and that infants born to mothers with SARS-CoV-2 can receive normal neonatal care in-hospital with their mothers, if mothers and staff adhere to recommended infection control practices.	The author reviewed the consequences of SARS-CoV-2 infection on the health and perinatal outcomes of pregnant women and their infants. Pregnant women should take precautions to avoid SARS-CoV-2 infection, and infants born to mothers with SARS-CoV-2 can receive normal neonatal care in-hospital with their mothers, if mothers and staff adhere to recommended infection control practices.	Hudak ML. Consequences of the SARS-CoV-2 pandemic in the perinatal period. Curr Opin Pediatr. 2021;33(2):181-187. doi:10.1097/MOP.0000000000001004.

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COVID-19, SARS-CoV-2, Children, Infection	23-Feb-21	Virological Characteristics of Hospitalized Children With SARS-CoV-2 Infection	Journal of the American Academy of Pediatrics	Article	This US study aimed to determine the correlation between SARS-CoV-2 viral load (VL) in infected children with age, disease severity and underlying co-morbidities. Children <21 years of age were screened for SARS-CoV-2 at the time of hospitalization, and those that tested positive by PCR were included in this study. VL at different sites was determined and compared between the groups. The results included 102 children, of whom 44% had asymptomatic infection. Children with >1 co-morbid condition were most at-risk for severe disease. VL in children with symptomatic infection was significantly higher than in children with asymptomatic infection (p=0.001). VL in the respiratory tract was significantly higher in children <1 year of age compared to older children (p<0.0001), despite most infants presenting with milder illness. Besides the respiratory tract, SARS-CoV-2 RNA was also detectable in saliva, rectal and blood samples. In 13 children for whom data on duration of PCR positivity is available, 12/13 tested positive 2 weeks after initial diagnosis, and 6/13 continued to test positive 4 weeks after initial diagnosis. In conclusion, in hospitalized children with SARS-CoV-2 infections, those with >1 co-morbid condition experienced severe disease. SARS-CoV-2 VL in the respiratory tract is significantly higher in children with symptomatic disease and in children <1 year of age.	This US study aimed to determine the correlation between SARS-CoV-2 viral load (VL) in infected children with age, disease severity and underlying co-morbidities. It concluded that in hospitalized children with SARS-CoV-2 infections, those with >1 co-morbid condition experienced severe disease. SARS-CoV-2 VL in the respiratory tract is significantly higher in children with symptomatic disease and in children <1 year of age.	Pinninti SG, Pati S, Poole C, et al. Virological Characteristics of Hospitalized Children With SARS-CoV-2 Infection [published online ahead of print, 2021 Feb 23]. Pediatrics. 2021;e2020037812. doi:10.1542/peds.2020-037812
COVID-19; cytokine; inflammatory biomarkers; multiplex cytokine analysis; Kawasaki disease	23-Feb-21	Clinical significance of measuring serum cytokine levels as inflammatory biomarkers in adult and pediatric COVID-19 cases: a review	Cytokine	Review	In this report, the authors reviewed the clinical significance of measuring serum cytokine levels as inflammatory biomarkers in adult and pediatric COVID-19 cases as well as the challenges and pitfalls in implementation and interpretation of cytokine immunoassays. Measuring serum levels of pro-inflammatory cytokines as inflammatory biomarkers may have several potential applications in the management of COVID-19 patients, including risk assessment, monitoring of disease progression, determination of prognosis, selection of therapy and prediction of response to treatment. This is especially true for pediatric patients with COVID-19-associated PIMS-TS, MIS-C or Kawasaki Disease. It is challenging to interpret the multiplex cytokine data for COVID-19 patients. Also, it should be taken into consideration that biological and technical variables may affect the commutability of cytokine immunoassays and enhance complexity of cytokine immunoassay interpretation. It is recommended that the same method, platform and laboratory should be used when monitoring differences in cytokine levels between groups of individuals or for the same individual over time. It may be important to correlate cytokine profiling data with the SARS-CoV-2 nucleic acid amplification testing and imaging observations to make an accurate interpretation of the inflammatory status and disease progression in COVID-19 patients.	In this report, the authors reviewed the clinical significance of measuring serum cytokine levels as inflammatory biomarkers in adult and pediatric COVID-19 cases as well as the challenges in implementation and interpretation of cytokine immunoassays. Measuring pro-inflammatory cytokines can especially aid in management of pediatric patients with PIMS-TS, MIS-C or Kawasaki Disease. It is recommended that the same method, platform and laboratory should be used when monitoring differences in cytokine levels between groups of individuals or for the same individual over time.	Liu BM, Martins TB, Peterson LK, et al. Clinical significance of measuring serum cytokine levels as inflammatory biomarkers in adult and pediatric COVID-19 cases: A review. Cytokine. 2021;142:155478. doi:10.1016/j.cyto.2021.155478.

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COVID-19; pediatric; MIS-C; India	23-Feb-21	COVID-19 related multisystem inflammatory syndrome in children (MIS-C): Role of 18 F-FDG PET/CT to assess myocardial involvement	Journal of Nuclear Cardiology	Article	In this article, the authors present the utility of 18F-FDG PET/CT in identifying myocardial inflammation in the case of a pediatric SARS-CoV-2 infection with MIS-C. A 14-year old male child, without any co-morbidities, presented with history of fever and sore throat in India [date not specified]. This was followed by acute onset diarrhea, arthralgia, dyspnea and bilateral angular conjunctivitis. Laboratory investigations revealed elevated erythrocyte sedimentation rate, C-reactive protein, serum troponin t, ferritin and procalcitonin levels. SARS-CoV-2 RT-PCR result was negative but chest radiograph showed opacities in the lower lobes of bilateral lungs and SARS-CoV-2 antibody assay showed significantly high serum Immunoglobulin G (IgG) levels. ECG showed tachycardia and PR segment depression while echocardiography revealed global hypokinesia with left ventricular ejection fraction of 45-50%. A provisional diagnosis of COVID-19 related MIS-C was made and F-FDG PET/CT, performed after 18 hrs of fasting and high-fat, low-carbohydrate diet preparation, demonstrated hypermetabolism in the inferolateral wall of the LV myocardium suggestive of active inflammation. The patient was managed conservatively on oxygen, inotropes, diuretics and steroids. A second 18F-FDG PET/CT performed 6 weeks later, showed resolution of hypermetabolism in the inferolateral wall. FDG PET/CT can thus have incremental role in the timely diagnosis and follow-up of this potentially life-threatening hyperinflammatory syndrome.	In this article, the authors present the utility of 18F-FDG PET/CT in identifying myocardial inflammation in the case of a pediatric SARS-CoV-2 infection with MIS-C. The patient was managed conservatively on oxygen, inotropes, diuretics and steroids. FDG PET/CT can thus have incremental role in the timely diagnosis and follow-up of this potentially life-threatening hyperinflammatory syndrome.	Satapathy S, Kumar R, Kavanal AJ, et al. COVID-19 related multisystem inflammatory syndrome in children (MIS-C): Role of 18F-FDG PET/CT to assess myocardial involvement. J Nucl Cardiol. 2021:1-2. doi:10.1007/s12350-021-02540-x.
COVID-19, school closures	23-Feb-21	Closing schools is not evidence based and harms children	British Medical Journal (BMJ)	Editorial	This editorial argues closing schools during the COVID-19 pandemic in the UK is not evidence-based and harms children. The authors list learning loss, reduced social interaction, isolation, reduced physical activity, increased mental health problems, potential for increased abuse, exploitation, and neglect as negative associations of school closures. The editorial highlights school as a haven for an estimated 2.3 million children in England living in unsafe home environments. The authors assert overall risk to children and young people from COVID-19 is very small. The authors acknowledge that while school closures may decrease transmission, there is no difference in the risk of death from COVID-19 in households with or without children. Furthermore, only 3% of people aged >65 years live with children. The authors assert the risk to teachers is minimal, reporting viral prevalence within schools reflects community prevalence and that school staff are at no higher risk of hospital admission or death than other workers. The authors believe existing studies of school closures on transmission rates are confounded by simultaneous introduction of other community lockdowns. The authors conclude that the failure to keep schools open violates the UN convention on the rights of the child and that keeping schools open should be the UK's top priority.	This editorial argues closing schools during the COVID-19 pandemic in the UK is not evidence-based and harms children. The authors insist keeping schools open should be the UK's top priority.	Lewis SJ, Munro APS, Smith GD, Pollock AM. Closing schools is not evidence based and harms children. BMJ. 2021;372:n521. Published 2021 Feb 23. doi:10.1136/bmj.n521

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COVID-19; eczema; irritant contact dermatitis; sanitizer	23-Feb-21	Fluctuating Palmar Erythema in a Toddler during COVID-19 Pandemic: Do You Know the Offender?	Journal of Tropical Pediatrics	Case Report	This is the case of a 3-year-old boy with bilateral palmar erythema for 2 weeks in India. The symptoms followed diurnal fluctuation and were not associated with itching, skin excoriation, dry skin, pain, color change, exacerbation by exposure to hot/cold temperature. Physical examination was unremarkable. Laboratory results, including rheumatoid factor, were within normal limits. During further history taking, his parents revealed that the child used the recently purchased hand sanitizer every 20-30 min. He was diagnosed with irritant contact dermatitis (ICD), and hand sanitizer use restrictions were advised. Within a week, there was a dramatic improvement without any medication. The differential diagnosis that should be ruled out regarding palmar erythema in children includes cirrhosis, rheumatological disorders, Raynaud phenomenon, thyrotoxicosis, diabetes, heavy metal poisoning, Kawasaki disease, obstructive pulmonary disease, atopic dermatitis, ICD, and medications, e.g., salbutamol and topiramate. Recently, hand sanitizers-associated ICD in adults during the COVID-19 pandemic have been reported. This case demonstrates the atypical presentation of ICD with the absence of itching in children. Excessive hand sanitizer use leads to impairment of keratinocytes, epidermal barrier disruption, a subsequent release of pro-inflammatory cytokines, and delayed-type hypersensitivity reactions. Careful history taking and awareness of ICD atypical forms can improve diagnosis and avoid unnecessary investigations.	This is a case of irritant contact dermatitis in a 3-year-old male in India due to excessive hand sanitizer use during the COVID-19 pandemic. Careful history taking and advising the judicious use of hand sanitizer can often resolve the symptoms without the need for extensive investigations.	Panda PK, Sharawat IK. Fluctuating Palmar Erythema in a Toddler during COVID-19 Pandemic: Do You Know the Offender?. J Trop Pediatr. 2021;67(1). doi:10.1093/tropej/fmab011
Obstetrics, residents, trainees, maternal health	23-Feb-21	COVID-19 Pandemic: An Experience of OBGYN Residents at Kathmandu Model Hospital	Kathmandu University Medical Journal (KUMJ)	Perspective	In this perspective piece, OB/GYN residents in Kathmandu Model Hospital, Nepal share their experiences during the COVID-19 pandemic. Before the pandemic, maternal mortality for Nepal was 239 deaths per 1,00,000 live births with decline in mortality every year. However, movement restrictions, transport challenges and anxiety over possibly being exposed to SARS-CoV-2 acted as barriers to women trying to access maternal health care during the pandemic, which caused a rise in maternal mortality (in 2020). The residents describe how constant changes were made in management techniques and describe the development of a fever screening clinic and department protocols for COVID-19 management, all of which were novel experiences. Nationwide lockdown also changed healthcare by shifting services to electronic formats and limiting the routine medical care offered. In addition, the pandemic affected the residents' academic experiences and caused fear regarding not being able to return home after an exposure. When the first positive pregnant patient was identified, there was both chaos and stress, but the protocols were effective in preventing transmission. The residents conclude with a message of hope, that by remembering the Hippocratic Oath, they maintain faith to keep going during the pandemic.	In this perspective piece, OB/GYN residents in Kathmandu Model Hospital, Nepal share their experiences during the COVID-19 pandemic adapting to rapidly changing protocols and caring for the first SARS-CoV-2 positive pregnant woman at their institution.	Bharati S , Bajracharya N , Tiwari KD , Maharjan OE , Maharjan S . COVID-19 Pandemic: An Experience of OBGYN Residents at Kathmandu Model Hospital. Kathmandu Univ Med J (KUMJ). 2020;18(70):102-104.

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COVID-19 pandemic, pregnancy, outcomes, fetal distress, membrane tearing	23-Feb-21	Association between the COVID-19 pandemic and the risk for adverse pregnancy outcomes: A cohort study	British Medical Journal (BMJ) Open	Original Research	This study evaluates the association between the COVID-19 pandemic and the risk of adverse pregnancy outcomes. Retrospective analysis of the pregnancy outcomes of 2 cohorts of pregnant women (total n=7694) in Beijing, China were compared. One cohort delivered between May 20-November 30, 2019 (n=4509, pre-pandemic), and the other delivered between January 20-July 31, 2020 (n=3185, pandemic). Information on outcomes were collected from the International Classification of Diseases codes of discharge diagnosis. Stillbirths (n=3) were excluded from the study. Compared to the pre-pandemic group, the pandemic group, after controlling for all other risk factors, showed an 11% increased chance of premature rupture of membranes (aRR 1.11, 95% CI 1.04-1.18, p=0.003) and 14% increase in fetal distress (aRR 1.14, 95% CI: 1.01-1.29, p=0.028). The authors suggest that these may be due to heightened maternal anxiety leading up to delivery, as well as decreased doctors' visits during pregnancy. The authors assert that large multi-center cohort studies should be conducted in the future, to further explore the long-term impact and the mechanism of the COVID-19 pandemic on pregnant women and infants.	This study evaluates the association between the COVID-19 pandemic and the risk of adverse pregnancy outcomes. Compared to the pre-pandemic group, the pandemic group, after controlling for all other risk factors, showed an 11% increased chance of premature rupture of membranes and a 14% increase in fetal distress. The authors suggest that these may be due to heightened maternal anxiety and decreased doctors' visits, but that large cohort studies are needed to explore the impacts of the COVID-19 pandemic on pregnant women and infants.	Du M, Yang J, Han N, et al. Association between the COVID-19 pandemic and the risk for adverse pregnancy outcomes: a cohort study. <i>BMJ Open</i> . 2021;11(2):e047900. Published 2021 Feb 23. doi:10.1136/bmjopen-2020-047900
Pregnancy, maternal outcomes, neonatal outcomes, preterm birth, maternal mortality	23-Feb-21	Pregnancy and neonatal outcomes of COVID-19: co-reporting of common outcomes from PAN-COVID and AAP SONPM registries	Ultrasound in Obstetrics and Gynecology	Original Research	This report describes maternal, fetal and neonatal outcomes from a collaboration between the UK's PAN-COVID registry (January 1-July 25, 2020), which includes pregnancies with suspected or confirmed maternal SARS-CoV-2 infection at any stage in pregnancy, and the American Academy of Pediatrics Section on Neonatal Perinatal Medicine (AAP SONPM) National Perinatal COVID-19 registry (April 4-August 8, 2020), which includes pregnancies with positive maternal SARS-CoV-2 from 14 days before delivery to 3 days after delivery. 4005 pregnant women were included (1606 PAN-COVID and 2399 AAP SONPM, ages not provided). In PAN-COVID overall, those with confirmed infection in PAN-COVID, and AAP SONPM, respectively, maternal death occurred in 0.5%, 0.5% and 0.2% of cases, early neonatal death in 0.2%, 0.3% and 0.3% of cases and stillbirth in 0.5%, 0.6% and 0.4% of cases. Delivery was pre-term (<37 weeks gestation) in 12.0% of all women in PAN-COVID, in 16.2% of those women with confirmed infection in PAN-COVID and in 15.7% of women in AAP SONPM. This was higher than expected based on US National Vital Statistics Reports for 2018 where 10% of births were preterm (significance not reported). Neonatal SARS-CoV-2 infection was reported in 0.8% of all deliveries in PAN-COVID, in 2.0% in those with confirmed infection in PAN-COVID and in 1.8% in AAP SONPM. The authors conclude that findings from the two registries were remarkably concordant, and preterm delivery affected a higher proportion of women than expected based on historical and contemporaneous national data.	The report combines data on maternal, fetal and neonatal outcomes from United Kingdom and United States registries of 4005 pregnant women with suspected or confirmed SARS-CoV-2. The findings from the registries were remarkably concordant, with preterm delivery affecting a higher proportion of women than expected based on historical and contemporaneous national data.	Mullins E, Hudak ML, Banerjee J, et al. Pregnancy and neonatal outcomes of COVID-19: co-reporting of common outcomes from PAN-COVID and AAP SONPM registries. <i>Ultrasound Obstet Gynecol</i> . 2021; doi:10.1002/uog.23619
COVID-19; epidemiology; mental health;	23-Feb-21	Relationships between changes due to COVID-19	British Medical Journal (BMJ) Open	Original Research	This prospective follow-up study aimed to examine how changes due to COVID-19 pandemic may have impacted depressive and anxiety symptoms among mothers of infants and/or preschoolers (0-6 years)	This study examined how changes due to COVID-19 pandemic may have impacted	Kimura M, Kimura K, Ojima T. Relationships between changes due to COVID-19

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preventive medicine; public health		pandemic and the depressive and anxiety symptoms among mothers of infants and/or preschoolers: a prospective follow-up study from pre-COVID-19 Japan			across 47 prefectures in Japan. A baseline survey was conducted in February 2020 (n=4700) with a follow-up conducted in June 2020 (n=2489). After excluding 203 participants with a higher risk of severe mental illness at baseline, 2286 mothers were included in the analysis. Mean participant age was 35.3 years (SD±5.5, range 20–49 years), and mean child age was 2.5 years (SD±2.0, range 0–6 years). During the follow-up period, 151 (6.6%) of respondents had newly developed depressive and anxiety symptoms. Participants who experienced a shortage of relaxation time (adjusted (A)OR 1.61, 95% CI 1.06-2.47), increased difficulty in child rearing (AOR 1.89, 95% CI 1.32-2.70), increased partner aggression (AOR 2.93, 95% CI 1.42-6.05) and an increased sense of unfairness (AOR 1.74, 95% CI 1.10-2.73) were more likely to develop these symptoms. However, increased partner's time spent at home was negatively correlated with depressive and anxiety symptoms (AOR 0.54, 95% CI 0.35-0.84), indicating a possible protective factor for maternal mental health. These results suggest increased parenting burden was significantly related to the development of depressive and anxiety symptoms. The authors recommend strategies to reduce solo parenting and increase social awareness related to domestic violence.	depressive and anxiety symptoms among mothers of infants and/or preschoolers in Japan. Shortages of relaxation time, increased difficulty child rearing, increased partner aggression, and an increased sense of unfairness were associated with increased depression and anxiety symptoms.	pandemic and the depressive and anxiety symptoms among mothers of infants and/or preschoolers: a prospective follow-up study from pre-COVID-19 Japan. <i>BMJ Open</i> . 2021;11(2):e044826. Published 2021 Feb 23. doi:10.1136/bmjopen-2020-044826
COVID-19; infertility; women; fertility treatment; COVID-19 pandemic; stress; anxiety; resilience; coping	23-Feb-21	Psychological experience and coping strategies of patients in the Northeast US delaying care for infertility during the COVID-19 pandemic	Reproductive Biology and Endocrinology	Original Research	The aim of the study was to determine the psychological experience and coping strategies of patients pausing fertility treatments due to the COVID-19 pandemic and examine which factors were associated and predictive of resilience, anxiety, stress, and hopefulness. The authors conducted a cross-sectional cohort study of 214 patients (mean 35.5±4.1 years) from Northeast USA fertility practices. Patients reported that fertility treatments were delayed for a mean of 10 weeks. The top-ranked coping skills were establishing a daily routine, going outside regularly, exercising, maintaining social connection via phone, social media or Zoom, and continuing to work. Having a history of anxiety (p<0.0001) and having received oral medication as prior infertility treatment (p<0.0001) were associated with lower resilience. Increased hopefulness about having a child at the time of completing the survey (p<0.0001) and higher resilience scores (p<0.0001) were associated with decreased anxiety. Higher reported stress scores (p<0.0001) were associated with increased anxiety. Being a non-Hispanic black (p=0.035) was predictive of more resilience while being a full-time homemaker (p=0.03), having received oral medication as prior infertility treatment (p=0.003), and having higher anxiety scores (p<0.0001) were predictive of less resilience.	This study aimed to determine the psychological experience and coping strategies of patients pausing fertility treatments due to the COVID-19 pandemic and examine which factors were associated and predictive of resilience, anxiety, stress, and hopefulness. Being a non-Hispanic black was predictive of more resilience while being a full-time homemaker, having received oral medication as prior infertility treatment, and having higher anxiety scores were predictive of less resilience.	Seifer DB, Petok WD, Agrawal A, et al. Psychological experience and coping strategies of patients in the Northeast US delaying care for infertility during the COVID-19 pandemic. <i>Reprod Biol Endocrinol</i> . 2021;19(1):28. Published 2021 Feb 23. doi:10.1186/s12958-021-00721-4
accelerometry, children, COVID-19 pandemic, physical	23-Feb-21	Physical activity behaviour and screen time in Dutch children during the COVID-19 pandemic: Pre-	Pediatric Obesity	Original Research	This longitudinal study examined the effect of COVID-19 measures on children's screen time and objectively measured physical activity (PA) levels before, during, and after school closures due to the COVID-19 pandemic in the Netherlands. Two cohorts of participants were recruited from two different ongoing studies to contribute to the total sample size of 233 children aged 4-18 years. Cohort A included	This longitudinal study examined the effect of COVID-19-related school closures on the physical activity and screen time behaviors of 102 and 131 children in two separate Dutch	Ten Velde G, Lubrecht J, Arayess L, et al. Physical activity behaviour and screen time in Dutch children during the COVID-19 pandemic: Pre-, during-

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activity, screen time		.during- and post-school closures			102 participants (mean age 10.5 years, 42% boys), and data on PA and screen time were collected using a questionnaire. Cohort B included 131 participants (mean age 10.2 years, 44% boys), and data on PA and screen time were collected using a questionnaire and accelerometry metrics 1 year before and after school closures. In cohort A, 62% of participants reported less total PA, and self-reported screen time on weekdays increased 34 ± 105 min/d during the lockdown. In cohort B, sedentary time increased by an average of 45 ± 67 minutes per day. Only 20% of participants reached the recommended 60 minutes of PA per day, compared to 64% of participants in May 2019 (before school closures). Furthermore, in cohort B, the majority reported increased screen time during both week (66%) and weekend days (63%), resulting in an average increase of 59 ± 112 min/d ($P = <.01$) and 62 ± 130 min/d ($P = <.01$), respectively. This study indicates that most Dutch children (cohort A: 62%, cohort B: 54%) reported lower levels of total PA, increased screen time, and increased sedentary time during the COVID-19 pandemic compared to before the pandemic.	cohorts, respectively. Findings showed that most Dutch children (cohort A: 62%, cohort B: 54%) reported lower levels of total PA, increased screen time, and increased sedentary time during the COVID-19 pandemic compared to before the pandemic.	and post-school closures. <i>Pediatr Obes.</i> 2021;e12779. doi:10.1111/ijpo.12779
Attachment; COVID-19; Inflammation; Mental health; Pregnancy	22-Feb-21	COVID-19 threatens maternal mental health and infant development: possible paths from stress and isolation to adverse outcomes and a call for research and practice	Child Psychiatry and Human Development	Article	The COVID-19 pandemic has exposed mothers to stress and social isolation during the pre- and post-natal periods. In this brief report, the authors summarize evidence linking stress and social isolation to negative outcomes for mothers and infants and present a conceptual model featuring inflammation as a driving mechanism. There is strong evidence that the COVID-19 pandemic will affect mothers and infants through immune pathways that have been shown to link stress and social isolation during the pre- and post-natal periods, with negative impacts on maternal mental health and infant well-being and development. Pro-inflammatory mediators indirectly link perinatal and postpartum maternal stress with infant development. This process is perpetuated through breastfeeding, which passes cytokines from mothers to infants. Early inflammation in preterm infants and infants living in poverty has been linked to adverse outcomes up to age 10 years. The authors offer recommendations for research, policy, and integrated clinical care that can address the biological threats of pandemic-induced stress to infants and mothers while leveraging the anti-inflammatory effects of social support. Because social support and secure maternal-infant attachment have been shown to reduce stress-associated inflammation, the authors recommend support calls with mothers who lack social support, home visits (when safe and feasible) for at-risk mothers, and interventions to foster secure attachment relationships. Directions for future research include assessment of infant developmental and maternal mental health outcomes during COVID-19, examination of the mechanisms of resilience and risk factors, and immediate implementation and evaluation of pilot interventions.	In this brief report, the authors summarize evidence linking stress and social isolation to negative outcomes for mothers and infants and present a conceptual model featuring inflammation as a driving mechanism. They conclude with recommendations for research, policy, and integrated clinical care that can address the biological threats of pandemic-induced stress to infants and mothers while leveraging the anti-inflammatory effects of social support.	Venta A, Bick J, Bechelli J. COVID-19 threatens maternal mental health and infant development: possible paths from stress and isolation to adverse outcomes and a call for research and practice. <i>Child Psychiatry Hum Dev.</i> 2021;52(2):200-204. doi:10.1007/s10578-021-01140-7
Children, appendicitis,	22-Feb-21	Complicated Acute Appendicitis	European Journal of	Original Research	In this retrospective study, the authors investigated the incidence of complicated acute appendicitis (peritonitis or appendicular mass)	In this study, the authors investigated the incidence of	Delgado-Miguel C, Muñoz-Serrano AJ, Miguel-Ferrero

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surgery, pediatrics, lockdown		during COVID-19 Pandemic: The Hidden Epidemic in Children [Free Access to Abstract Only]	Pediatric Surgery		during the COVID-19 lockdown in Madrid, Spain compared with the same period in the previous 5 years. 168 patients (mean age 9.9 ± 3.5 years, range not provided) diagnosed with acute appendicitis who underwent surgery at a single institution between March 9-April 13 (2015–2020) were included. There was no statistically significant difference in the number of patients between each year. No significant differences were observed when comparing the distribution by sex and age between the six years. However, patients in 2020 (COVID-19 group) presented longer symptom progression time (46.8 hours; p = 0.046), higher rate of complicated appendicitis (48.4%; p = 0.004), longer mean hospital stay (4.9 days; p < 0.001), increased cumulative incidence (8.27 cases per 100,000 children per 0.1 years; p < 0.001), and increased incidence rate of complicated appendicitis (83 cases per 100,000 children; p < 0.001) when compared with other years. The authors conclude that children diagnosed with acute appendicitis during COVID-19 lockdown in Madrid, Spain presented an increased rate of complicated appendicitis, with a significantly higher cumulative incidence and incidence density when compared with the previous 5 years.	complicated acute appendicitis during COVID-19 lockdown in Spain. Children diagnosed with acute appendicitis during COVID-19 lockdown presented a longer time from onset of symptoms at the time of emergency department visit and an increased average hospital stay compared with the previous 5 years. They also presented an increased rate of complicated appendicitis, with a significantly higher cumulative incidence and incidence density.	M, De Ceano-Vivas M, Calvo C, Martínez L. Complicated Acute Appendicitis during COVID-19 Pandemic: The Hidden Epidemic in Children . Eur J Pediatr Surg. 2021; doi:10.1055/s-0041-1723992
COVID-19; Non-pharmaceutical interventions; summer camps; children	22-Feb-21	Effectiveness of Non-Pharmaceutical Interventions on Child and Staff COVID-19 Cases in US Summer Camps	medRxiv	Preprint (not peer-reviewed)	This study estimated the prevalence of COVID-19 cases among campers and staff at summer camps during summer 2020, and to assess its relation to non-pharmaceutical interventions used at camps. A survey was distributed to camps that operated over summer 2020, in September, 2020. 486 camps, serving 90,000 campers, operated on-site and included 59 overnight, 206 day, and 220 combination day and overnight camps. 74 camps reported at least one confirmed COVID-19 case and 127 camps reported at least one confirmed or suspected COVID-19 case; of camps with a confirmed case, 10 were overnight, 52 day and 12 were combination overnight/day/rental camps. 5 camps had >5 total cases among campers and staff, and 3 experienced a COVID outbreak (>3 cases in a week). Incidence rates for COVID-19 cases amongst campers and staff was 3.3 and 8.03 per 10,000 people, respectively (resulting in a total of 30 and 72 confirmed cases, respectively). Risk of COVID-19 cases was lowest in camps that had campers and staff wear facial coverings, with a 73% (RR: 0.27; 95% CI: 0.10, 0.73) and 87% (RR: 0.13; 95% CI: 0.06, 0.31) reduction in risks, respectively, as compared to camps where neither campers nor staff always wore facial coverings. Physical distancing measures, when always used, produced reductions in risk, with rate reductions in campers of 61% (RR: 0.39, 95% CI: 0.19, 0.82) for cohorts, pods or bubbles, 69% (RR: 0.31, 95% CI: 0.15, 0.65) for physical distancing measures, and 70% (RR: 0.30; 95% CI: 0.15, 0.61) for programs modified to increase physical distance. The authors suggest that rates of COVID-19 cases for campers and staff were relatively low (even in areas with high community COVID-19 rates), and further demonstrate the importance of strict face	The authors aimed to estimate the prevalence of COVID-19 cases among campers and staff at summer camps during summer 2020, and to assess its relation to non-pharmaceutical interventions used at camps. They suggest that rates of COVID-19 cases for campers and staff were relatively low, and the data demonstrates the importance of strict face covering and targeted physical distancing to reduce SARS-CoV-2 infection in camp settings.	Suh HH, Meehan J, Blaisdell L, et al. Effectiveness of Non-Pharmaceutical Interventions on Child and Staff COVID-19 Cases in US Summer Camps. medRxiv. doi/10.1101/2021.02.18.21250271

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					covering and targeted physical distancing measures to reduce SARS-CoV-2 infection in camp settings.		
COVID-19; infant; caregiver; sleep; behavior; Japan	22-Feb-21	Sleep and the General Behavior of Infants and Parents during the Closure of Schools as a Result of the COVID-19 Pandemic: Comparison with 2019 Data	Children (Basel)	Article	The authors assessed the impact of the COVID-19 pandemic on sleep and general behavior of infants and parents in Japan. Cross-sectional data from online surveys describing the sleep behavior of infants and caregivers in March 2020 (the school closure period during the early stages of the COVID-19 pandemic; n=295; mean age of infants=23.8 ± 3.8 months old, 50.2% male; mean age of mothers=34.3 ± 4.8 years, mean age of fathers=36.6 ± 6.0 years) and March 2019 (before the pandemic; n=2017; mean age of infants=24.2 ± 3.8 months old, 50.3% male; ; mean age of mothers=34.0 ± 4.6 years, mean age of fathers=36.5 ± 5.9 years). No significant differences were found in wake-up times (2019: 7:19 ± 0:46 am vs. 2020: 7:18 ± 0:47 am, p=0.289), bedtimes (21:01 ± 0:48 pm vs. 21:04 ± 0:53 pm, p=0.144), or nocturnal sleep times (593.7 ± 43.9 min vs. 588.1 ± 50.3 min, p=0.613). Caregiver wake-up times (2019: 6:46 ± 0:50 am vs. 2020: 6:39 ± 0:50 am, p=0.017) and bedtimes (22:53 ± 1:17 pm vs. 22:42 ± 1:04 pm, p=0.016) became significantly earlier in 2020 compared to 2019. Among infants staying at home, percentage of outdoor play decreased significantly (64.0 ± 26.0% vs. 61.0 ± 27.1%, p=0.058), and media use increased significantly in 2020 (127.9 ± 85.4 min vs. 147.0 ± 112.7 min, p=0.023). Sleep latency was significantly longer in 2020 (21.8 ± 14.9 min vs. 24.1 ± 18.3 min, p=0.037). The findings indicate that infants and caregivers staying at home should be provided special support during the pandemic.	The authors assessed the impact of the COVID-19 pandemic on sleep and general behavior of infants and parents in Japan. Significant decrease in infant outdoor play, increase in use of media and increase in sleep latency was observed in 2020 compared to 2019. Caregiver wake-up times and bedtimes became significantly earlier in 2020.	Shinomiya Y, Yoshizaki A, Murata E, et al. Sleep and the General Behavior of Infants and Parents during the Closure of Schools as a Result of the COVID-19 Pandemic: Comparison with 2019 Data. Children (Basel). 2021;8(2):168. doi:10.3390/children8020168.
COVID-19; school; children; surveillance; Australia	22-Feb-21	DETECT Schools Study Protocol: A Prospective Observational Cohort Surveillance Study Investigating the Impact of COVID-19 in Western Australian Schools	Frontiers in Public Health	Protocol	In this protocol, the authors describe the DETECT Schools Study which is a prospective observational cohort surveillance study in Australia to assess the impact of COVID-19 in 79 Western Australian (WA) schools (Grades Kindergarten-12; children aged 3-18 years). To investigate the incidence, transmission and impact of SARS-CoV-2 in schools, the study comprises 3 "modules": Module 1) spot-testing in schools to screen for asymptomatic SARS-CoV-2; Module 2) enhanced surveillance of close contacts following the identification of any COVID-19 case to determine the secondary attack rate of SARS-CoV-2 in a school setting; and Module 3) survey monitoring of school staff, students and their parents to assess psycho-social wellbeing following the first wave of the COVID-19 pandemic. Prepared in a highly accelerated timeframe, this protocol is the product of an effective partnership between multiple stakeholders, which is now a validated and valuable resource at the disposal of the WA Government and community as it continues to navigate the future peaks and troughs of the ongoing COVID-19 pandemic.	The authors describe the protocol of the DETECT Schools Study, a prospective observational cohort surveillance study to assess the impact of COVID-19 in 79 Western Australian schools. The study includes spot-testing in schools to screen for asymptomatic SARS-CoV-2, surveillance of close contacts following the identification of COVID-19 cases to determine the secondary attack rate, and survey monitoring of school staff's, students', and parents' psycho-social wellbeing.	Mullane MJ, Thomas HM, Epstein M, et al. DETECT Schools Study Protocol: A Prospective Observational Cohort Surveillance Study Investigating the Impact of COVID-19 in Western Australian Schools. Front Public Health. 2021;9:636921. doi:10.3389/fpubh.2021.636921.
human milk, viruses, SARS-CoV-2, lactoferrin, tenascin-C,	22-Feb-21	The Antiviral Properties of Human Milk: A Multitude of Defence Tools	Nutrients	Review	This review describes current knowledge surrounding specific and non-specific antiviral compounds in human breast milk. Breast milk is able to express direct antimicrobial action through a variety of immunoglobulin compounds, and milk from women infected with SARS-CoV-2 could have antibodies against the virus. Secretory IgA	This review describes current knowledge surrounding specific and non-specific antiviral compounds in human breast milk. There are several	Mornirol D, Consales A, Crippa BL, et al. The Antiviral Properties of Human Milk: A Multitude of Defence Tools from

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immunoglobulins, docosahexaenoic acid (DHA), long-chain polyunsaturated fatty acids (LCPUFA), mucins, human milk oligosaccharides (HMO)		from Mother Nature			(sIgA), which is significantly expressed in breast milk, has a dual anti-infective action and provides protection from microbes while modulating neonates' intestinal immunity. Known antimicrobial compounds found in breast milk include cytokines, polyunsaturated fatty acids, immune-stimulating proteins, glycoproteins such as lactoferrin, glycosylated components such as mucins, human milk oligosaccharides (HMOs), and extracellular vesicles in human milk, which provide a broad spectrum of antiviral protections. Lactoferrin, in particular, has been found to have significant antiviral activity against many DNA and RNA viruses, and some studies have purported that it has an effect against SARS-CoV-2. The authors state that although not all properties or interactions of these compounds are known, further research could help identify new strategies to fight viral infections.	compounds, including lactoferrin, which might have antiviral activity against SARS-CoV-2.	Mother Nature. Nutrients. 2021 Feb 22;13(2):694. doi: 10.3390/nu13020694.
Children, pediatrics, gastro-intestinal, symptoms, ACE2, gut	22-Feb-21	SARS-CoV-2 and the Gastrointestinal Tract in Children	Frontiers in Pediatrics	Review	In this systematic review, the authors evaluated gastro-intestinal (GI) disorders in children with COVID-19 (0-18 years of age) and discuss the possible mechanisms leading to gut symptoms, clinical implications for pediatric gastro-enterology services, and impact on chronic gastro-intestinal diseases. PubMed, Embase, Scopus, Medline and Google Scholar were searched from January 1st-November 23rd, 2020 for a total of 41 studies included in this review. SARS-CoV-2 enters cells via the angiotensin-converting enzyme-2 (ACE-2) receptor, which is abundantly expressed on enterocytes. Several mechanisms have been postulated to explain the GI involvement in COVID-19, including loss in intestinal absorption, microscopic mucosal inflammation and impaired ACE-2 function, which plays a significant role in maintaining gut homeostasis. In children the GI manifestations include anorexia, nausea, vomiting, diarrhea and abdominal pain, which may represent the earliest presenting symptoms of the disease. Although rare, significant GI mucosal inflammation, such as terminal ileitis mimicking an atypical appendicitis, and other GI manifestations have been reported. The COVID-19 pandemic has posed a significant challenge in healthcare provision of comprehensive care for chronic GI disorders such as inflammatory bowel disease (IBD) due to delayed endoscopic and clinical assessment. The authors conclude with potential strategies for providing optimal gastro-enterology care during the pandemic, including telemedicine, robust testing, virtual provider networks, and PPE precautions.	In this review, the authors discuss mechanisms and symptoms of GI involvement in children with COVID-19, along with the impacts of the pandemic on care for children with chronic GI conditions. Loss in intestinal absorption, microscopic mucosal inflammation and impaired ACE-2 function have been postulated as mechanisms for GI involvement, and major symptoms include anorexia, nausea, vomiting, diarrhea and abdominal pain. Rarely, significant GI mucosal inflammation can occur (mimics appendicitis and other conditions). The authors conclude with strategies for providing comprehensive care to children with chronic GI illness including telemedicine, virtual provider networks, and robust testing.	Puoti MG, Rybak A, Kiparissi F, Gaynor E, Borrelli O. SARS-CoV-2 and the Gastrointestinal Tract in Children. Front Pediatr. 2021;9:617980. Published 2021 Feb 22. doi:10.3389/fped.2021.617980
SARS-CoV-2; ocular involvement; conjunctivitis	22-Feb-21	COVID-19 ocular findings in children: a case series	World Journal of Pediatrics	Letter to Editor	The authors conducted an observational study from April 1-June 1, 2020, at a Spanish hospital of 17 patients (mean age 9.23 years; age range 4-17 years) with positive SARS-CoV-2 PCR nasopharyngeal swabs or SARS-CoV-2 IgG/IgM positive serology tests, assessing ocular involvement. 6 patients (35%) had positive PCR tests, 14 (82%) had positive IgG, and 19% were positive for IgG and IgM. Only one patient complained of visual symptoms and was diagnosed with unilateral	The authors conducted an observational study at a Spanish hospital of 17 pediatric patients with SARS-CoV-2, assessing ocular involvement. The authors conclude that SARS-CoV-2 should be included in the	Fernández Alcalde C, Granados Fernández M, Nieves Moreno M, Calvo Rey C, Falces Romero I, Noval Martín S. COVID-19 ocular findings in children: a case series [published

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					optic neuritis. 29% of the patients presented with red-eye, 3 of which were diagnosed with mild acute bilateral conjunctivitis and 2 with unilateral episcleritis. The authors state that conjunctivitis was most frequently seen in patients presenting with PIMS versus acute pneumonia. Acute conjunctivitis appears to be rare in the acute phase of SARS-CoV-2 in children. The authors conclude that SARS-CoV-2 infection should be included in the differential diagnosis for children presenting with episcleritis, retinal vasculitis, and neuro-ophthalmologic manifestations.	differential diagnosis for children presenting with episcleritis, retinal vasculitis, and neuro-ophthalmologic manifestations.	online, 2021 Feb 22]. World J Pediatr. 2021;1-6. doi:10.1007/s12519-021-00418-z
Policy, maternal morbidity and mortality, postpartum, insurance, medicaid	22-Feb-21	Extending Postpartum Medicaid: State and Federal Policy Options during and after COVID-19	Journal of Health Politics, Policy and Law	Policy	To address the rising rates of maternal morbidity and mortality in the United States, one proposal gaining traction is extending the period of Medicaid eligibility for pregnant women beyond 60 days after childbirth. There is concern that lack of access to postpartum follow-up care is contributing to poor maternal outcomes. In this article, the authors examine the legislative and regulatory pathways available for extending postpartum Medicaid, including their relative political, economic, and public health trade-offs. They also discuss the impact of the COVID-19 pandemic on the prospects for policy change. As part of the federal response to COVID-19, Congress enacted the Families First Coronavirus Response Act (FFCRA). To be eligible for these funds, state Medicaid programs are required to provide continuous coverage for any state resident who was covered as of March 18, 2020, or who subsequently becomes covered during the emergency. This requirement functionally extends Medicaid during the postpartum period for any woman who had pregnancy-related Medicaid when the FFCRA became law. The authors conclude that this could offer a surprising pathway to a more durable postpartum extension and ought to be subject to rigorous evaluation.	Extending the period of Medicaid eligibility for pregnant women beyond 60 days after childbirth is gaining traction as a policy to address rising rates of maternal morbidity and mortality in the United States. The authors discuss the impact of the COVID-19 pandemic on the prospects for policy change, including the impact of the Families First Coronavirus Response Act.	Daw JR, Eckert E, Allen HL, Underhill K. Extending Postpartum Medicaid: State and Federal Policy Options during and after COVID-19. J Health Polit Policy Law. 2021; doi:10.1215/03616878-8893585
Follicular fluid; In vitro fertilization; Infertility; Oocyte retrieval; SARS-CoV-2	22-Feb-21	Failure to Detect Viral RNA in Follicular Fluid Aspirates from a SARS-CoV-2-Positive Woman	Reproductive Sciences	Case Report	This is a case of oocyte retrieval from a 35-year-old SARS-CoV-2 positive female in Turkey. She had previously undergone 4 failed intra-uterine insemination cycles and a laparoscopic right ovarian detorsion procedure. She tested negative for SARS-CoV-2 at the start of the in vitro fertilization (IVF) stimulation. In each visit for follicular monitoring, temperature and symptoms were checked, and all staff and patients were required to wear a surgical mask. On one visit, the couple complained of malaise and mild dry cough. Nasopharyngeal swab for PCR came back positive for the couple. The woman complained of additional right-sided adnexal pain. Pelvic exam and Doppler sonography revealed a normal right ovary. Considering the risk of ovarian torsion recurrence, egg retrieval was conducted with a local paracervical block. PCR analysis of follicular aspirates was negative for SARS-CoV-2. The patient and her husband recovered without sequelae, and PCR tests came back negative at the end of the isolation period. This case and previously reported studies have demonstrated that handling oocytes, sperm, seminal fluid, or follicular fluid from SARS-CoV-2-positive patients in IVF laboratories may not constitute a significant threat for healthcare professionals	This is a case of oocyte retrieval from a 35-year-old SARS-CoV-2-positive woman in Turkey. PCR analysis of follicular aspirates was negative for SARS-CoV-2. This case and previously reported studies have demonstrated that the handling of oocytes, sperm, seminal fluid, or follicular fluid of SARS-CoV-2-positive patients in IVF laboratories might not constitute a significant threat for healthcare professionals and laboratory staff; nevertheless, strict safety protocol should be implemented.	Demirel C, Tulek F, Celik HG, et al. Failure to Detect Viral RNA in Follicular Fluid Aspirates from a SARS-CoV-2-Positive Woman [published online, 2021 Feb 22]. Reprod Sci. 2021;1-3. doi:10.1007/s43032-021-00502-9

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					and laboratory staff. Nevertheless, strict safety protocols should be implemented.		
structural racism, healthcare inequities, COVID-19, vulnerable children, strategies	22-Feb-21	Structural Racism in the COVID-19 Pandemic: Don't Forget about the Children!	The American Journal of Bioethics	Commentary	This article voices concern about the impact of structural racism on vulnerable and minoritized children during the COVID-19 pandemic, particularly in the United States. The author states that race and ethnicity are social constructs (not biological facts) influenced by longstanding systemic racism and social determinants of health. While children are less likely to develop severe illness, 1 in 3 children hospitalized with COVID-19 requires intensive care. The author notes that pediatric healthcare disparities exist everywhere, from preventative to chronic conditions services. The COVID-19 incidence rate is higher among Black and Hispanic children than White children (adjusted odds ratio 2.3 and 6.3, respectively [no further statistical analysis reported]) and low-income families. Furthermore, epidemiologic models suggest that Black, Hispanic, and low-income students suffer more from learning loss due to school closures. Several strategies to improve equity include 1) focused efforts to lessen the burden on children of minorities or low-income families, such as equal access to COVID-19 vaccines; 2) re-doubling efforts to mitigate COVID-related disparities among adults that will subsequently decrease inequities among children, including trust-building and community engagement; 3) learning optimization for children, either in in-person or virtual schools. Health disparities bring unique opportunities to address structural racism and inequities in U.S. healthcare.	This article voices concern about the impact of structural racism on vulnerable and minoritized children during the COVID-19 pandemic, particularly in the United States. Several strategies to improve equity include: 1) focused efforts to lessen the burden on children of minorities or low-income families; 2) re-doubling efforts to mitigate COVID-19-related disparities among adults; 3) learning optimization for children either in in-person or virtual schools.	Marron JM. Structural Racism in the COVID-19 Pandemic: Don't Forget about the Children!. Am J Bioeth. 2021;21(3):94-97. doi:10.1080/15265161.2020.1871114
COVID-19; adolescents; lock-down; self-isolation; technology; Italy	22-Feb-21	Quarantine due to the COVID-19 pandemic from the perspective of adolescents: the crucial role of technology	Italian Journal of Pediatrics	Original Research	The authors conducted a web-based survey from April 23 - May 3, 2020, to investigate adolescents' behavioral responses during the quarantine period of the COVID-19 pandemic. Participants were 1860 adolescents aged 12-18 years (mean age=16 ± 1.9 years; 61.7% female) attending lower secondary schools and upper secondary schools in Sicily, Italy. Data were collected on demographic characteristics, lifestyle changes during the quarantine period, and the psychological impact of the lockdown on adolescents' life. 60.4% of adolescents (n=1123) experienced feelings of fear, discouragement, anxiety, and self-isolation, which strongly affected the approach to daily life in 70.2% of adolescents (n=1305). 36.8% (n=684) reported suffering mainly from a lack of friends, schoolmates, and partners due to the quarantine. 81.5% (n=1516) modified their sleep/wake rhythm, while 64.5% (n=1198) took advantage of the quarantine period to acquire new skills such as cooking, reading books, learning do-it-yourself activities, play an instrument, or a foreign language. Interestingly, 47.5% of adolescents (n=884) declared no variations in their eating habits. Despite Italian governmental decrees prohibiting outdoor sports, 84.5% of participants (n=1571) regularly practiced physical activities at home. The use of technology was predominant both for recreational activities (99.5%, n=1851) and educational purposes (100%, n=1860),	The authors conducted a web-based survey from April 23 - May 3, 2020, to investigate adolescents' behavioral responses during the quarantine period of the COVID-19 pandemic. Most adolescents experienced feelings of fear, discouragement, anxiety, and self-isolation that strongly affected daily life. Technology was fundamental in allowing youth to overcome the stressful quarantine period and limit adverse psychological events related to the COVID-19 lockdown.	Salzano G, Passanisi S, Pira F, et al. Quarantine due to the COVID-19 pandemic from the perspective of adolescents: the crucial role of technology. Ital J Pediatr. 2021;47(1):40. doi:10.1186/s13052-021-00997-7.

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					with 49.7% participants (n=925) spending >6 h/day on technology for education and 41.1% (n=765) spending 4-6 h/day for recreation. Thus, technology was fundamental in allowing youth to overcome the stressful quarantine period and limit adverse psychological events related to the COVID-19 lockdown.		
Covid-19; patient safety; pediatric anesthesia; pediatric surgery	22-Feb-21	Organizational aspects of pediatric anesthesia and surgery between two waves of Covid-19	Acta Anaesthesiologica Scandinavica	Original Article	The authors detail a retrospective study of pediatric surgical patient charts between May 16 – September 30, 2020, together with SARS-CoV-2 RT-PCR testing outcomes, and comparison to same period surgeries in 2019 at a children's hospital in Milan, Italy. Furthermore, they outline the logistical processes of restarting safe pediatric surgical care in the setting of a dynamic COVID-19 pandemic before any vaccination was available. During the period in 2020, a total number of 820 pediatric surgeries took place (mean age 5.5 years, IQR 0-13.5 years), compared to a total number of 1075 in the same period of 2019 (mean age 6.5 years, IQR 0-20 years) in 2019. 538 (65.6%) cases were elective and 282 (34.3%) were urgent in 2020 compared to 864 (80.3%) elective and 211 (19.6%) urgent during the same period in 2019. A two-tailed Fisher's test was utilized to assess if the number of urgent surgeries was significantly higher than elective surgeries between 2019 and 2020. A significant increase of approximately 70% in pediatric surgeries (OR 1.68 [1.33-2.13], P < 0.001) and an even higher general increase in the number of surgeries was reported (OR 1.75 (1.43-2.15), P < 0.001) [width of confidence intervals not reported]. Considering only urgent procedures, a significant difference in the distribution of the type of surgery was observed (P < 0.001). No patients reported COVID-19 symptoms after elective or urgent surgery, as determined by the post-operative surgical check. The authors offer their pathway for safe pediatric surgery and anesthesia and the importance of testing both patient and caregiver as a guide to return pediatric surgeries to pre-pandemic levels.	This retrospective study compares pediatric surgical charts May 16-September 2020 to the same period of 2019 in Milan, Italy and details the logistics of restarting safe surgical procedures in the COVID-19 pandemic. The authors note a decrease in overall surgeries but a significant increase in percent urgent versus elective in 2020 compared to 2019.	Camporesi A, Melloni GEM, Diotto V, Bertani P, La Pergola E, Pelizzo G. Organizational aspects of pediatric anesthesia and surgery between two waves of Covid-19 [published online, 2021 Feb 22]. Acta Anaesthesiol Scand. 2021;10.1111/aas.13802. doi:10.1111/aas.13802
COVID-19; community/public health; school nurses; school-located vaccination event	22-Feb-21	Preparing for a School-Located COVID-19 Vaccination Clinic	National Association of School Nurses Journal	Feature Article	This manuscript describes the process a group of school nurses used to develop school-located vaccination event (SLVE) plans in response to a pandemic in St. Louis, Missouri, United States during September 2020 – January 2021. The authors note that schools are an ideal place to reach children from all cultures, socio-economic groups, and age groups and are easily accessible in communities. School nurses play an important role in planning for SLVE and are ideally positioned to initiate this process and provide accurate information, dispelling myths about vaccines. School nurses are considered a trusted source of health information by the school community and can provide valuable education on the impact of vaccination on student and staff attendance. Conducting a successful SLVE requires research, planning, and partnerships, and these partnerships are needed both within the school setting and within the community at large. The authors provide templates for maps and layouts of an SLVE and checklists for vaccine storage and handling. The current COVID-19	This manuscript describes the process a group of school nurses used to develop school-located vaccination event plans in response to a pandemic in St. Louis, Missouri, United States. The authors highlight the unique abilities of school nurses to partner with community stakeholders and access many community members.	Park K, Cartmill R, Johnson-Gordon B, et al. Preparing for a School-Located COVID-19 Vaccination Clinic [published online, 2021 Feb 22]. NASN Sch Nurse. 2021;1942602X21991643. doi:10.1177/1942602X21991643

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					<p>pandemic and the subsequent vaccine production has caused school nurses to take the lead in preparing for mass vaccination clinics.</p>		
Pregnancy, COVID-19, lockdown, Australia, contraceptives	22-Feb-21	Contraceptive use and pregnancy plans among women of reproductive age during the first Australian COVID-19 lockdown: Findings from an online survey	The European Journal of Contraception and Reproductive Health Care	Research Article	<p>This study utilizes cross-sectional surveys to investigate the impact of COVID-19 lockdowns on the sexual reproductive health (SRH) of women of reproductive age. Data was collected from April 23-May 11, 2020, with repeat waves throughout 2020. Analysis included responses from women 18–49 years old (n=625). Most participants were able to access their usual contraceptive method during the first lockdown in Australia (90.8%). Univariate analysis found that women aged 25–34 years had less trouble accessing contraception than those aged 18–24 years (OR = 0.4; 95% CI 0.1, 0.9; p=0.027), and employed people had less trouble than those who were unemployed (OR = 0.4; 95% CI 0.2, 0.7; p=0.005). Multivariate analysis also found that those employed had less trouble accessing contraception (OR = 0.4; 95% CI 0.2, 0.9; p=0.034) Participants experiencing difficulties accessing their usual method reported contraceptive shortages and an inability to access SRH services as key barriers during the first lockdown. Accessing one’s preferred contraceptive method is also essential to the prevention of unintended pregnancy. Most participants reported intentions to avoid pregnancy (76.11%), with few (2.8%) reporting actively trying to conceive. Importantly, many reported delaying or indefinitely putting plans for pregnancy on hold due to the pandemic. Availability of all forms of contraception and SRH products and services are essential for reproductive planning, and it is vital that all who need these services continue to be able to access them as the pandemic continues.</p>	This study outlines survey results from Australian women 18-49 years old, to identify changes in contraception use or pregnancy plans during the COVID-19 lockdown. Most women were able to continue their contraceptive access, although being older and employed was associated with fewer difficulties than for younger, unemployed women. In all, the authors re-affirmed the importance of maintaining access to sexual reproductive health resources during the pandemic.	Coombe J, Kong F, Bittleston H, et al. Contraceptive use and pregnancy plans among women of reproductive age during the first Australian COVID-19 lockdown: findings from an online survey [published online, 2021 Feb 22]. Eur J Contracept Reprod Health Care. 2021;1-14. doi:10.1080/13625187.2021.1884221
public health policy; LMICs; infant mortality; infant feeding; breastfeeding; vertical transmission	22-Feb-21	A public health approach for deciding policy on infant feeding and mother–infant contact in the context of COVID-19	The Lancet Global Health	Article	<p>The COVID-19 pandemic has raised concern about mother–infant transmission of SARS-CoV-2 through breastfeeding and close contact, leading to conflicting recommendations. The authors present an approach for deciding public health policy on infant feeding and mother–infant contact for the COVID-19 pandemic and future outbreaks, balancing current evidence on the risk of viral infection against child survival, lifelong health, and development, and maternal health. Although SARS-CoV-2 RNA has been identified intermittently in breastmilk, no evidence exists proving transmission-competent virus or transmission via breastmilk. In a review of 7780 children in 26 countries with confirmed COVID-19, the case fatality rate was 0.09% - likely an overestimation of the true SARS-CoV-2 infection fatality rate. Preliminary data show very low infection fatality rates in infants, with most COVID-19 neonatal deaths occurring in infants delivered preterm to mothers with severe COVID-19. Conversely, early initiation of exclusive and continued breastfeeding is known to benefit infant survival and long-term health. However, mixed messages from healthcare workers and marketing of breastmilk substitutes have been shown to reduce breastfeeding rates. Using the Lives Saved Tool, public health officials and policymakers can use available data to show the impact of different public health</p>	The authors present the Lives Saved Tool, a public health approach for deciding policy on infant feeding and mother–infant contact during the COVID-19 pandemic based on currently available evidence. The authors estimate that infant deaths in low- and middle-income countries would be at least 67x greater than those attributable to infant COVID-19 under policies that promote maternal–infant separation and discourage breastfeeding.	Rollins N, Minckas N, Jehan F, et al. A public health approach for deciding policy on infant feeding and mother–infant contact in the context of COVID-19. The Lancet Global Health. 2021. https://doi.org/10.1016/S2214-109X(20)30538-6.

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					approaches on infant mortality (0-12 months) in low- and middle-income countries (LMICs). While infant deaths in LMICs due to COVID-19 (2020–21) might range between 1,800-2,800, additional deaths among infants are estimated to range between 188,000 and 273,000 if mothers with confirmed SARS-CoV-2 infection are recommended to separate from their newborns and avoid or stop breastfeeding. These data suggest deaths among infants affected by a policy of separation and non-breastfeeding would be at least 67x greater than those potentially attributable to COVID-19.		
COVID-19; Perceived Stress Scale; SARS-CoV-2; bottle feeding; breastfeeding; emergency; pandemic; public health	22-Feb-21	Infant feeding experiences and concerns among caregivers early in the COVID-19 State of Emergency in Nova Scotia, Canada	Maternal and Child Nutrition	Original Research	The authors conducted a cross-sectional study to determine the perceptions of caregivers (n = 335) of infants younger than 6 months concerning stress and changes in infant feeding during the COVID-19 pandemic in Canada from April 17 - May 15, 2020. 77% (n = 252) of caregivers reported moderate levels of stress, with concerns about exposure to SARS-CoV-2, social isolation, and not having access to needed goods and services, including infant formula, health care, and lactation support. Caregivers found most of their information related to COVID-19 from the internet (n = 136, 59%) and social media (n = 53, 23%). The caregivers reported very few changes to infant feeding during the COVID-19 pandemic compared to before the pandemic. The authors note the social safety net in Canada as a possible explanation of no significant differences in responses seen by socio-economic status, education, ethnicity, and age, and 77% of respondents received parental benefits from the government prior to the COVID-19 pandemic. This article also contains a data table that includes sociodemographic characteristics broken down by breastfeeders (n = 200), formula feeders (n = 70), and mixed feeders (n = 65).	This study examined stress and changes in feeding practices among caregivers of infants younger than 6 months in Canada during the COVID-19 pandemic. There were no significant changes to infant feeding during the COVID-19 pandemic compared to before the pandemic, but 77% of caregivers reported moderate levels of stress related to the pandemic.	Fry HL, Levin O, Kholina K, et al. Infant feeding experiences and concerns among caregivers early in the COVID-19 State of Emergency in Nova Scotia, Canada [published online, 2021 Feb 22]. <i>Matern Child Nutr.</i> 2021;e13154. doi:10.1111/mcn.13154
Covid-19; SARS-CoV-2; adolescents; children; neonates; breastfeeding	22-Feb-21	Update on SARS-CoV-2 infection in children [Free Access to Abstract Only]	Paediatrics and International Child Health	Review	This review was undertaken from 1 January - 30 September 2020 to identify the more recent clinical aspects of SARS-CoV-2 infection in children. The majority of pediatric SARS-CoV-2 infections are asymptomatic (15%) or have mild (40%) and moderate (40%) signs. The hospitalization rate is 8–16 per 100,000 children (<19 years) and about 1/3 of those hospitalized may need intensive care, with a mortality rate of <3%. These rates are similar even in children with chronic diseases, e.g. kidney disease, sickle cell disease, inflammatory bowel disease, and diabetes. However, pre-existing conditions such as chronic pulmonary disease, congenital heart disease, and neurological disorders are significant risk factors for intensive care. At diagnosis, 1/3 of children may have a normal thoracic CT. Imaging findings may be unilateral or bilateral, and ground-glass opacification in the lower pulmonary lobes is the most common pattern, similar to adults. Most MIS-C patients have gastro-intestinal, cardiovascular, haematological, respiratory, dermatological, or mucocutaneous involvement. Few had COVID-19 symptoms before MIS-C onset and in those who did, the median interval from COVID-19 symptom onset to MIS-C onset was 25 days (range 6–51 days). MIS-C may be a post-	This review presents current evidence on SARS-CoV-2 infection in neonates, children and adolescents, especially concerning the clinical presentation, imaging findings, and uncommon severe forms of the disease such as MIS-C. Current evidence regarding COVID-19 in the perinatal period is also presented.	Martins MM, Prata-Barbosa A, da Cunha AJLA. Update on SARS-CoV-2 infection in children [published online, 2021 Feb 22]. <i>Paediatr Int Child Health.</i> 2021;1-9. doi:10.1080/20469047.2021.1888026

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					infectious phenomenon related to IgG antibody-mediated enhancement of COVID-19. A higher proportion of infected newborns may be severely ill (12%), and dyspnoea is the most common sign (40%). Although viral RNA has been detected in breastmilk samples from mothers with COVID-19, several reports have shown that breastfeeding is not a route of transmission of SARS-CoV-2. Breastmilk may protect against SARS-CoV-2 or reduce disease severity in newborns by providing specific immunoglobulins from an infected mother. According to WHO recommendations, COVID-19 is not an indication for C-section alone, mothers should not be separated from newborns unless they are too ill to care for them, and neonates born to infected mothers should be breastfed within 1 hour of birth with uninterrupted skin-to-skin contact using appropriate IPC precautions.		
Tuberculosis, preventive therapy, COVID-19 pandemic, children, adolescents	22-Feb-21	Tuberculosis preventive therapy for children and adolescents: an emergency response to the COVID-19 pandemic	The Lancet Child and Adolescent Health	Commentary	This commentary details the coordinated efforts of the Cape Town, South Africa Health Departments and Médecins Sans Frontières to address preventive tuberculosis (TB) therapy needs in children and adolescents through a community and home-based program in Khayelitsha, South Africa. COVID-19-related decreased access to health care and shelter in place mandates leads to missed diagnoses of TB and increased transmission of TB to household contacts. Despite WHO recommendations for TB preventive therapy in children and adolescent household contacts of rifampicin-resistant TB (RR-TB), preventive treatment is underutilized in this population. 58 child or adolescent household contacts over 8 months [mean age not specified] were enrolled in the program in March–October 2020. 56 (97%) were started on preventive treatment of infection for RR-TB, and 2 (3%) were diagnosed with, and started on treatment for, active RR-TB disease. A multidisciplinary team addressed family needs with home delivery of multi-month medication refills, telephone follow up visits, food support and social work for those in need. Program outcomes include increased acceptance of TB preventive therapy compared with before the pandemic and increased meaningful access to families through home visits. Program challenges include communication with families and residual social stigma of both TB and COVID-19. The authors advocate for a re-evaluation of the risk–benefit assessment for TB preventive therapy and suggest it be prioritized as an emergency response to COVID-19 for households with a TB infected individual.	This commentary details a program in South Africa which addresses the preventive tuberculosis (TB) needs of children and adolescents. COVID-19 related shelter in place mandates increase the risk of household transmission of TB placing children and adolescent household contacts at increased risk for TB. Access to preventive therapy should be considered an essential element of the COVID-19 emergency response plan.	Mohr-Holland E, Douglas-Jones B, Apolisi I, Ngambu N, Mathee S, Cariem R, Mudaly V, Pfaff C, Isaakidis P, Furin J, Reuter A. Tuberculosis preventive therapy for children and adolescents: an emergency response to the COVID-19 pandemic. Lancet Child Adolesc Health. 2021 Mar;5(3):159-161. doi: 10.1016/S2352-4642(21)00003-1. PMID: 33609490.
Adolescents; Anxiety; COVID-19 pandemic; Deaf; Hearing loss; SCARED	22-Feb-21	Symptoms of anxiety disorders in Iranian adolescents with hearing loss during the COVID-19 pandemic	BioMed Central (BMC) Psychiatry	Research Article	The aim of the study was to investigate the presence of symptoms of anxiety disorders (ADs) in adolescents with hearing loss (HL) during the COVID-19 pandemic. The authors conducted a cross-sectional study of 56 adolescents (12–18 years) with HL, including 23 deaf and 33 hard of hearing (HH) in western Iran. Adolescents with HL filled out the self-report of the Screen for Child Anxiety Related Emotional Disorders (SCARED). The questionnaire has five subscales: panic disorder, generalized anxiety disorder, separation anxiety disorder,	The aim of the study was to investigate the presence of symptoms of anxiety disorders (ADs) in adolescents with hearing loss (HL) during the COVID-19 pandemic in Iran. The presence of symptoms of ADs in adolescents with HL was 37.5%,	Ariapooran S, Khezeli M. Symptoms of anxiety disorders in Iranian adolescents with hearing loss during the COVID-19 pandemic. BMC Psychiatry. 2021;21(1):114. Published

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					social anxiety disorder, and school avoidance. The presence of symptoms of ADs in adolescents with HL was 37.5%, and higher in deaf than in HH adolescents (60.9% in deaf vs. 21.2% in HH, p=0.003). Among the subscales, only the social anxiety disorder (39.1% in deaf vs. 90.1 in HH, p=0.009) and the school avoidance (52.2% in deaf vs. 24.2% in HH, p=0.031) significantly differed. The mean scores of panic disorder (p=0.011), social anxiety disorder (p<0.001), and anxiety disorders (p<0.001) in deaf adolescents were higher than in HH ones. These findings showed the presence of significant symptoms of ADs in a sample of Iranian adolescents with HL, especially in deaf adolescents, during the COVID-19 pandemic.	and higher in deaf than in hard of hearing (HH) adolescents (60.9% in deaf vs. 21.2% in HH, p=0.003).	2021 Feb 22. doi:10.1186/s12888-021-03118-0
COVID-19; nephrotic syndrome; kidney; relapse	22-Feb-21	Nephrotic syndrome relapse in a boy with COVID-19	CEN Case Reports	Case Report	The authors describe the case of a 3-year-old boy with both nephrotic syndrome (NS) and COVID-19 and no family history of autoimmune renal disease in Japan. The patient was admitted to the hospital with clinical and laboratory findings indicative of nephrotic syndrome, including high fever and periorbital edema. He was administered prednisolone (2 mg/kg/day), which induced complete remission. While the patient's prednisolone dosage was being tapered during the hospital stay, he contracted SARS-CoV-2 and developed a high fever, periorbital edema, and proteinuria. His prednisolone dosage was subsequently increased back to 2 mg/kg/day. The patient's proteinuria gradually improved, and his fever subsided after 2 days without requiring treatment for COVID-19. Remission was noted a week after initiating full-dose corticosteroid treatment. His SARS-CoV-2 antibody levels, including IgG levels, decreased in the early convalescent phase. This case report adds to the evidence that NS relapse occurs after viral respiratory infections, including SARS-CoV-2 infection. The authors suggest that daily administration of full-dose prednisolone may be effective for managing NS relapse associated with SARS-CoV-2 infection, without pediatric patient risks. However, more research is needed for guideline development.	The authors describe the case of a 3-year-old patient hospitalized with nephrotic syndrome (NS) and COVID-19 in Japan. The patient recovered a week after initiating full-dose corticosteroid treatment. The authors suggest that daily administration of full-dose prednisolone may be effective in managing NS relapse associated with SARS-CoV-2 infection.	Enya T, Morimoto Y, Oshima R, et al. Nephrotic syndrome relapse in a boy with COVID-19. <i>CEN Case Rep.</i> 2021;1-4. doi:10.1007/s13730-021-00587-w
COVID-19; Maternal-fetal infection transmission; Papulosquamous skin diseases.; Vertical transmission of infectious disease; Pregnancy	21-Feb-21	Coronavirus disease 2019 (COVID-19) manifestations during pregnancy in all three trimesters: A case series	International Journal of Reproductive BioMedicine	Case Series	This study was conducted to investigate the effect of COVID-19 on pregnancy and maternal/neonatal outcomes. The authors reviewed clinical characteristics, pregnancy complications, medication used, and maternal/neonatal outcomes among 16 pregnant women with COVID-19 (confirmed by 2 of 3 criteria: positive RT-PCR; abnormal chest CT or X-ray; and/or clinical symptoms of COVID-19) from March 21 to May 11, 2020 in Iran. The mean age of the patients was 30 years (range 19-37 years). 1 was in her 1st trimester, 5 in 2nd, and 10 in their 3rd trimesters. The most common symptoms were shortness of breath (n=10), dry cough (n=10), myalgia (n=8), and chills (n=7). 3 cases had papulosquamous skin lesions with fissuring. The most common laboratory results were leukocytosis (n=8), increased liver enzymes (n=6), elevated C-reactive protein (n=5), and thrombocytopenia (n=4). There was 1 case of maternal mortality, 5 of premature labor pain (PLP), 2 of pre-eclampsia, and 2 of placenta accreta. 12 women delivered during the study period (9 C-section, 3	The authors reviewed clinical characteristics, pregnancy complications, medication used, and maternal/neonatal outcomes among 16 pregnant women with COVID-19 in Iran. Clinical manifestations were similar to non-pregnant patients and there was no evidence of vertical transmission. However, premature labor pain and premature rupture of membranes were common complications. They recommend early diagnosis of COVID-19 in pregnant women; these patients	Askary E, Poordast T, Shiravani Z, et al. Coronavirus disease 2019 (COVID-19) manifestations during pregnancy in all three trimesters: A case series. <i>Int J Reprod Biomed.</i> 2021;19(2):191-204. Published 2021 Feb 21. doi:10.18502/ijrm.v19i2.8477

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					vaginal), with 6 cases of preterm labor. 8 neonates were breastfed, and none acquired SARS-CoV-2 infection. All 16 neonates had negative PCR results for SARS-CoV-2. The authors conclude that clinical manifestations were similar to non-pregnant patients and there was no evidence of vertical transmission. However, PLP and premature rupture of membranes were common complications. For these reasons, the authors recommend early diagnosis of COVID-19 in pregnant women using a combination of symptoms, exposure history, RT-PCR, and imaging findings. Patients should be monitored for thrombocytopenia, elevated D-dimer, and liver enzyme levels along with fetal and uterine contractions.	should be monitored for thrombocytopenia, elevated D-dimer, and liver enzyme levels along with fetal and uterine contractions.	
COVID-19; children; school re-opening; lockdown	21-Feb-21	Open schools! Weighing the effects of viruses and lockdowns on children	Trends in Neuroscience and Education	Article	This review weighed the risk of SARS-CoV-2 infection against the side effects of school closures on physical and mental health, education, and well-being of those affected by the school closures. Whereas short term effects – decreased learning and food security, and increased anxiety, violence against children, child labor and teen pregnancies – are frequently discussed, the long-term effects of school closures will be much more detrimental across the lifespan of the “Generation Corona.” Existing pandemics of inactivity and myopia, already affecting billions of people, are worsening due to less physical exercise and less time spent outdoors, poor diet, weight gain, and increased screen time during lockdowns, possibly causing future increases of stroke, heart attack, cancer, and blindness. Socio-emotional complications of isolation, learned helplessness, and economic and existential insecurity will include increased depression and suicide, decreased empathy, and increased loneliness. Together with decreased educational attainment and economic productivity, the amount of ensuing increased future global morbidity and mortality justifies immediate school re-opening.	This review weighed the risk of SARS-CoV-2 infection against the side effects of school closures on physical and mental health, education, and well-being of those affected by the school closures. Existing pandemics of inactivity and myopia are worsening due to less physical exercise and less time spent outdoors, poor diet, weight gain, and increased screen time during lockdowns, possibly causing future increases of stroke, heart attack, cancer, and blindness. Increased mental illness and suicide will also contribute to future global morbidity and mortality, which the authors argue may be prevented by school re-opening.	Spitzer M. Open schools! Weighing the effects of viruses and lockdowns on children. Trends Neurosci Educ. 2021;22:100151. doi:10.1016/j.tine.2021.10.0151.
COVID-19, depression, perinatal, policy, postpartum, psychiatry	21-Feb-21	Parental perception of neonatal ICU visitation during the COVID-19 pandemic	International Journal of Gynaecology and Obstetrics	Brief Communication	The authors conducted a cross-sectional survey to evaluate neonatal unit visitation policy concerns and postpartum depression among parents in Tripoli, Libya, from May-June 2020, during the COVID-19 pandemic. The survey consisted of 2 sections: 1) socio-demographic information and attitudes and perceptions toward the visitation policy; 2) a 10-item Edinburgh Postnatal Depression Scale (EPDS), scored on a 4-point (0-3) Likert scale with a maximum score of 30, which was translated into the local Arabic language and validated. 41 respondents (31 mothers (75.6%) and 8 fathers (19.5%)) were included. Participants’ mean age was 32.02, ranging from 22-47 years, and the majority were university graduates (73.2%). 14 participants (34.1%) reported concerns about an inability to adequately breastfeed their child, while 10 (24.4%) reported the visitation policy’s detrimental impact on breastfeeding. The authors provide participants’ basic characteristics and survey responses in a	The authors conducted a cross-sectional survey to evaluate the concerns regarding neonatal unit visitation policy and postpartum depression among parents admitted to neonatal units in Tripoli, Libya, from May-June 2020, during the COVID-19 pandemic. This study demonstrates a high prevalence of postpartum depression (85.4%) and the need for psychological counseling via teleconsultation to mitigate psychological distress.	Ashini A, Alsoufi A, Elhadi M. Parental perception of neonatal ICU visitation during the COVID-19 pandemic [published online, 2021 Feb 21]. Int J Gynaecol Obstet. 2021. doi:10.1002/ijgo.13650

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					table. 35 respondents (85.4%) reported an EPDS score >10, suggesting depression, and 4 respondents (9.8%) reported suicidal ideation. The mean score of EPDS was 15.66, with a range from 0-26. This study demonstrates a high prevalence of postpartum depression during the pandemic. Psychological counseling for parents via teleconsultation is critical to mitigating psychological distress.		
child health services, challenges, pandemic, impact, inequalities	21-Feb-21	Challenges and opportunities for child health services in responses to the COVID-19 pandemic	Journal of Reproductive and Infant Psychology	Editorial	Universal child health services to address health inequalities, promote public health, identify vulnerability, and refer for additional support have been disrupted during the COVID-19 pandemic. This change will threaten children’s developmental and physical health. The authors address the concern of higher family needs during the pandemic. Additionally, many universal services were already under threat before the pandemic. It is essential to measure the pandemic’s direct impact on children’s physical and mental health, as well as the repercussions for those unable to receive early intervention services. As healthcare is understaffed, service quality should also be reviewed. Although the pandemic has brought telehealth innovation and digital technology alternatives that decrease access barriers in some communities, digital inequalities persist in other communities. Furthermore, drawbacks to virtual health services include limited physical assessment, infant feeding teaching, routine care demonstration, mental health assessment, and injury, infection, or abuse identification. The authors argue that comparative and longitudinal data at regional, national, and international levels are essential to distinguish whether service provision and health outcomes 1) had followed downward trajectories before the pandemic, 2) have worsened because of the pandemic, or 3) have improved because of innovative approaches arising during the pandemic.	This article explains potential threats following the disruption of universal child health services during the COVID-19 pandemic. Comparative and longitudinal data at regional, national, and international levels are critical to distinguish if service provision and health outcomes 1) had declined even before the pandemic, 2) have worsened because of the pandemic, or 3) have improved because of innovative approaches arising during the pandemic.	Newham JJ, Fallon V, Darwin Z. Challenges and opportunities for child health services in responses to the COVID-19 pandemic. J Reprod Infant Psychol. 2021;39(2):111-113. doi:10.1080/02646838.2021.1890422
Pregnancy, maternal outcomes, anxiety, mental health, lockdown, confinement	21-Feb-21	GESTACOVID project: psychological and perinatal effects in Spanish pregnant women subjected to confinement due to the COVID-19 pandemic	The Journal of Maternal-Fetal and Neonatal Medicine	Original Research	This cross-sectional study evaluated the impact of confinement (due to COVID-19 restrictions imposed in Spain) on the depressive and anxiety symptoms in pregnant and puerperal women. 754 pregnant or puerperal women in Spain [age range not provided] completed the survey from April 27-May 27, 2020. The General Health Questionnaire 12 (GHQ-12) was included as a screening tool to detect postnatal psychiatric morbidity, including depression, anxiety, and other psychological symptoms. 439 women (58.22%) screened positive for a mental health disorder based on the GHQ-12, while 315 (41.78%) screened negative. Risk factors for a positive screen included a decrease in physical activity (OR 1.643, 95%CI 1.126–2.399), feeling to be in a poorer general health (OR 3.447, 95%CI 2.410–4.929) or more nervous (OR 4.621, 95%CI 3.388–6.302), and having economic problems (OR 2.358, 95%CI 1.699–3.274), or feeling sadder (OR 5.369, 95%CI 3.914–7.366). Induction of labor (OR 0.467, 95%CI 0.247–0.882) and a neonatal Apgar score of 10 (OR 0.041, 95%CI 0.002–0.673) were observed to be protective factors for puerperal women. The authors conclude that a high prevalence of depression	The authors assessed the mental health impact of COVID-19 related lockdown/confinement on pregnant and puerperal women in Spain. 58.22% screened positive for a mental health disorder based on the GHQ-12, and associated risks included decreased physical activity, feeling in poorer health, being more nervous, having economic problems, or feeling sadder. Induction of labor and neonatal APGAR score of 10 were observed to be protective factors.	de Arriba-García M, Diaz-Martinez A, Monfort-Ortiz R, et al. GESTACOVID project: psychological and perinatal effects in Spanish pregnant women subjected to confinement due to the COVID-19 pandemic. J Matern Fetal Neonatal Med. 2021;1-7. doi:10.1080/14767058.2021.1888922

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					and anxiety symptoms was observed among pregnant and puerperal women during strict confinement measures in Spain.		
Psychosocial stress; Crisis; SARS-CoV-2; Family; Lockdown	21-Feb-21	Changes in emotions and worries during the Covid-19 pandemic: An online-survey with children and adults with and without mental health conditions	Child and Adolescent Psychiatry and Mental Health	Original Research	This case-control study examined how the COVID-19 pandemic may have affected emotion and worry among children and adolescents, as well as adults, with and without mental health conditions (MHC) in Germany. 284 parent reports on children (median age with MHC = 11.74 years, range 2-17 years; median age without MHC = 9.93 years, range 1-17 years) and 456 adult self-reports were gathered through an online survey between April 4 - May 6, 2020. All 4 population groups experienced negative effects from the COVID-19 pandemic. Children and adolescents without MHC were reported to have experienced impact on their worry, happiness, enjoyment of activities, fatigue, and loneliness ($p < 0.005$). Reports on children and adolescents with MHC described impact on enjoyment of activities, fatigue, and loneliness ($p < 0.005$). In adults with MHC, parents reported higher stress during the COVID-19 pandemic compared to adults that were not living with a minor ($p < 0.01$). The researchers theorize that children and adolescents with MHC had fewer areas of negative impact than their peers without MHC because pandemic-related social restrictions may have had a lesser effect on their already-small social networks, and may have provided relief from social anxiety. Future research should investigate how the COVID-19 pandemic continues to affect children and adolescents with MHC in the long-term.	This case-control study in Germany found that children and adolescents with mental health conditions (MHC) experienced less negative impact on their emotions and worry than their peers without MHC. This may be because of pre-existing differences in attitudes towards and experience of socializing.	Rothe, J., Buse, J., Uhlmann, A. et al. Changes in emotions and worries during the Covid-19 pandemic: an online-survey with children and adults with and without mental health conditions. Child Adolesc Psychiatry Ment Health 15, 11 (2021). https://doi.org/10.1186/s13034-021-00363-9
COVID-19; pregnancy monitoring; gestational diabetes mellitus	21-Feb-21	Remote Monitoring of Pregnancies Complicated by Gestational Diabetes Mellitus during the COVID-19 : Lockdown Using STORK	Metabolism	Supplement	During the COVID-19 lockdown, the authors used the application STORK to monitor pregnancies complicated by gestational diabetes mellitus (GDM) in Greece. They aimed to assess the compliance of women with the application and its efficacy in reducing the number and duration of GDM visits. The application was provided to all pregnant women (n=31) visiting an outpatient department in Thessaloniki, Greece, between February-June 2020. All women were asked to use the application daily, inputting their blood glucose measurements, blood pressure measurements, blood test results, and reports of fetal ultrasounds. The attending physicians had direct access to those data. The number and frequency of visits for each pregnant woman were recorded and compared to the frequency and duration of pregnant women with GDM in 2019. The authors found that the average daily number of glucose measurements inputted in the application was 3.2 (± 0.4), the average duration of visits was 12 minutes (± 3.5 minutes), and there was an average of 2.9 (± 0.7) visits in 2020. During the same period in 2019, 32 women visited the department, with an average duration of 19.5 minutes (± 5.5 mins) and an average of 4.1 (± 1.1) visits ($p < 0.05$). Hence, the authors concluded that usage of the STORK application was associated with a significant reduction of visits for women with GDM during the COVID-19 lockdown in Greece.	The authors reported that the usage of the STORK application for monitoring pregnancies complicated by gestational diabetes in an outpatient department in Greece during the COVID-19 pandemic was associated with a statistically significant reduction in the number and duration of visits ($p < 0.05$).	Chatzakis C, Floros D, Pitsianis N, Sotiriadis A. Remote Monitoring of Pregnancies Complicated by Gestational Diabetes Mellitus during the COVID-19 : Lockdown Using STORK. Metabolism. 2021;116:154592.

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SARS-CoV-2; COVID-19; pregnancy; pregnant women; maternal outcomes; neonatal outcomes; sociodemographic characteristics; race; insurance; language	21-Feb-21	SARS-CoV-2 Infection during Pregnancy in a Rural Midwest All-delivery Cohort and Associated Maternal and Neonatal Outcomes	American Journal of Perinatology	Original Article	This study aimed to estimate the prevalence of SARS-CoV-2 among pregnant patients at the time of delivery in a rural Midwestern US hospital, and to examine demographics, clinical factors, and outcomes associated with SARS-CoV-2 infection during pregnancy. The authors conducted a prospective cohort study of 1000 women (median age 30, IQR 26-33 years) who delivered between May 1-September 22, 2020. RT-PCR results and outcomes were collected from the electronic medical record. 5.8% were SARS-CoV-2 antibody positive, and 2.3% tested positive for SARS-CoV-2 infection during pregnancy. Thus, 6.1% of delivering patients had evidence of past or current SARS-CoV-2 infection. 50.8% of the SARS-CoV-2 infected women remained asymptomatic during their ante- and intrapartum periods. 19.7% of patients reported mild symptoms, and 27.9% reported moderate-to-severe symptoms. Despite nearly 92% of the study population identifying English as their preferred language, 47.5% of the COVID-19-positive patients identified a preferred language other than English ($p < 0.001$). The study population was primarily white (71.6%); however, 41.0% of SARS-CoV-2 infected patients identified as Black, 18.0% as Hispanic/Latino, 3.3% as Native Hawaiian/Pacific Islander, and only 27.9% as White ($p < 0.0001$). 52.5% of COVID-19 patients had public insurance and 8.2% had no insurance, while only 39.3% had private insurance ($p = 0.0243$); SARS-CoV-2 infection was more likely in patients without private insurance. No other antepartum clinical factors were found to be associated with SARS-CoV-2 infection, including body mass index, diabetes, hypertensive disease, asthma, or HIV. No significant associations were seen between having past or current SARS-CoV-2 infection and maternal adverse outcomes. There were no significant associations between mothers' SARS-CoV-2 infection status and any neonatal outcomes.	This study aimed to estimate the prevalence of SARS-CoV-2 among pregnant patients at the time of delivery in a rural Midwestern US tertiary care hospital and to examine demographics, clinical factors, and maternal and neonatal outcomes associated with SARS-CoV-2 infection during pregnancy. The number of SARS-CoV-2 infections in pregnant women was disproportionately greater among racial and ethnic minorities as represented by self-identified primary language and race/ethnicity, as well as among patients without private insurance. There were no significant associations found between SARS-CoV-2 infection during pregnancy and adverse maternal or neonatal outcomes.	Steffen HA, Swartz SR, Jackson JB, et al. SARS-CoV-2 Infection during Pregnancy in a Rural Midwest All-delivery Cohort and Associated Maternal and Neonatal Outcomes [published online 2021 Feb 21]. Am J Perinatol. 2021. doi:10.1055/s-0041-1723938
Pregnancy, mortality, delivery, precautions, breast feeding, contraception, vaccines	20-Feb-21	COVID-19 in Pregnancy: Pregnant Women Might be at Greater Risk for Severe COVID-19	Kathmandu University Medical Journal	Editorial	This editorial addresses the impact of SARS-CoV-2 for pregnant women. Pregnancy has been associated with increased risk of hospitalization, ICU admission, and mechanical ventilation compared with non-pregnant women, however, pregnant patients with SARS-CoV-2 do not appear to have greater risk for mortality. Complete data about pregnancy outcomes is still needed. The authors state that pregnant women should take the same precautions as the general population, seek care early for symptoms and be prioritized for testing. They also make the following recommendations: Routine antenatal care visits should be modified with use of telemedicine. Given lack of clear evidence on the ideal mode and timing of delivery for SARS-CoV-2-positive women, C-section should be reserved for obstetric indications. Universal precautions should be taken during labor, with early breast feeding encouraged for women with the use of hygiene precautions (mask, hand washing, surface sanitization). Access to effective contraception is another important intervention to reduce maternal mortality by preventing unplanned pregnancy.	In this editorial, the authors discuss the impact of SARS-CoV-2 for pregnant women. Pregnancy has been associated with increased risk of hospitalization, ICU admission, and mechanical ventilation but not mortality. The authors make recommendations that antenatal care should utilize telemedicine, C-section deliveries for SARS-CoV-2-positive women should be reserved for obstetric indications, and breast feeding should be encouraged with the use of hygiene precautions.	Dangal G. COVID-19 in Pregnancy: Pregnant Women Might be at Greater Risk for Severe COVID-19. Kathmandu Univ Med J (KUMJ). 2020;18(70):1-2.

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					Finally, exclusion of pregnant and lactating women from COVID-19 research has led to lack of safety data for vaccines and therapeutics. The authors conclude that strategies to protect pregnant women from SARS-CoV-2 are a priority, and pregnant women should be given equal opportunity to be included in clinical trials.	Finally, they emphasize the need for inclusion of pregnant and lactating women in clinical trials to assess safety data for this population.	
COVID-19; social distancing; pediatric	20-Feb-21	Social distancing for COVID-19 decreased infectious diseases in children	Journal of Pediatric Nursing	Research Report	This research report analyzed data from a private pediatric care network in Massachusetts, USA, to explore how COVID-19 social distancing affected incidence of infectious diseases in children (age range: 0-17 years). The diseases investigated included: acute otitis media, bronchiolitis, common cold, croup, gastro-enteritis, influenza, non-streptococcal pharyngitis, pneumonia, sinusitis, skin and soft tissue infections, streptococcal pharyngitis, and urinary tract infections. Records for 375,000 children from 80 pediatric clinics were reviewed from 2019-2020, split into incidence rates before and after the COVID-19 pandemic. Decline in incidence was observed for all investigated diseases, with the largest changes observed in: influenza (99.5%), croup (96.5%), and bronchiolitis (92.9%). The smallest declines in incidence were for skin and soft tissue infections and urinary tract infections (35%, each). The researchers note that some families may have chosen not to seek care for childhood infectious diseases during the COVID-19 pandemic, which may have affected observed incidence rates. As the pandemic ends, the authors stress that caregivers should be reminded of the need to protect their children against vaccine-preventable diseases, and that health care providers and public health officials will need to coordinate efforts to catch up on missed routine vaccinations.	This research report analyzed data from a private pediatric care network in Massachusetts, USA, to explore how COVID-19 social distancing affected incidence of infectious diseases in children (age range: 0-17 years). Decline in incidence was observed for all investigated diseases, but fewer families may have sought care during the COVID-19 pandemic.	McBride DL. Social distancing for COVID-19 decreased infectious diseases in children. Journal of Pediatric Nursing. 2021. doi: https://doi.org/10.1016/j.pedn.2021.02.018
SARS-CoV-2; COVID-19; Coronavirus; infection; pregnancy	20-Feb-21	Maternal and perinatal outcomes in high vs low risk-pregnancies affected by SARS-CoV-2 (Phase-2): The WAPM (World Association of Perinatal Medicine) working group on COVID-19	American Journal of Obstetrics and Gynecology, Maternal-Fetal Medicine	Article	The authors conducted a retrospective study of women with laboratory-confirmed SARS-Cov-2 in 22 countries from April 4-October 28, 2020, evaluating maternal mortality and morbidity and perinatal outcomes between high and low-risk pregnancies. High-risk pregnancies were defined as those with pre-existing chronic diseases or medical complications occurring during gestation. Maternal age was higher in high-risk pregnancies than low risk (34.16±6.8 years vs. 31.39±5.5 years, p<0.001). High-risk pregnancies were more likely to have pre-term delivery <37 weeks (15.9% vs. 9/0%, p=0.007) and delivery by C-section (30.3% vs 22.4%, p=0.026). 3 maternal deaths occurred, with 2 in the low-risk category and only 1 in the high-risk group. The odds of hospital admission (OR: 1.48, 95% CI 1.07-2.04, p=0.002), severe respiratory symptoms (aOR: 2.13, 95% CI 1.41-3.21, p=0.001), admission to an ICU (aOR: 2.63, 95% CI 1.42-4.88), and requiring invasive mechanical ventilation (OR: 2.65, 95% CI 1.19-5.94, p=0.002) were all higher for high-risk pregnancies. Perinatal outcomes showed a greater odds of adverse events with high-risk pregnancies, which was related to a higher risk for miscarriage (5.3% vs. 1.6%, p=0.008). The authors state that, as in the general population, pre-existing diseases and other obstetrical complications led to an increase in adverse maternal outcomes; however, SARS-	The authors conducted a retrospective of women with laboratory-confirmed SARS-Cov-2 in 22 countries for maternal mortality and morbidity and perinatal outcomes between high and low-risk pregnancies. High-risk pregnancies were more likely to have pre-term delivery <37 weeks and delivery by C-section.	D'Antonio F, Sen C, Mascio DD, et al. Maternal and perinatal outcomes in high vs low risk-pregnancies affected by SARS-COV-2 infection (Phase-2): The WAPM (World Association of Perinatal Medicine) working group on COVID-19 [published online ahead of print, 2021 Feb 20]. <i>Am J Obstet Gynecol MFM</i> . 2021;100329. doi:10.1016/j.ajogmf.2021.100329

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					CoV-2 with high-risk pregnancies did not influence perinatal outcomes. This knowledge warrants a risk stratification of women with SARS-CoV-2 for tailored management to improve maternal outcomes.		
Coronavirus; SARS-CoV-2; volume; acuity; incidence; suicide; behavioral health; abuse	20-Feb-21	Pediatric emergency department utilization during the COVID-19 pandemic in New York City	American Journal of Emergency Medicine	Original Research	The authors examined the pediatric (age < 18 years) hospitalization rate and emergency department acuity of pediatric patients in a children's hospital in New York City, USA, from March 7 -May 6, 2020, of the COVID-19 pandemic. The rates for the patients in 2020 (n = 4068) were compared to the same periods in 2018 and 2019 (n = 18,513 for the combined years) through an observational retrospective review, and demographic, visit details, and diagnoses were compared between the years. Emergency department visits decreased by 56% in 2020 compared to the previous years. Admissions rose to 17.4% from 13.3% in the previous years (p < 0.001), and those with Emergency Severity Index levels 1 and 2 for triage increased by 23.7% for 2020 compared to the previous years (p < 0.001). Non-emergent visits declined from 32.3% in the previous years to 27.5% in 2020 (p < 0.001). Visits for low-acuity diagnoses declined, while visits for suicidal ideation, attempt, or self-harm increased by 100% (p < 0.001) and visits for abuse or neglect declined by 89% (p = 0.01). Overall, these trends demonstrate a decline in pediatric emergency department utilization during the study period but higher patient acuity among those hospitalized. The authors note the importance of continued outreach and vigilance for the pediatric population during the COVID-19 pandemic, particularly for the most vulnerable pediatric patients and those at risk of self-harm or abuse.	This article examined the emergency department hospitalization rate and acuity for pediatric patients in a children's hospital in New York City during March through May 2020 of the COVID-19 pandemic. Emergency department visits declined, non-emergent visits decreased, triage severity increased, mental health visits increased, and visits for abuse decreased in 2020 compared to 2018 and 2019. The authors note the importance of continued vigilance to meet the pediatric population's unmet needs during the COVID-19 pandemic.	Sokoloff WC, Krief WI, Giusto KA, et al. Pediatric emergency department utilization during the COVID-19 pandemic in New York City. Am J Emerg Med. 2021;45:100-104. doi:https://doi.org/10.1016/j.ajem.2021.02.029.
pregnancy, COVID-19, vaccine, safety	20-Feb-21	Letter to the editor re: COVID-19 Vaccines in Pregnancy	American Journal of Obstetrics and Gynecology - Maternal and Fetal Medicine	Letter to the Editor	This letter is a response to an article written by Craig et al., which discussed that mRNA-based COVID-19 vaccines are being administered to pregnant healthcare workers without safety data released in this population. To date, COVID-19 has been correlated with higher rates of preterm birth, but the relationship between these is unclear. It is also unclear whether self-cells that produce spike protein post-vaccination can escape the reticulo-endothelial system and enter circulation. Due to these uncertainties, the author argues that pregnant women should be counseled on safety assessments and encouraged to report any adverse effects of vaccination. Further, healthcare providers should follow-up with these groups to monitor their health after the vaccine. In sum, although the benefits of COVID-19 vaccines outweigh the risk of COVID-19 infection in pregnant women, data on safety of these vaccines in pregnant women should be urgently released.	This letter is a response to an article written by Craig et al., which discussed that mRNA-based COVID-19 vaccines are being administered to pregnant healthcare workers without safety data released in this population. The author reviews a few potential risks inherent to pregnant women, and urges the release of safety data for this population.	Al-Lami RA. Letter to the editor re: COVID-19 Vaccines in Pregnancy [published online ahead of print, 2021 Feb 20]. Am J Obstet Gynecol MF. 2021;100336. doi:10.1016/j.ajogmf.2021.100336

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Pregnancy, maternal health, neonate, breastfeeding	20-Feb-21	Revisiting Strategies for Maternal Health Care in the Face of COVID-19 Pandemic	Kathmandu University Medical Journal (KUMJ)	Review Article	In this review article, the authors examine published strategies for maternal health care during the COVID-19 pandemic. They searched literature from PubMed and Google Scholar, along with societal, governmental, and non-governmental organizations for updated information including the CDC, WHO, and American College of Obstetricians and Gynecologists (ACOG), among others [dates not provided]. In the article they review the following topics: SARS-CoV-2 transmission, effects of COVID-19 on pregnant women, general counseling measures for pregnant women, testing, community mitigation efforts, levels of management of critically ill COVID-19 pregnant patients, use of PPE, antenatal fetal surveillance and ultrasonography, immunization, maternal mental health, intrapartum COVID-19 infection, indications for C-section delivery, infants born to patients with suspected/confirmed COVID-19, location of the mother-infant dyad, breastfeeding, discharge, and postpartum care. In regard to breastfeeding, they report that suspected or confirmed maternal SARS-CoV-2 infection is not a contra-indication to infant feeding, and women should be counseled on ways to reduce transmission while breastfeeding. The authors conclude that OB/GYNs should commit to providing necessary prenatal care, referrals, and consultations throughout the pandemic, although modifications to health care delivery approaches may be necessary.	In this review, the authors discuss published strategies for maternal health care during the COVID-19 pandemic, covering a wide range of prenatal, intrapartum, and postpartum topics. In regard to breastfeeding, they state that suspected or confirmed maternal SARS-CoV-2 infection is not a contra-indication to infant feeding, and women should be counseled on ways to reduce transmission while breastfeeding	Shrestha N , Dangal G . Revisiting Strategies for Maternal Health Care in the Face of COVID-19 Pandemic. Kathmandu Univ Med J (KUMJ). 2020;18(70):62-67.
COVID-19; Kawasaki-like syndrome; Multisystem inflammatory syndrome in pediatrics; SARS-CoV-2	20-Feb-21	Multisystem inflammatory syndrome in pediatric COVID-19 patients: a meta-analysis	World Journal of Pediatrics	Meta-analysis	This systematic review and meta-analysis evaluated the clinical and laboratory features of patients with MIS-C through a search of literature published between May 6 - June 29, 2020. Subjects of included studies were <21 years of age and met criteria for MIS-C. Analysis of 15 articles (318 patients; mean age 9.1 years) revealed that although many patients presented with typical MIS-C, Kawasaki-like features such as fever (82.4%), polymorphous maculopapular exanthema (63.7%), oral mucosal changes (58.1%), conjunctival injections (56.0%), edematous extremities (40.7%), and cervical lymphadenopathy (28.5%), atypical gastro-intestinal (79.4%) and neurocognitive symptoms (31.8%) were also common. Pooled laboratory data showed elevated serum lactic acid dehydrogenase, D-dimer, C-reactive protein, procalcitonin, interleukin-6, troponin I levels, and lymphopenia. Nearly 77.0% developed hypotension, and 68.1% went into shock, while 41.1% had acute kidney injury. Intensive care was needed in 73.7% of cases; 13.2% were intubated, and 37.9% required mechanical ventilation. IV immunoglobulins and steroids were given in 87.7% and 56.9% of the patients, respectively, and anticoagulants were utilized in 67.0%. Pediatric patients were discharged after a hospital stay of 6.77 days on average (95% CI 4.93-8.6 days). The authors recommend monitoring cardiac and renal decompensation in patients with MIS-C to facilitate early intervention and prevent further morbidity.	This systematic review and meta-analysis evaluated the clinical and laboratory features of patients with MIS-C. Based on their results, the authors recommend monitoring cardiac and renal decompensation in patients with MIS-C to facilitate early intervention and prevent further morbidity.	Toraih EA, Hussein MH, Elshazli RM, et al. Multisystem inflammatory syndrome in pediatric COVID-19 patients: a meta-analysis [published online, 2021 Feb 20]. World J Pediatr. 2021;10.1007/s12519-021-00419-y. doi:10.1007/s12519-021-00419-y

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SARS-CoV-2; COVID-19; MIS-C; children; thrombolysis; acute myocardial infarction	20-Feb-21	Inflammatory syndrome in children associated with COVID-19 complicated by acute myocardial infarction	European Heart Journal	Case Report	The authors report a case of myocardial infarction in a 4-year-old child with MIS-C following exposure to SARS-CoV-2 in Italy. The previously healthy child was admitted for persisting fever, conjunctivitis, and skin rash. Nasopharyngeal swab for SARS-CoV-2 was negative, but anti-SARS-CoV-2 IgG was positive (108 U/mL). Laboratory findings showed elevated inflammatory markers (C-Reactive Protein 190 mg/L, neutrophil count 16.75x10 ⁹ /L). ECG was normal, and echocardiogram (echo) showed dilatation of the left descending coronary artery with normal ventricular function. IV immunoglobulin 2 g/kg, aspirin 40 mg/kg, and prednisone were started, and the fever and rash resolved. On day 6, the child was irritable and had several vomiting episodes. ECG showed ST-elevation changes, and troponin I was 2801 ng/L. Echo showed reduced left ventricular ejection fraction 35%, akinetic septum and apex, and a thrombus occluding a large aneurysmally dilated left descending coronary artery. Alteplase was started at standard dose 0.5 mg/kg/h for 6h with low-dose IV heparin and low-dose aspirin, followed by an additional Alteplase low-dose cycle (0.05 mg/kg/h for 12h). ECG and echo revealed successful thrombolysis. To the best of the author's knowledge, this is the first published case of myocardial infarction in a child with MIS-C following exposure to SARS-CoV-2.	To the best of the author's knowledge, this is the first published case of myocardial infarction in a child with MIS-C following exposure to SARS-CoV-2. A previously healthy 4-year-old child in Italy was successfully treated by thrombolysis after presenting with persisting fever, conjunctivitis, and skin rash and demonstrating an acute myocardial infarction.	Reffo E, Stritoni V, Di Salvo G. Inflammatory syndrome in children associated with COVID-19 complicated by acute myocardial infarction [published online 2021 Feb 20]. Eur Heart J. 2021. doi:10.1093/eurheartj/eha077
COVID-19; diagnostic test; rapid antigen test; pediatric	19-Feb-21	Think of the Children: Evaluation of SARS-CoV-2 Rapid Antigen Test in Pediatric Population	The Pediatric Infectious Disease Journal	Original Research	The authors investigated the performance of the Panbio COVID-19 Ag Rapid Test Device (Abbott Rapid Diagnostics Jena GmbH, Jena, Germany) as a point-of-care test for SARS-CoV-2 diagnosis in the pediatric population compared to RT-qPCR, between September 25-October 14, 2020 in Spain. 440 pairs of nasopharyngeal swab samples were collected from symptomatic patients meeting COVID-19 clinical criteria, presenting to the pediatric emergency department of Hospital Universitario La Paz. The median age was 3 years (IQR: 1-7 years; range: 0-17 years), with 180 females (40.9%) and 260 males (59.1%). Samples were collected during the initial phase of COVID-19, with the median onset of symptoms of 1 day (IQR: 1-3 days). 18 of 440 patients (4.1%) were SARS-CoV-2 positive by RT-qPCR, 14 of whom were positive by both methods. 4 patients had a negative result from the rapid antigen test and a positive PCR, while 422 were negative by both methods. The sensitivity and specificity of the rapid antigen test were determined to be 77.8% (95% CI: 51.92%-92.63%) and 100% (95% CI: 98.88-100%), respectively. The diagnostic accuracy was determined to be 99.09% (95% CI: 97.53%-99.71%) with a kappa coefficient of 0.87 (p<0.001). In conclusion, the sensitivity of the Panbio COVID-19 Ag Rapid Test Device is lower in children than in adults. Nevertheless, considering the good values of specificity, negative and positive predictive values, this test could be used as a frontline test to obtain quick results, although the negative values with COVID-19 high clinical suspicion should be confirmed using RT-qPCR.	The authors investigated the performance of a rapid-antigen test compared to RT-qPCR in the pediatric population, using nasopharyngeal swab samples from symptomatic patients. Amongst the 18 positive RT-qPCR samples, 14 were detected by the rapid antigen test, giving an overall sensitivity of 77.7%. All the samples detected positive with the rapid antigen test were also positive with RT-qPCR. This test could be used as a frontline test to obtain quick results, although the negative values with COVID-19 high clinical suspicion should be confirmed using RT-qPCR.	González-Donapetry P, García-Clemente P, Bloise I, et al. Think of the Children: Evaluation of SARS-CoV-2 Rapid Antigen Test in Pediatric Population. <i>Pediatr Infect Dis J.</i> 2021;40(5):385-388. doi:10.1097/INF.0000000000003101

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SARS-CoV-2, COVID-19, T-cell, viral type tracing, child health	19-Feb-21	Early pandemic molecular diversity of SARS-CoV-2 in children	medRxiv	Preprint (not peer-reviewed)	This molecular epidemiological study tracked variants of SARS-CoV-2 in a pediatric population <21 years old [no further age data given] in Philadelphia, United States. 169 samples were obtained between March 19 - May 4, 2020, and were analyzed using whole genome sequencing. Children had a higher diversity of SARS-CoV-2 clonal complexes (CCs) than adults (Shannon Entropy=1.815 vs 1.412; $p = 0.0132$), as well as higher non-significant variety of viral types (Shannon Entropy= 2.624 vs 2.456; $p = 0.3557$). CC4 (early lineage originally observed in Wuhan, China) was found in 20% of pediatric cases, versus 14% of adult cases. CC258 (lineage found predominantly in Europe and New York) was in only 40% of pediatric cases, versus 55% of adults. Exploratory analysis showed that pediatric cases with CC4 may be more likely to receive hospital care than those with CC258 (OR= 17.2; 95% CI: 2.23, 132.13; $p=0.006$). The D614G spike protein mutation also showed a negative association with asymptomatic COVID-19 (OR=0.11; 95% CI: 0.01, 0.92; $p=0.042$). The researchers conclude that genetic differences between SARS-CoV-2 lineages may impact the clinical outcome of COVID-19 in pediatric populations, and suggest that whole genome sequencing and genotyping could be used to track viral spread.	This molecular epidemiological study tracked variants of SARS-CoV-2 in a pediatric population in Philadelphia, United States. According to the researchers, their results suggest that genetic differences between SARS-CoV-2 lineages may impact the clinical outcome of COVID-19 in pediatric populations.	Moustafa AM, Otto W, Gai X et al. Early pandemic molecular diversity of SARS-CoV-2 in children. medRxiv. 2021. doi: https://doi.org/10.1101/2021.02.17.21251960
COVID-19; N, Nucleocapsid protein; NAAT, Nucleic Acid Amplification Tests; RT-PCR, Reverse Transcriptase Polymerase Chain Reaction; S, Spike protein; SARS-CoV-2	19-Feb-21	Longitudinal Evaluation of the Abbott Architect SARS-CoV-2 IgM and IgG Assays in a Pediatric Population	Practical Laboratory Medicine	Original Research	The authors evaluated Abbott's two serological assays (Abbott ARCHITECT i1000) for detecting anti-SARS-CoV-2 IgM and IgG in children and profiled the longitudinal serological response to SARS-CoV-2 infection. Negative samples were collected from 2 groups: one group containing 78 samples (44 females; 34 males; median age 12.5 years) from before the COVID-19 pandemic in Atlanta, USA, and the other group containing 66 specimens (26 females; 40 males; median age 5.5 years) collected in April and May 2020 from SARS-CoV-2 negative patients. The authors tested sensitivity based on 181 specimens from 41 patients with a positive Nucleic Acid Amplification Test (NAAT) result for SARS-CoV-2. For IgM, the highest qualitative positive agreement with molecular results was observed to be 15-30 days after a positive NAAT result or after symptom onset. For IgG, the highest positive agreement was 31-60 days after a positive NAAT result or 61-90 days after the start of symptoms. IgM started to decline 30 days after NAAT results and faded by 90 days, while IgG started to decrease 60 days after positive NAAT results. The authors concluded that the Abbott IgM and IgG assays have negative agreements of 98.7-100% relative to NAAT results; however, the IgM and IgG levels assayed by these methods start to decline months after positive molecular results and onset of symptoms in a pediatric population. These results could be helpful in assessing the serological response of children to SARS-CoV-2 infection and in defining immunity trends to help design preventive measures for outbreak policies for school children.	The authors evaluated the performance of two serological assays made by Abbott for detecting anti-SARS-CoV-2 IgM and IgG in children and profiled the longitudinal antibody response to SARS-CoV-2 infection. The Abbott IgM and IgG assays had negative agreements of 98.7-100% relative to nucleic acid amplification test results; however, the IgM and IgG levels assayed by these methods start to decline months after positive molecular results. These results could be helpful in assessing the serological response of children to SARS-CoV-2 infection and in defining immunity trends to help design preventive measures for outbreak policies for school children.	Interiano C, Muze S, Turner B, et al. Longitudinal evaluation of the Abbott ARCHITECT SARS-CoV-2 IgM and IgG assays in a pediatric population. Pract Lab Med. 2021 May;25:e00208. doi: 10.1016/j.plabm.2021.e00208 . Epub 2021 Feb 19. PMID: 33623814; PMCID: PMC7893289.

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Co-morbidities; Mortality; Multisystem inflammatory syndrome in children (MIS-C); Prognosis	19-Feb-21	Outcome of Children Admitted With SARS-CoV-2 Infection: Experiences From a Pediatric Public Hospital	Indian Pediatrics	Article	The authors reviewed the medical records of 969 children admitted between March 19 and August 7, 2020, to a pediatric hospital in India to assess the clinico-demographic characteristics, disease severity, and factors predicting outcomes of pediatric COVID-19. Variables were compared between children who were previously healthy and those with comorbidities (e.g., heart disease, diabetes, malignancy, malnutrition, renal, hepatobiliary, neurological, surgical, or orthopedic conditions). Of 969 children, 123 (12.8%) tested positive for SARS-CoV-2 with a median age of 3 years (IQR 0.7- 6 years). 39 (32%) children required intensive care, and 14 (11.4%) died, of which 3 were neonates. Oxygen saturation <94% at admission and hospital stay <10 days were significant predictors of mortality [notable inconsistencies were found between the abstract, text, and table II, so OR and p-values cannot be reported with certainty]. 47 (38%) had comorbidities. Those without comorbidities were younger in age (median 1.7 years vs. 4 years; P=0.052), had lower mean pulse oximeter saturation (94.7 vs. 96.5; P=0.09), and blood neutrophil-lymphocyte ratios (2.6 vs. 4.5; P=0.09) than those with comorbidities. The authors conclude that comorbidities in children with COVID-19 may be associated with a more severe disease course. Association of mortality with oxygen saturation by pulse oximeter <94% on admission and hospital stay <10 days warrants further investigation.	This study reviewed the medical records of 969 children admitted to a pediatric hospital in India to assess the clinico-demographic characteristics, disease severity, and factors predicting outcomes of pediatric COVID-19. The authors conclude that comorbidities in children with COVID-19 may be associated with more severe disease course and that oxygen saturation <94% at admission and hospital stay <10 days were significant predictors of mortality.	Rao S, Gavali V, Prabhu SS, et al. Outcome of Children Admitted With SARS-CoV-2 Infection: Experiences From a Pediatric Public Hospital [published online, 2021 Jan 11]. Indian Pediatr. 2021;S097475591600280.
Vaccine, pregnancy, safety, maternal health, trials	19-Feb-21	Maternal vaccines—safety in pregnancy	Best Practice and Research Clinical Obstetrics and Gynaecology	Review	In this article, the authors discuss the mechanisms for a range of vaccine types along with safety of maternal vaccination during pregnancy. They highlight the following: Vaccination during pregnancy offers the dual advantage of protecting the mother as well as the fetus and newborn from viral and bacterial infections. Generally, all vaccines except live vaccines can be safely administered to pregnant women. Live viral vaccines are generally contraindicated during pregnancy because of the changes in the immune system during pregnancy and the potential for a live vaccine to cause severe disease in people with impaired immune systems. The authors also discuss individual pathogens and the corresponding available or developing vaccines, including whether and when they should be offered to pregnant women. In response to the COVID-19 pandemic, many vaccines are currently undergoing development, including mRNA and DNA vaccines, recombinant protein-based adjuvant vaccines, and viral vector vaccines. Given the exclusion of pregnant women from the majority of clinical trials, safety data on the use of these vaccines during pregnancy is limited, therefore the authors conclude that although most vaccines are safe during pregnancy, safety of the COVID-19 vaccines in pregnant women still needs to be assessed.	In this article, the authors discuss the mechanisms of multiple vaccine types and their safety in pregnancy. They discuss the developing COVID-19 vaccines and highlight the lack of safety data as a result of exclusion of pregnant women from clinical trials. They conclude that although most vaccines are safe in pregnancy, the safety of the COVID-19 vaccine has yet to be assessed.	Arora M, Lakshmi R. Maternal vaccines-safety in pregnancy. Best Pract Res Clin Obstet Gynaecol. 2021 Feb 19;S1521-6934(21)00017-1. doi: 10.1016/j.bpobgyn.2021.02.002.
COVID-19, pediatric, olfactory, anosmia	19-Feb-21	Paediatric olfactory dysfunction: a	Archives of Disease in Childhood	Letter	This letter's objective was to challenge the assumption that COVID-19-related olfactory dysfunction cannot be reviewed in children. Anosmia is a highly specific and moderately sensitive screening symptom for COVID-19 in adults. Simple screening questions	The authors suggest that it is possible to use existing anosmia assessment tools alongside olfactory screening questions	Hall A, Frauenfelder C, Butler C, et al. Paediatric olfactory dysfunction: a chance to detect COVID-

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		chance to detect COVID-19?			regarding change or decrease in smell and taste should be included when screening children for possible COVID-19. The authors advocate for promoting olfactory education through play-based teaching to explore different smells, equipping children with language to describe smells and any changes they experience. This education can be delivered simply and effectively with other health promotion teaching such as handwashing already occurring within schools and nurseries during the COVID-19 pandemic. Supporting research is necessary to understand and define the age-appropriate pediatric reference ranges for self-reporting olfactory dysfunction. The authors suggest that it is possible to use existing anosmia assessment tools alongside olfactory screening questions in pediatric patients with slight alterations to make the odors more "child-friendly." Ideally, these tests could be performed by parents or medical professionals via in-person and remote administration.	for COVID-19 in pediatric patients with slight alterations to make the odors more "child-friendly." They advocate for promoting olfactory education through play-based teaching to explore different smells, equipping children with language to describe smells and any changes they experience.	19?Archives of Disease in Childhood 2021;106:e17.
COVID-19; social isolation; sheltering-in-place; intimate partner violence; domestic violence; pregnancy; telemedicine; telehealth	19-Feb-21	Mobile remote monitoring of intimate partner violence among pregnant patients during the COVID-19 shelter-in-place order: Quality improvement pilot study	Journal of Medical Internet Research	Original Paper	The authors compared intimate partner violence (IPV) data collected on a mobile app prescribed to patients as part of their prenatal care from a single US-based healthcare system before and during the COVID-19 shelter-in-place orders. 522 pregnant patients enrolled in the app before shelter-in-place orders were present (January 23-March 22, 2020) and 407 while shelter-in-place was in effect (March 23- May 15, 2020). The authors noted a slight ($p=0.56$) but insignificant increase in all forms of IPV during the shelter-in-place orders. None of those people identified by the app to be physically at-risk had mention of IPV in their medical charts. The app may address the needs of people unwilling or unable to disclose IPV to providers directly. The authors also note that people did continue to use technology to disclose concerns to providers about IPV during the pandemic. Overall app usage went up during shelter-in-place orders, which may be explained by limited opportunities to seek help outside of the home. App-based screening for IPV may capture a different set of people than in-person provider screenings, and app-based tools may allow people to engage when they are safe to do so.	The authors compared intimate partner violence (IPV) data collected on a mobile app prescribed to patients as part of their prenatal care from a single US-based healthcare system before and during the COVID-19 shelter-in-place orders. The authors noted a slight but insignificant increase in all forms of IPV during the shelter-in-place orders.	Krishnamurti T, Davis AL, Quinn B, Castillo AF, Martin KL, Simhan HN. Mobile Remote Monitoring of Intimate Partner Violence Among Pregnant Patients During the COVID-19 Shelter-In-Place Order: Quality Improvement Pilot Study. <i>J Med Internet Res.</i> 2021;23(2):e22790. Published 2021 Feb 19. doi:10.2196/22790
MIS-C; pediatric COVID-19; treatment recommendations	19-Feb-21	Pediatric Coronavirus Disease 2019: Clinical Features and Management	Indian Pediatrics	Review	There remains a lack of clarity regarding the management of COVID-19 in children. This review aims to summarize the key clinical presentations and management of pediatric COVID-19 based on a search of seminal articles and guidelines on COVID-19 presentation and management in children <18 years of age [dates of search not specified]. Compared with adults, COVID-19 has a lower incidence (1-5% of reported cases worldwide), causes milder disease with lower need for ICU admission and lower mortality rate (0-0.7%) in children. Based on the studies reviewed, the median age of presentation in children ranged from 3.3-11 years, with a majority of male patients. The majority of cases were asymptomatic; of those with symptoms, gastro-intestinal and mild respiratory symptoms were the most common. The authors outline treatment recommendations based on COVID-19 severity (mild, moderate, severe, or critical) along with	This review summarizes the key clinical presentations and management of pediatric COVID-19. The authors outline treatment recommendations based on COVID-19 severity (mild, moderate, severe, or critical) along with criteria for disease severity classification. Recommendations are also provided for the management of MIS-C.	Sahi PK, Jhamb U, Dabas A. Pediatric Coronavirus Disease 2019: Clinical Features and Management [published online, 2021 Feb 19]. <i>Indian Pediatr.</i> 2021;S097475591600290.

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					criteria for disease severity classification. Recommendations are also provided for the management of MIS-C; these patients may require additional investigations to rule out any co-infection/other cause of illness given symptom overlap with severe bacterial infection. Supplemental oxygen therapy should be given in moderate to severe COVID-19 cases with all precautions to prevent airborne SARS-CoV-2 spread; steroids may be helpful in severe cases. Anticoagulation is indicated in moderate to severe cases with risk factors. More data on the efficacy and safety of antivirals and immunomodulators in children are needed.		
Pediatric surgery; Telemedicine; COVID-19; Caregiver; Satisfaction	19-Feb-21	The Value of Telemedicine for the Pediatric Surgery Patient in the Time of COVID-19 and Beyond	Journal Of Pediatric Surgery	Original Research	The authors examined the benefits of pediatric pre-and post-operative surgery appointments delivered via telemedicine for caregivers (n = 180) of patients (age ≥18 years) in the United States during the COVID-19 pandemic. Care was not delivered via telemedicine at the study clinic before the pandemic. In a survey conducted before the pandemic (period not specified), 26% of respondents indicated familiarity with telemedicine, >50% reported traveling more than 40 miles for appointments, 25% incurred travel costs for appointments greater than \$30, and 43% reported that at least one adult took time off work to attend appointments, with 40% missing wages to attend appointments. During May 4 -May 15, 2020, of the COVID-19 pandemic, 86% of caregivers surveyed were satisfied with care delivered via telemedicine, 80% indicated that the care quality was at least equivalent to an in-person appointment, and 57% noted they would choose telemedicine appointments in the future. This study demonstrates the value of telemedicine for caregivers of children as it relates to cost savings, convenience, and reduced travel time.	The authors examined the benefits of pediatric pre-and post-operative surgery appointments delivered via telemedicine for caregivers during the COVID-19 pandemic in the United States. The findings indicated that telemedicine appointments resulted in saved time, reduced travel costs, and less time away from work compared to in-person appointments, with 80% reporting that the care quality was at least equivalent to in-person appointments.	Metzger GA, Cooper J, Lutz C, et al. The value of telemedicine for the pediatric surgery patient in the time of COVID-19 and beyond. J Pediatr Surg. 2021. doi:https://doi.org/10.1016/j.jpedsurg.2021.02.018.
IPC; PPE; healthcare workers; pediatric COVID-19; transmission	19-Feb-21	Characteristics and Transmission Dynamics of COVID 19 in Healthcare Workers in a Pediatric COVID care Hospital in Mumbai	Indian Pediatrics	Original Research	This study evaluated whether healthcare workers (HCWs) working in a hospital designated as a pediatric COVID-19 care facility in Mumbai, India are at increased risk of acquiring SARS-CoV-2. Hospital Infection Control Committee and virology testing records were combined to identify SARS-CoV-2 positive HCWs and study the transmission dynamics of SARS-CoV-2 between March and August 2020. Testing was conducted among all HCWs (n=534) by RT-PCR of nasopharyngeal swabs [no ages or demographic details reported]. Testing and IPC protocols at this site are described in detail. Results indicate COVID-19 cases among this cohort of HCWs rose and declined parallel to trends seen in the community. 42 out of 534 HCWs (8%) were SARS-CoV-2 positive with no fatalities. No clinical staff in the special COVID ward or ICU were positive but a significant proportion of non-clinical staff (30%) were SARS-CoV-2 positive. About 70% (29/42) of SARS-CoV-2 positive staff had likely community acquisition; among these, 21% (4/19) had history of SARS-CoV-2 positive contact and 37% (7/19) travelled by public transport [there appears to be a discrepancy in reporting of "community acquired" SARS-CoV-2 cases; Figure 3 depicts n=19 as "community acquired"	This study of SARS-CoV-2 transmission dynamics in a cohort of healthcare workers at a designated pediatric COVID-19 facility in India found that the use of PPE, strict IPC measures, and universal testing of clinical and non-clinical staff were successful in limiting SARS-CoV-2 cases beyond those acquired in the community.	Pandrowala A, Shaikh S, Balsekar M, Kirolkar S, Udani S. Characteristics and Transmission Dynamics of COVID 19 in Healthcare Workers in a Pediatric COVID care Hospital in Mumbai [published online, 2021 Feb 19]. Indian Pediatr. 2021;S097475591600288

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					and n=10 as "home leave" which may have been combined above]. 24% (10/42) of SARS-CoV-2 positive staff were returning from home leave and almost all were asymptomatic at the time of testing. Further details of contact tracing investigations are elaborated in the article. The authors conclude that sustained transmission of SARS-CoV-2 did not occur in this cohort beyond community transmission. The use of PPE, strict IPC measures, and testing of both clinical and non-clinical staff were essential methods for restricting SARS-CoV-2 transmission amongst HCWs.		
COVID-19; Nasopharyngeal swab; RT-PCR; Saliva; SARS-CoV-2	19-Feb-21	Saliva for molecular detection of SARS-CoV-2 in school-aged children	Clinical Microbiology and Infection	Original Research	The aim of this research is to determine the accuracy of saliva as a diagnostic specimen for SARS-CoV-2 RT-PCR in ambulatory children. With the re-opening of schools, the collection of nasopharyngeal (NP) swabs for SARS-CoV-2 screening has been found to be difficult in children due to the invasive nature of the sampling process. This study was performed from October 1- 23, 2020 among a sample of school-aged children presenting for COVID-19 screening at community-based screening centers in Dubai, United Arab Emirates. Each child provided both an NP swab and saliva specimen for SARS-CoV-2 RT-PCR. A total of 476 children participated in the study with a mean age of 10.8 years (± 3.9 , range 3-18 years); 58.1% were male. The prevalence of SARS-CoV-2 positivity by NP swab RT-PCR was 16.7% (n/N=81/485) and 15.9% (n/N=77/485) by saliva RT-PCR. Both NP swab and saliva were positive in 71 paired samples and there were 16 discordant NP swab/saliva RT-PCR findings. Among the 87 children with a positive test by either specimen, 39 (44.8%) had self-reported symptoms (predominantly fever, cough, and sore throat. Using the NP swab RT-PCR as the reference gold standard, the sensitivity and specificity of saliva RT-PCR was 87.7% (95% CI 78.5%-93.9%) and 98.5% (95% CI 10 96.8%-99.5%), respectively. The authors report that this finding confirms the utility of saliva as a non-invasive diagnostic specimen for SARS-CoV-2 screening in ambulatory school-aged children and should be routinely used for pediatric screening to reduce the risk of transmission to healthcare workers, limit the strain on resources, and reduce testing anxiety in children.	The aim of this research was to determine the accuracy of saliva as a diagnostic specimen for SARS-CoV-2 RT-PCR in ambulatory children. The authors report the utility of saliva as a non-invasive diagnostic specimen for COVID-19 screening in children and should be routinely used for pediatric screening to reduce the risk of transmission to healthcare workers, limit the strain on resources, and reduce testing anxiety in children.	Al Suwaidi H, Senok A, Varghese R, et al. Saliva for molecular detection of SARS-CoV-2 in school-aged children, Clinical Microbiology and Infection, 2021, ISSN 1198-743X, https://doi.org/10.1016/j.cmi.2021.02.009 .
Hormone replacement therapy (HRT); COVID-19, all-cause mortality;	19-Feb-21	Mortality in COVID-19 amongst women on Hormone Replacement Therapy or Combined Oral Contraception: A cohort study	medRxiv	Preprint (not peer-reviewed)	This retrospective cohort study in the UK aimed to investigate the association between hormone replacement therapy (HRT) or combined oral contraception (COCP) use and the likelihood of death in women with COVID-19. The authors sought to quantify this association among females with COVID-19 during the first 6 months of the pandemic. To identify study subjects, the authors used the Oxford-Royal College of General Practitioners Research and Surveillance Centre database that comprises 465 general practitioner practices in both rural and urban areas of England. 5,451 women registered on January 1, 2020 (>18 years old) with confirmed or probable COVID-19 were identified. Participants had a mean follow-up period of 164.9 (SD 19.6) days. The mean age of the cohort was 59.0 years (SD 21.7) and self-assigned ethnicity was predominantly	This retrospective cohort study in the UK aimed to investigate the association between hormone replacement therapy (HRT) or combined oral contraception use and the likelihood of death in women with COVID-19. As HRT use was associated with a lower likelihood of all-cause mortality in COVID-19, the authors suggest that women continue	Hajira Dambha-Miller, William Hinton, Mark Joy, Michael Feher, Simon de Lusignan. Mortality in COVID-19 amongst women on Hormone Replacement Therapy or Combined Oral Contraception: A cohort study. medRxiv. 2021, doi: https://doi.org/10.1101/2021.02.16.21251853 .

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					White (64.8%). There were 235 women with HRT prescriptions and 171 with a prescription for COCP. HRT use was associated with a lower likelihood of all-cause mortality in COVID-19 within unadjusted models (OR 0.15, 95%CI 0.06 to 0.37) and adjusted models (OR 0.22, 95%CI 0.05 to 0.94). As there were no reported events for the outcome of interest (all-cause mortality) in women prescribed COCPs, this study ultimately did not examine this population. The authors suggest that women on HRT should be encouraged to continue taking these medications during the pandemic. Further work is needed to explore the effect of variations in HRT doses, preparations and duration on COVID-19 complications.	taking these medications during the pandemic.	
COVID-19; pediatric; diagnosis; molecular biology; polymerase chain reaction; Portugal	19-Feb-21	Comparison of nasopharyngeal samples for SARS-CoV-2 detection in a paediatric cohort	Journal of Paediatrics and Child Health	Original Research	This article was an observational, longitudinal, prospective study conducted from March 7 - May 7, 2020, in a tertiary pediatric hospital in Lisbon, Portugal. The objective was to compare the rate of detection of SARS-CoV-2 between naso-oro-pharyngeal swabs (NOS) and nasopharyngeal aspirate (NPA) samples collected simultaneously from patients. A total of 438 samples were collected from 85 patients with confirmed SARS-CoV-2 infection (50.6% male, median age=8.7 years, IQR=1.5-13.4 years). There were 47.7% overall positive specimens - 32% (70/219) positive NOS and 63.5% (139/219) positive NPA. The tests were 67.6% concordant (k = 0.45). 50.3% had positive NPA with negative NOS, while 1.3% had positive NOS with negative NPA. NPA proved to be more sensitive (98.6%, 95% CI 91.2-99.9% vs. 49.6%, 95% CI 41.1-58.2%, P<0.001). A diagnostic approach based solely on nasopharyngeal swab samples would have missed 11 (12.9%) out of 85 SARS-CoV-2 infected patients. Additionally, the difference between NPA and NOS positive samples was statistically significant across all population groups (age, health condition, clinical presentation, contact with COVID-19 patients, or need for hospitalization). Therefore, NPA was more sensitive overall (P<0.001 for all groups except for children<1 year old, P=0.008) in detecting SARS-CoV-2 compared to NOS. These results suggest that NPA sample collection in pediatric patients in hospital settings would be more beneficial to improve test sensitivity and increase the accuracy of diagnosis and confirmation of viral clearance of SARS-CoV-2.	This article was an observational, longitudinal, prospective study conducted from March 7 - May 7, 2020, in a tertiary pediatric hospital in Lisbon, Portugal, to compare the rate of detection of SARS-CoV-2 between naso-oro-pharyngeal swabs (NOS) and nasopharyngeal aspirate (NPA) samples collected simultaneously from patients. NPA had a higher sensitivity in detecting SARS-CoV-2 when compared to NOS. These results suggest that NPA sample collection in pediatric patients in hospital settings would be more beneficial to improve the test sensitivity and diagnostic accuracy of SARS-CoV-2.	Rodrigues J, Gouveia C, Santos MA, et al. Comparison of nasopharyngeal samples for SARS-CoV-2 detection in a paediatric cohort. J Paediatr Child Health. 2021. doi:10.1111/jpc.15405.
COVID-19; fever without source; pediatric; serious bacterial infections, Spain	19-Feb-21	Fever without source as the first manifestation of SARS-CoV-2 infection in infants less than 90 days old	European Journal of Pediatrics	Original Research	This cross-sectional study aimed to define the clinical characteristics and rates of bacterial coinfections of infants <90 days of age with fever without source (FWS) as the first manifestation of SARS-CoV-2 infection confirmed by nasopharyngeal swab/aspirate in 49 Spanish hospitals (EPICO-AEP cohort) from March 1 - June 26, 2020. 336 children infected with SARS-CoV-2 were included in the analysis (63% male). A total of 67/336 (20%) were infants less than 90 days old. Among those infants, 27/67 (40%) showed FWS as the first manifestation of SARS-CoV-2 infection. Blood cultures were performed in 24/27(89%) and were negative in all but 1 patient (4%) who presented with Streptococcus mitis bacteremia. Urine culture was performed in 26/27 (97%) children and was negative in all,	This cross-sectional study aimed to define the clinical characteristics and rates of bacterial coinfections of infants <90 days of age with fever without source (FWS) as the first manifestation of SARS-CoV-2 infection in 49 Spanish hospitals. FWS was frequent in infants under 90 days of age with SARS-CoV-2 infection, and bacterial coinfection was rare.	Blázquez-Gamero D, Epalza C, Cadenas JAA, Gero LC, Calvo C, et al. Fever without source as the first manifestation of SARS-CoV-2 infection in infants less than 90 days old. Eur J Pediatr. 2021. doi:10.1007/s00431-021-03973-9.

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					except in 2 (7%) patients. Lumbar puncture was performed in 6/27(22%) cases, with no bacteria growth. 2 children had bacterial coinfections: 1 had urinary tract infection (UTI) and bacteremia, and 1 had UTI. C-reactive protein was over 20 mg/L in 2 children (1 with bacterial coinfection), and procalcitonin was normal in all. 1 child was admitted to the pediatric ICU because of apnea episodes. No patients died. FWS was frequent in infants under 90 days of age with SARS-CoV-2 infection, and bacterial coinfection was rare in those infants. Standardized markers to rule out bacterial infections remain useful in this population, and the outcome is good in most patients. In conclusion, SARS-CoV-2 infection should be ruled out in young infants (< 90 days of age) with FWS in areas with community transmission.	Standardized markers to rule out bacterial infections remain useful in this population, and the outcome is good in most patients.	
COVID-19; pediatric; cancer; Algeria	19-Feb-21	High mortality of COVID-19 in children with cancer in a single center in Algiers, Algeria	Pediatric Blood and Cancer	Letter to the Editor	In this letter, the authors discussed the high mortality from COVID-19 in children with cancer in a single center in Algiers, Algeria from 1 June-31 August 2020. During the period, there were 258 registered admissions for inpatients and 183 for outpatients. Of 17 patients tested, 7 were positive for SARS-CoV-2 by nasopharyngeal swab RT-PCR: 3 males and 4 females (median age=5 years, range=1-16 years). The cancer types included hematological malignancies (n=6) and neuroblastoma (n=1). 5 patients were family-clustered cases and had a close contact history with confirmed or suspected COVID-19 patients; 2 were infected during hospitalization. 6 of these patients were receiving current cancer treatment, and 1 had completed treatment and was in follow-up. The most frequent COVID-19 symptoms were fever and cough (n=4), followed by diarrhea (n=2), skin lesions (n=1), and seizures (n=1); 3 patients were asymptomatic. Chemotherapy was stopped in all the cases. Most patients received azithromycin, 3 of them in combination with other medications (including hydroxychloroquine, corticosteroids, and anakinra). 2 patients experienced complications of COVID-19 and died. The case fatality rate of 28% was high, although the total sample size was very small. Early identification of the features of severe COVID-19 in pediatric patients and timely treatment are critical.	In this letter, the authors discussed the high mortality from COVID-19 in children with cancer in a single center in Algiers, Algeria from 1 June-31 August 2020. The case fatality rate of 28% was high, although the total sample size was very small. Early identification of the features of severe COVID-19 in pediatric patients and timely treatment are critical.	Arous R, Djillali IS, Rouis NO, et al. High mortality of COVID-19 in children with cancer in a single center in Algiers, Algeria. <i>Pediatr Blood Cancer</i> . 2021:e28898. doi:10.1002/pbc.28898.
COVID-19; spontaneous preterm birth; disparities; regulations	19-Feb-21	What is driving the decreased incidence of preterm birth during the COVID-19 pandemic? [Free Access to Abstract Only]	American Journal of Obstetrics and Gynecology - Maternal and Fetal Medicine	Original Research	Institutions across the world have observed a decrease in preterm birth (PTB) during the COVID-19 pandemic. This study sought to explore potential causes of this decrease in PTB by exploring 3 hypotheses: 1. Do women who are more likely to be able to work from home incur less physical and/or emotional stress resulting in longer gestation? 2. Does the effect of COVID-19 on PTB vary by race? 3. Is the change provider-driven? Using a retrospective cohort of all singleton deliveries at a single tertiary care center in the US, the authors compared deliveries prior to COVID-19 (1 January 2018 - 31 January 2020; n=17,687) to those occurring during the pandemic (1 April - 27 October 2020; n=5,396). Pregnant women with SARS-CoV-2 infection at admission were excluded. The population was stratified by insurance type and neighborhood disadvantage, race, and provider type. Provider type was classified as within an OPC [acronym	This retrospective cohort study of singleton deliveries at one US tertiary care center explored potential causes of an observed decrease in preterm birth (PTB) during the COVID-19 pandemic. The authors conclude that decreases in PTB during the COVID-19 pandemic are not attributable to provider behavior, but rather to COVID-19 responses that disproportionately benefit	Lemon L, Edwards RP, Simhan HN. What is driving the decreased incidence of preterm birth during the COVID-19 pandemic? <i>American Journal of Obstetrics & Gynecology MFM</i> . 2021:100330. doi: https://doi.org/10.1016/j.ajogmf.2021.100330.

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					not defined), a clinic that provides prenatal care to those eligible for medical assistance based on income, compared with non-OPC. Results showed a significant decrease in overall PTB during the COVID-19 pandemic (11.1 vs. 10.1%; p=0.039). When stratified, decreases in spontaneous PTB were limited to deliveries to women from more advantaged neighborhoods (most advantaged: 4.4 vs. 3.8% [p=0.68]; least advantaged: 7.2 vs. 7.4% [p=0.79]), white mothers (white: 5.6 vs. 4.7% [p=0.047]; black: 6.6 vs. 7.1% [p=0.57]), and those receiving care from non-OPC providers (non-OPC providers: 5.5 vs 4.8% [p=0.038]; OPC-providers: 6.3 vs 6.7% [p=0.67]). The authors conclude that observed decreases in PTB during the COVID-19 pandemic are not attributable to provider behavior, but possibly as a result of COVID-responses (eg. work-from-home mandates) that differentially benefit women who reside in more advantaged neighborhoods.	women in more advantaged neighborhoods.	
SARS-CoV-2; pregnancy; repeated testing	19-Feb-21	Repeat positive SARS-CoV-2 (COVID-19) testing ≥ 90 days apart in pregnant women.	American Journal of Obstetrics and Gynecology - Maternal and Fetal Medicine	Research Letter	The authors conducted repeat positive SARS-CoV-2 testing on pregnant patients ≥90 days apart at the Einstein Medical Center in Philadelphia (USA) upon admission to Labor and Delivery (L&D) from April 12, 2020- October 31, 2020. 4% (n=45) of 1,257 women who agreed to be tested at admission tested positive for SARS-CoV-2, and only 9% (n=4) of positive individuals were symptomatic on admission. 3/45 women (7%) infected at delivery had previous SARS-CoV-2 tests that were positive for ≥90 days (106, 116, and 151 days). All patients with repeat positive tests were asymptomatic at the time of delivery, but 2/3 had upper respiratory tract infection symptoms at the time of the initial positive test. None of the neonates of mothers with repeat positive tests had any identifiable related adverse effects. The 7% (3/45) of pregnant patients with repeat positive SARS-CoV-2 test results ≥ 90 days apart may have had reinfection, infection with a different viral strain, or persistent infection. Persistent infection is unlikely as the median duration of viral RNA shedding has been reported to be 18 days. False-positive SARS-CoV-2 testing in all 3 patients is also unlikely given the reported high sensitivity (93%) and specificity (100%) of the test. Therefore the authors concluded that the 7% (3/45) of pregnant patients with repeat positive SARS-CoV-2 test results ≥ 90 days apart might have had reinfection.	This study's findings showed that 7% (3/45) of women with repeat positive SARS-CoV-2 tests on admission had previous SARS-CoV-2 tests that were positive for ≥90 days (106, 116, and 151 days). Persistent infection and false-positive results were unlikely given the median duration of viral RNA shedding of 18 days and the high sensitivity and specificity of the test. The authors concluded that the 3 pregnant patients with repeat positive SARS-CoV-2 test results ≥ 90 days apart might have had reinfection.	Dubelbeiss E, Silverberg M, White C, et al. Repeat positive SARS-CoV-2 (COVID-19) testing ≥ 90 days apart in pregnant women. Am J Obstet Gynecol MFM. 2021:100331. doi:https://doi.org/10.1016/j.ajogmf.2021.100331
SARS-CoV-2, PCR, pediatric, saliva	19-Feb-21	High efficacy of saliva in detecting SARS-CoV-2 by RT-PCR in adults and children	medRxiv	Preprint (not peer-reviewed)	The aim of this research study is to investigate if saliva testing may serve as an alternative to nasopharyngeal swab (NPS) testing for SARS-CoV-2 infection, as its collection is simple, non-invasive and amenable for mass- and home-testing. Presently, rigorous validation of saliva testing in children is missing. The current gold standard for the diagnosis of SARS-CoV-2 infection relies on the detection by RT-qPCR in nasopharyngeal swabs. This study, occurring between October 20, 2020 - January 28, 2021, included 1100 adults and 170 children (<18 years) who presented for a SARS-CoV-2 test in a participating test center in Zurich, Switzerland. Study subjects underwent both an NPS test and a saliva-based test and samples	This study investigated if saliva testing may serve as an alternative to nasopharyngeal swab testing for SARS-CoV-2 infection, as its collection is simple, non-invasive and amenable for mass- and home-testing. Results suggest that saliva is a generally reliable specimen for the detection of SARS-CoV-2 with advantages for	Michael Huber, Peter W. Schreiber, Thomas Scheier, et al. High efficacy of saliva in detecting SARS-CoV-2 by RT-PCR in adults and children. medRxiv 2020.12.01.20241778; doi: https://doi.org/10.1101/2020.12.01.20241778

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					were processed identically. There were two arms included in this study; in the Basic arm, saliva sampling was collected after throat clearing followed by expectorating 1-2 times. In the Enhanced arm, saliva sampling intensified to 3 times throat clearing and then spitting. The median age of participants was 34 years (range of 5 – 98 years). 75.6 %of participants were symptomatic and the number of symptom days ranged from 1 to 30 with a median of 2. The SARS-CoV-2 positivity rate amongst study participants was 21.5%. Across both study arms, NPS and saliva results showed a high overall percent agreement (OPA = 97.8%) and good positive percent agreement (PPA = 92.5%). In 28 cases, discordant results were observed, with 20 saliva samples and 8 NPS showing a negative result when the other specimen tested positive. In children, SARS-CoV-2 infections were more often detected in saliva than NPS (Positive Predictive Value = 84.8%). These results suggest that saliva is a generally reliable specimen for the detection of SARS-CoV-2 with advantages for testing children and can help increase and facilitate repetitive and mass-testing in adults and children.	testing children and can help facilitate repetitive and mass-testing in adults and children.	
COVID-19; barriers to care; birth center; home birth; midwife; United States	18-Feb-21	Maternity Care Preferences for Future Pregnancies Among United States Childbearers: The Impacts of COVID-19	Frontiers in Sociology	Article	The authors used data collected from an online convenience survey of 980 women (mean age=31.9 ± 3.99 yrs, range=18-47 yrs; 88.6% White) in the United States to evaluate how and why the COVID-19 pandemic has affected women's future maternity care preferences. 58 women (5.9%) reported a novel preference for out-of-hospital or “community” care during future pregnancies, compared to 22 participants who had already preferred community care (even prior to pandemic onset)—an over 200% increase in preference for community care. While the pandemic prompted the exploration of non-hospital options, the reasons women preferred community care were mostly consistent with factors described in pre-pandemic studies, (preference for a natural birth model and a desire for more person-centered care). However, a relatively high percentage (34.5%) of participants with novel preference for community care indicated that they expected limitations in their ability to access these services. Easy access to medical interventions, safety, medicalized pain management and trust in experience and training of medical staff were stated as the reasons for participants who preferred in-hospital delivery. These findings highlight how the pandemic has potentially influenced maternity care preferences, with implications for how providers and policy makers should anticipate and respond to future care needs.	The authors used data collected from an online convenience survey of women in the United States to evaluate how and why the COVID-19 pandemic has affected women's future maternity care preferences. There was an over 200% increase in preference for out-of-hospital or “community” care during future pregnancies, compared to pre-pandemic time. Preference for a natural birth model and a desire for more person-centered care were stated as reasons for this preference.	Gildner TE, Thayer ZM. Maternity Care Preferences for Future Pregnancies Among United States Childbearers: The Impacts of COVID-19. Front Sociol. 2021;6:611407. doi:10.3389/fsoc.2021.611407.
Vaccine, recombinant virus, rotavirus, spike protein, children	18-Feb-21	Rotavirus as an Expression Platform of the SARS-CoV-2 Spike Protein	bioRxiv	Preprint (not peer-reviewed)	As a step towards developing a combined rotavirus-SARS-CoV-2 vaccine for children, the authors explored the possibility of generating recombinant rotaviruses (r)SA11 with modified segment 7 RNAs that contained coding sequences for NSP3 and FLAG-tagged portions of the SARS-CoV-2 spike (S) protein. A 2A translational element was used to drive separate expression of NSP3 and the S product. rSA11 viruses were recovered that encoded the S-protein S1	The authors explored the possibility of a combined rotavirus-SARS-CoV-2 vaccine for children by generating recombinant rotaviruses (r)SA11 with modified segment 7 RNAs that contained coding	Philip AA, Patton JT. Rotavirus as an Expression Platform of the SARS-CoV-2 Spike Protein. Preprint. bioRxiv. 2021;2021.02.18.431835. Published 2021 Feb 18.

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					fragment, N-terminal domain (NTD), receptor-binding domain (RBD), extended receptor-binding domain (ExRBD), and S2 core (CR) domain (rSA11/NSP3-fS1, -fNTD, -fRBD, -fExRBD, and -fCR, respectively). Generation of rSA11/fS1 required a foreign-sequence insertion of 2.2-kbp, the largest such insertion yet made into the rotavirus genome. Based on isopycnic centrifugation, rSA11 containing S sequences were denser than wildtype virus, confirming the capacity of the rotavirus to accommodate larger genomes. Immunoblotting showed that rSA11/-fNTD, -fRBD, -fExRBD, and -fCR viruses expressed S products of expected size, with fExRBD expressed at highest levels. These rSA11 viruses were genetically stable during serial passage. In contrast, rSA11/NSP3-fS1 failed to express its expected 80-kDa fS1 product and was genetically unstable. Nonetheless, the authors conclude that these results emphasize the potential usefulness of rotavirus vaccines as expression vectors of portions of the SARS-CoV-2 S protein with sizes smaller than the S1 fragment.	sequences for NSP3 and FLAG-tagged portions of the SARS-CoV-2 spike (S) protein. Several recombinant viruses were recovered that encoded S-protein fragments and were genetically stable during serial passage. The authors conclude that these results emphasize the potential usefulness of rotavirus vaccines as expression vectors of portions of the SARS-CoV-2 S protein.	doi:10.1101/2021.02.18.431835
COVID-19; children; adolescents; clinical characteristics; mortality; Brazil	18-Feb-21	Clinical Characteristics and Mortality Profile of COVID-19 Patients Aged less than 20 years Old in Pernambuco - Brazil	American Journal of Tropical Medicine and Hygiene	Article	This cross-sectional study assessed the epidemiological and clinical aspects of COVID-19 in patients aged <20 years in Brazil, with cases confirmed by RT-PCR SARS-CoV-2 between 13 February-19 June 2020, reported on information systems. 682 pediatric cases were included (52.8% female; mean age=9 ± 7.2 years). The most frequent symptoms were fever (64.4%), cough (52.4%), and respiratory distress (32.4%). Hospitalization was reported in 46.2% of cases, mainly among neonates (80.3%) and infants (73.8%). 38 deaths were reported, and a fatality rate of 5.6% (95% CI: 3.9-7.3) was found, with higher fatality rates among neonates 11.5% (7/61) and 9.5% (8/84) infants. The mortality coefficient was 10.9 per 100,000 individuals <1 year of age, whereas comorbidities (OR=14.13, 95% CI: 6.35-31.44, p<0.001), age <30 days (OR=5.17, 95% CI: 1.81-14.77, p=0.002), and age 1-11 months (OR=3.28, 95% CI: 1.21-8.91, p=0.02) were independent factors associated with death. The results demonstrate the vulnerability of neonates and infants with severe conditions, as well as their need for hospitalization and high fatality rate, indicating the necessity to adapt public health policies for these age groups related to COVID-19.	This cross-sectional study assessed the epidemiological and clinical aspects of COVID-19 in patients aged <20 years in Brazil. The results demonstrate the vulnerability of neonates and infants with severe conditions, as well as their need for hospitalization and high fatality rate, indicating the necessity to adapt public health policies for these age groups related to COVID-19.	Sena GR, Lima TPF, Vidal SA, et al. Clinical Characteristics and Mortality Profile of COVID-19 Patients Aged less than 20 years Old in Pernambuco - Brazil. Am J Trop Med Hyg. 2021:tpmd201368. doi:10.4269/ajtmh.20-1368.
Pregnancy, maternal outcomes, preterm birth, neonate	18-Feb-21	Clinical manifestation and maternal complications and neonatal outcomes in pregnant women with COVID-19: a comprehensive evidence synthesis and meta-analysis	Journal of Maternal-Fetal and Neonatal Medicine	Systematic Review	This systematic review and meta-analysis was performed to assess whether COVID-19 causes adverse outcomes in the antepartum and postpartum period. Medline (PubMed), Embase, Scopus, Web of sciences, Cochrane library, Ovid, and CINALH were searched from January-November, 2020 for a total of 74 studies with 5560 pregnant women included in the analysis [age range not provided]. The pooled prevalence of neonatal mortality, lower birth weight, stillbirth, premature birth, and intra-uterine fetal distress in women with COVID-19 was 4% (95% CI: 1 – 9%), 21% (95% CI: 11 – 31%), 2% (95% CI: 1 – 6%), 28% (95% CI: 13 – 43%), and 14% (95% CI: 4 – 25%); respectively. The pooled prevalence of fever, cough, diarrhea, and dyspnea were 56% (95% CI: 32 – 81%), 29% (95% CI: 21 – 38%), 9%	This review assessed outcomes associated with COVID-19 in the antepartum and postpartum period. The authors report that the pooled prevalence of pre-eclampsia, preterm birth, miscarriage, and cesarean delivery appear higher for pregnant women with COVID-19, and their neonates appear to be at increased risk of lower	Soheili M, Moradi G, Baradaran HR, Soheili M, Mokhtari MM, Moradi Y. Clinical manifestation and maternal complications and neonatal outcomes in pregnant women with COVID-19: a comprehensive evidence synthesis and meta-analysis. J Matern Fetal Neonatal Med. 2021;1-14.

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		[Free Access to Abstract Only]			(95% CI: 2 – 16%), and 3% (95% CI: 1 – 6%). The pooled prevalence of abortion, cesarean delivery, and emergent cesarean were 4% (95% CI: 2 – 6%), 52% (95% CI: 44 – 59%), and 10% (95% CI: 8 – 11), respectively. The authors state that according to these results, pregnant women with COVID-19 appear to be at a higher risk of pre-eclampsia, preterm birth, miscarriage and cesarean delivery than pregnant women without COVID-19 [prevalence not reported for pregnant women without COVID-19]. Furthermore, they conclude that the risk of lower birth rate and intra-uterine fetal distress seems to be increased in neonates.	birth rate and intra-uterine fetal distress.	doi:10.1080/14767058.2021.1888923
COVID-19; children; neurologic care	18-Feb-21	Neurologic Care of COVID-19 in Children	Frontiers in Neurology	Review	The author discussed neurological abnormalities caused by SARS-CoV-2 infection in children and the impact of the COVID-19 pandemic on pediatric healthcare, particularly in children with neurological conditions. Neurological involvement seems infrequent in children, although some cases have been reported. Clinical manifestations include headache and fatigue, encephalopathy, meningeal signs, and/or seizures, which were more common in children with severe illness. Very rarely, Guillain-Barré syndrome, cranial nerve palsies, or intracranial hemorrhage were reported. The standard management of neurologic complications, including ischemic stroke, seizures, and inflammatory lesions, is recommended in pediatric patients. Children with neurological conditions are especially vulnerable to challenges posed by the pandemic on healthcare systems. These include delayed access to medical care, changes in modalities of care and impact on mental health. Current data support the beneficial role of telemedicine in the care of these patients. Parents of children with neurological conditions need support and should be encouraged to seek medical attention at the emergency departments to avoid delay in diagnosis and treatment of potentially life-threatening conditions, such as infections, appendicitis, and shunt malfunctions.	The author discussed neurological abnormalities caused by SARS-CoV-2 infection in children and the impact of the COVID-19 pandemic on pediatric healthcare, particularly in children with neurological conditions. Children with neurological conditions are especially vulnerable to challenges posed by the pandemic on healthcare systems. Parents of children with neurological conditions need support and should be encouraged to seek medical attention to avoid delay in diagnosis and treatment.	Boronat S. Neurologic Care of COVID-19 in Children. <i>Front Neurol.</i> 2021;11:613832. doi:10.3389/fneur.2020.613832.
enterovirus, myocarditis, SARS-CoV-2, newborn	18-Feb-21	Fulminant Enteroviral Myocarditis in a Newborn Accompanying Maternal SARS-CoV-2 Infection [Free Access to Abstract Only]	World Journal for Pediatric and Congenital Heart Surgery	Case Report	This is a case report of a previously healthy 34-year-old female at 33 2/7 weeks gestation who presented with premature rupture of membranes. On admission, she reported persistent cough and low-grade fever and was tested for SARS-CoV-2. She delivered a 1,930-gram baby girl via spontaneous vaginal delivery, who was immediately separated from the mother and was promptly transferred to the neonatal ICU without any postnatal maternal contact. Within 24 hours of delivery, the mother's respiratory viral testing was positive for SARS-CoV-2, while testing for the neonate was negative twice. On day of life (DOL) 5, the neonate developed fever, thrombocytopenia, and abdominal distention; therefore, empiric antibiotics were initiated. However, the neonate's SARS-CoV-2 PCR test and blood culture were negative. On DOL 7, the neonate experienced significant decompensation, and an echocardiogram showed moderate to severely depressed left ventricular systolic function, mitral and tricuspid regurgitation, and a small pericardial effusion. Epinephrine, hydrocortisone, and intravenous	This is a case of fulminant enteroviral myocarditis in a preterm neonate who was born from a SARS-CoV-2 positive mother with premature rupture of membranes at 33 2/7 weeks gestation. This case highlights the importance of systematic and thorough assessment for viral etiologies of acute myocarditis, recognition of the warning signs of impending clinical destabilization and the diagnostic dilemmas faced in the setting of maternal COVID-19.	Fick TA, Morris SA, Tume SC, et al. Fulminant Enteroviral Myocarditis in a Newborn Accompanying Maternal SARS-CoV-2 Infection [published online, 2021 Feb 18]. <i>World J Pediatr Congenit Heart Surg.</i> doi:10.1177/2150135120975771

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					immunoglobulin were administered, and serum RT-PCR returned positive for enterovirus. Regardless of all efforts, the neonate continued to deteriorate clinically, and on DOL 8, she had sustained cardiac arrest resulting in death. Viral cultures from brain and heart tissue were positive for enterovirus. The mother recovered from mild COVID-19 with no major medical sequelae. This case highlights the importance of systematic and thorough assessment for viral etiologies of acute myocarditis, recognition of the warning signs of impending clinical destabilization, and the diagnostic dilemmas faced in the setting of maternal COVID-19.		
COVID-19; ectopic pregnancy; emergency; laparoscopy	18-Feb-21	Delayed presentation of ectopic pregnancy during the COVID-19 pandemic: A retrospective study of a collateral effect	International Journal of Gynaecology and Obstetrics	Clinical Article	A retrospective cohort study was conducted at a single referral regional center in Israel and prevalence of the diagnosis of ectopic pregnancy (EP), treatment modality and associated complications during the COVID-19 lockdown period (March 10 to May 12, 2020) were compared to patients receiving the same diagnosis during the same timeframe in 2019. Of 72 total diagnoses of EP, 29 (40.3%) were during the COVID-19 period (mean age 29.16 ±6.40 years) and 43 (59.7%) were identified in the pre-COVID-19 period (30.37 ±5.65 years) [age ranges not reported]. Patients identified during the COVID-19 period presented to the emergency room with significantly higher β-hCG level (median 1364 vs 633 IU, P = 0.001). The rate of ruptured EP was also higher (20.7% vs 4.3% P = 0.031) as well as the rate of surgical approach (55.2% vs. 27.9%, P = 0.001). Significantly higher median volume of blood loss (median volume 852 vs 300 ml, P = 0.042) was also observed in patients during the COVID-19 period. The authors conclude that the COVID-19 pandemic may have led to delayed presentation of patients with EP leading to the requirement of subsequent emergency surgical management and excessive blood loss. Therefore, special attention should be given to the decline in routine obstetric care during the COVID-19 pandemic.	This study assessed the rates of diagnosis of ectopic pregnancy (EP), treatment modality, and associated complications during Israel's COVID-19 lockdown period compared to the same period of the previous year. The authors report higher β-hCG levels, rate of ruptured EP, surgical management, and volume of blood loss among the cohort of EP patients during the COVID-19 period, which they attribute to delayed presentation.	Barg M, Rotem R, Mor P, et al. Delayed presentation of ectopic pregnancy during the COVID-19 pandemic: A retrospective study of a collateral effect [published online, 2021 Feb 18]. Int J Gynaecol Obstet. 2021;10.1002/ijgo.13647. doi:10.1002/ijgo.13647
COVID-19; pregnancy; fetus; placental insufficiency; Iran; multiple pregnancy	18-Feb-21	Maternal and fetal effects of COVID-19 virus on a complicated triplet pregnancy: A case report	Journal of Medical Case Reports	Case Report	The authors discussed the maternal and fetal effects of SARS-CoV-2 infection on a complicated triplet pregnancy in a 38-year-old Iranian woman with a history of primary infertility, as well as hypothyroidism and gestational diabetes [date not specified]. She was hospitalized at 29 2/7 weeks' gestational age due to elevated liver enzymes, and was treated with ursodeoxycholic acid for probable gestational cholestasis. On hospital day 1, sonography showed normal biophysical scores and amniotic fluid in all 3 fetuses, with normal Doppler findings in 2 fetuses and increased umbilical artery resistance (pulsatility index >95%) in 1 fetus. On day 4, the mother developed fever, cough, and myalgia, and tested positive for SARS-CoV-2. Despite mild maternal symptoms, exacerbated placental insufficiency occurred in 2 of the fetuses, leading to the rapid development of absent umbilical artery end-diastolic flow. 6 days later, the patient underwent C-section due to worsening placental insufficiency and declining biophysical score in 2 of the fetuses. Nasopharyngeal swab	The authors discussed the maternal and fetal effects of SARS-CoV-2 infection on a complicated triplet pregnancy in a 38-year-old Iranian woman with hypothyroidism and gestational diabetes. Despite mild maternal symptoms, exacerbated placental insufficiency occurred in 2 of the fetuses, leading to absent umbilical artery end-diastolic flow. In pregnancies with SARS-CoV-2 infection, in addition to managing the mother, physicians should give special	Rabiei M, Soori T, Abiri A, et al. Maternal and fetal effects of COVID-19 virus on a complicated triplet pregnancy: a case report. J Med Case Rep. 2021;15(1):87. doi:10.1186/s13256-020-02643-y.

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					SARS-CoV-2 tests collected immediately after birth were negative for the first and third infants and positive for the second infant. The first and third infants died 3 and 13 days after birth, respectively, due to collapsed “white lung” and sepsis. The second infant was discharged in good condition. In pregnancies with SARS-CoV-2 infection, in addition to managing the mother, physicians should give special attention to the possibility of acute placental insufficiency and subsequent fetal hypoxia, and also the possibility of vertical transmission.	attention to the possibility of acute placental insufficiency and subsequent fetal hypoxia, and also the possibility of vertical transmission.	
COVID-19; SARS-CoV-2-infection; fetal Dopplers; fetal growth; growth velocity; uterine artery Doppler	18-Feb-21	Effect of SARS-CoV-2 infection during the second half of pregnancy on fetal growth and hemodynamics: a prospective study	Acta Obstetrica et Gynecologica Scandinavica	Original Research	To evaluate the effect of maternal SARS-CoV-2 infection in the second half of pregnancy on fetal growth velocity and fetal haemodynamics, this prospective case-control study in Italy matched pregnancies complicated by SARS-CoV-2 infection (n=49) with unaffected pregnancies (n=98). All participants were between 35 and 38 weeks' gestation and were receiving antenatal care September - November 2020. Participants with SARS-CoV-2 infection were confirmed by PCR and all had mild symptoms. Mean age of the SARS-CoV-2 group was 30.4 years (IQR 29.6-32.1 years) and 30.5 years (IQR 29.25-32.2 years) in the control group [range not reported]. There was no statistical difference in either head circumference, abdominal circumference, femur length and estimated fetal weight z-scores between pregnancies complicated and those not complicated by SARS-CoV-2 infection both at the 2nd and 3rd trimester scan (p>0.10 for all). Likewise, there was no difference in the growth velocity of these parameters between the 2 study groups. Finally, there was no difference in the pulsatility index of both maternal and fetal Doppler's through gestation between the 2 groups. The authors conclude that mild SARS-CoV-2 infection in the 2nd half of pregnancy is unlikely to increase the risk of fetal growth restriction and that these pregnancies do not require additional scans to detect growth disorders.	Based on the results of a prospective case-control study in Italy, the authors conclude that mild SARS-CoV-2 infection in the 2nd half of pregnancy is unlikely to increase the risk of fetal growth restriction.	Rizzo G, Mappa I, Maqina P, et al. Effect of SARS-CoV-2 infection during the second half of pregnancy on fetal growth and hemodynamics: a prospective study [published online, 2021 Feb 18]. Acta Obstet Gynecol Scand. 2021;10.1111/aogs.14130. doi:10.1111/aogs.14130
bedtime; circadian rhythm; lockdown; sensitive period; sleep regulation; stay-at-home; COVID-19 lockdown; children; infants	18-Feb-21	Severe effects of the COVID-19 confinement on young children's sleep: A longitudinal study identifying risk and protective factors	Journal of Sleep Research	Original Research	This study tested whether COVID-19 confinement induced acute and/or persisting consequences for young children's sleep, and identified environmental determinants of such changes. Through an online survey with 1 baseline (April 2020) and 2 follow-up assessments (May and June 2020), the authors examined the effect of confinement on sleep quality in 452 infants (0-35 months) and 412 preschool children (36-71 months) from several, mainly European, countries. The authors observed an acute worsening of sleep in both age groups in the April assessment. Infants experienced a prolonged sleep latency (p<0.0001), delayed bedtime (p<0.0001), and shortened sleep duration (p=0.0232) during confinement. Preschool children experienced less regular bedtimes (p<0.0001), less frequency of falling asleep within 20 minutes (p<0.0001), increased variability of sleep duration (p=0.0001), and increased sleep fragmentation (p=0.0011). Increased stress was associated with less regular bedtimes in preschool children (p=0.018), and later bedtimes	The aim of this study was to test whether COVID-19 confinement induced acute and/or persisting consequences for young children's sleep, as well as to identify environmental determinants of such changes. Caregivers' stress due to the confinement was the dominant negative determinant of children's sleep throughout the confinement period. The factors positively influencing children's sleep included caregivers' mindfulness practices, time spent on childcare, and the	Markovic A, Mühlematter C, Beaugrand M, et al. Severe effects of the COVID-19 confinement on young children's sleep: A longitudinal study identifying risk and protective factors [published online 2021 Feb 18]. J Sleep Res. 2021. doi:10.1111/jsr.13314

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					(p=0.026), longer sleep latency (p=0.002), shorter sleep duration (p=0.026) and increased sleep fragmentation (p=0.002) of infants. However, at follow-up assessments, sleep quality rebounded to the level reported for the period before the confinement. Caregivers' stress due to the confinement was identified as the dominant negative determinant of children's sleep throughout the confinement period. The factors positively influencing children's sleep included caregivers' mindfulness practices, time spent on childcare, and the presence of siblings in the household, demonstrating both acute as well as persistent associations.	presence of siblings in the household, demonstrating both acute as well as persistent associations.	
COVID-19; pediatric voice; dysphonia; voice therapy; telepractice; pandemic healthcare	17-Feb-21	Using Telepractice to Deliver Pediatric Voice Care in a Changing World: Breaking down Challenges and Learning from Successes [Free Access to Abstract Only]	Seminars in Speech and Language	Review Article	The authors describe efforts to offer care for children and adults with communicative disorders via telepractice over the last decade. They note that telepractice care for children with voice disorders has the potential to increase access to care and reduce existing barriers that exist due to invalidity of services in schools and geographic distance to services. Constraints such as billing, payments, licensure, technology stability, and consumer and physician confidence previously prevented the proliferation of telepractice for pediatric voice care. Despite demonstrated feasibility and effective outcomes in the literature, the authors note that delivery of speech pathology services via telepractice was not mainstream until the spring of 2020 due to the COVID-19 pandemic. 2 case studies are used to discuss the current use of telepractice for pediatric speech pathology, including methods for delivery, required equipment, software, physical examination, assessment of patient fit for telepractice, case history, therapy provided, successes, challenges, recommendations, and session setup and structure. Working with patients in their home environment and in the presence of family members was noted as an advantage to telepractice. The authors suggest that the experience of quickly transitioning to telepractice was a learning opportunity, though difficulties in using technology and the fidelity of voice signal transmission present challenges to ongoing use of telepractice for voice care.	This article describes efforts to provide care to children and adults with communitive disorders using telepractice, and the potential for telepractice to reduce barriers to speech pathology care. Cases of telepractice implementation during the COVID-19 pandemic for pediatric services are described, including implementation considerations, challenges, and recommendations.	Kelchner LN, Fredeking JC 2nd, Zacharias SC. Using Telepractice to Deliver Pediatric Voice Care in a Changing World: Breaking down Challenges and Learning from Successes. <i>Semin Speech Lang.</i> 2021;42(1):54-63. doi:10.1055/s-0040-1722320
Pregnancy, vertical transmission, delivery, C-section, neonate	17-Feb-21	Cesarean Section or Vaginal Delivery to Prevent Possible Vertical Transmission From a Pregnant Mother Confirmed With COVID-19 to a Neonate: A Systematic Review	Frontiers in Medicine	Review	This review evaluated whether C-section or vaginal delivery is better for preventing vertical transmission of SARS-CoV-2 from a pregnant mother to a neonate. The authors performed a comprehensive literature search of PubMed, Embase, Cochrane Library, Web of Science, Google Scholar, and the Chinese Biomedical Literature database from December 31, 2019-June 18, 2020 for the primary outcome of SARS-CoV-2 test positivity in neonates born to mothers with confirmed COVID-19 following different delivery modes. 68 observational studies were included from 21 countries. Information was available for 1,019 pregnant women (ages 16-48 years) and 1,035 neonates. 618 (59.71%) neonates were born through C-section and 417(40.29%) through vaginal delivery. Probable congenital SARS-CoV-2 infections were reported in 34/1,035 (3.29%) neonates. Of infants born vaginally, 9/417 (2.16%) tested positive compared with 25/618	This review assessed whether C-section or vaginal delivery is better for preventing vertical transmission of SARS-CoV-2. Out of 1,019 pregnant women and 1,035 neonates, 618 (59.71%) neonates were born through C-section and 417(40.29%) through vaginal delivery. Of infants born vaginally, 2.16% tested positive for SARS-CoV-2 compared with 4.05% born by C-section. There were also more neonatal and maternal deaths	Cai J, Tang M, Gao Y, et al. Cesarean Section or Vaginal Delivery to Prevent Possible Vertical Transmission From a Pregnant Mother Confirmed With COVID-19 to a Neonate: A Systematic Review. <i>Front Med (Lausanne).</i> 2021;8:634949. Published 2021 Feb 17. doi:10.3389/fmed.2021.634949

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					(4.05%) born by C-section [significance not reported]. Of infants born vaginally, 0/417 (0.00%) neonatal deaths were reported compared with 6/618 (0.97%) born by C-section. Of women who delivered vaginally, 1/416 (0.24%) maternal deaths were reported compared with 11/603 (1.82%) delivered by C-section. The authors conclude that there is no sufficient evidence supporting that C-section is better than vaginal delivery in preventing possible vertical transmission from a pregnant mother confirmed with COVID-19 to a neonate.	for those delivered by C-section. The authors conclude that there is no sufficient evidence supporting that C-section is better than vaginal delivery in preventing possible vertical transmission from a pregnant mother confirmed with COVID-19 to a neonate.	
COVID-19; depression; anxiety; post-traumatic stress disorders; postpartum; pregnancy; risk factors; coping mechanisms	17-Feb-21	Impact of the COVID-19 pandemic on perinatal mental health (Riseup-PPD-COVID-19): protocol for an international prospective cohort study	BioMed Central (BMC) Public Health	Study Protocol	The authors present a prospective study on the impact of the COVID-19 pandemic on women's perinatal mental health in 11 European and 3 South American countries. The study will consist of a baseline assessment with 3 follow-up assessments and will run from June 15, 2020- June 15, 2021. Inclusion criteria are women ≥18 years, pregnancy, or being the biological mother of an infant 6 months or younger. The questionnaire will include demographic questions, the coronavirus perinatal experiences (COPE) questionnaire, perinatal health care experiences related to COVID-19, COVID-19 exposures and symptoms, COVID-19 financial impact, COVID-19 social support, COVID-19 coping strategies, physical and mental health history, the brief symptom inventory (BSI-18) to evaluate psychological distress, the Edinburgh postnatal depression scale, a generalized anxiety disorder screen, and a post-traumatic stress disorder checklist. The authors state that the study will provide information vital to understanding the pandemics' role in perinatal mental health.	The authors present a prospective study on the impact of the COVID-19 pandemic on women's perinatal mental health in 11 European and 3 South American countries. The study will consist of a baseline assessment with 3 follow-up assessments and will run from June 15, 2020- June 15, 2021.	Motrico E, Bina R, Domínguez-Salas S, et al. Impact of the Covid-19 pandemic on perinatal mental health (Riseup-PPD-COVID-19): protocol for an international prospective cohort study. <i>BMC Public Health</i> . 2021;21(1):368. Published 2021 Feb 17. doi:10.1186/s12889-021-10330-w
postmortem surveillance; Africa; Zambia; RT-PCR; gastro-intestinal symptoms	17-Feb-21	Covid-19 deaths in Africa: prospective systematic postmortem surveillance study	British Medical Journal (BMJ)	Research Article	To directly measure the fatal impact of COVID-19 in an urban African population, this prospective postmortem surveillance study was conducted in Zambia's largest tertiary care referral hospital between June - September 2020. Postmortem nasopharyngeal swabs were tested for SARS-CoV-2 via RT-PCR among deceased patients of all ages within 48 hours of death. Deaths were stratified by COVID-19 status, location, age, sex, and underlying risk factors. 372 participants were enrolled and PCR results were available for 364 (97.8%). SARS-CoV-2 was detected in 58/364 (15.9%) according to the recommended cycle threshold value of <40 and in 70/364 (19.2%) when expanded to any level of PCR detection. The median age at death among people with a positive test for SARS-CoV-2 was 48 (interquartile range 36-72) years. SARS-CoV-2 was identified in 7 children <19 years (10% of those with any level of PCR detection), only 1 of whom had been tested before death with an initial negative result. Of these 7, 5 were aged ≤3 years: 3 infants, a 1-year-old toddler, and a 3-year-old. The other 2 were teenagers, aged 13 and 16 years. By contrast with the adult population who mainly presented with respiratory symptoms, gastro-intestinal symptoms (nausea, vomiting, diarrhea, or abdominal pains) were most common among these children and only 1 child had respiratory symptoms. The finding that 10% of COVID-19 deaths in this sample were among children is in	This postmortem surveillance study at a hospital in Zambia found that of 70 deceased patients who tested positive for SARS-CoV-2 via RT-PCR (by any detectable level), 7 (10%) were children and only 1 was screened for SARS-CoV-2 before death.	Mwananyanda L, Gill CJ, MacLeod W, et al. Covid-19 deaths in Africa: prospective systematic postmortem surveillance study. <i>BMJ</i> . 2021;372:n334. Published 2021 Feb 17. doi:10.1136/bmj.n334

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					stark contrast to data from the US, EU, and China which report much fewer deaths among children. The authors also note that because SARS-CoV-2 testing is rarely performed (as was the case at this site), the impact of COVID-19 in Africa may be vastly underestimated.		
Postpartum depression; Perceived stress; Influencing factors; health care needs	17-Feb-21	A survey of postpartum depression and health care needs among Chinese postpartum women during the pandemic of COVID-19	Archives of Psychiatric Nursing	Original Research	This cross-sectional study aimed to investigate the status and risk factors of postpartum depression and health care needs among Chinese postpartum women during the COVID-19 pandemic. From May-July 2020, the researchers recruited 209 postpartum women (mean age=30.4 years, range 20 to 44 years) via convenience sampling to complete a questionnaire that measured demographics, COVID-19 related items, postnatal depression (using the Edinburgh Postnatal Depression Scale) and perceived stress (using the Chinese version of the Perceived Stress Scale). Fewer than half of the women were assessed to have high knowledge of COVID-19-related subjects, and 52% expressed concern about SARS-CoV-2 infection. 23% and 33.5% of women were determined to have depressive tendencies and depressive symptoms, respectively. This is higher than normal conditions in China, according to the authors. Older maternal age ($p<0.05$), history of abortion ($p<0.05$) and perceived stress ($p<0.001$) were influencing factors of postpartum depression. The top 3 health care needs were infant rearing guidance (78.0%), maternal and infant protection guidance (60.3%), and dietary guidance (45.0%). The proportion of psychological rehabilitation guidance needs in the depressed group was significantly higher than that in the non-depressed group (34.5% vs. 20.0%, $p<0.05$). The authors conclude that women should be screened early for postpartum depression, and that timely psychological counselling, intervention, and COVID-19-related health education are in great need for postpartum women.	This cross-sectional survey in China aimed to assess the prevalence of and risk factors associated with postpartum depression, as well as the greatest health care needs among postpartum women during the COVID-19 pandemic, from May-July 2020. The authors report a higher than usual prevalence of postpartum depression and priority health needs in their population.	An,R.,Chen,X., Wu, Y., et al. A survey of postpartum depression and health care needs among Chinese postpartum women during the pandemic of COVID-19. Archives of Psychiatric Nursing. 2021. https://doi.org/10.1016/j.apnu.2021.02.001 .
SARS-CoV-2; MIS-C; pediatric; radiological imaging; diagnostics	17-Feb-21	Imaging in support of the clinical diagnoses of COVID-19 and multisystem inflammatory syndrome in children	Pediatric Radiology	Editor's Commentary	The authors summarize key findings of 2 reports published in Pediatric Radiology in 2020. The first report detailed the investigational team's experiences with 47 children and young adults with COVID-19-associated MIS-C in the USA, with imaging findings indicating leaky vasculature and third spacing of fluid, including peribronchial thickening, pleural effusions in children <10 years of age, small-volume ascites, and gallbladder and bowel wall thickening with no characteristic or diagnostic finding indicating MIS-C. The second report highlighted the investigators' experience with 37 children with COVID-19 or COVID-19 symptoms meeting the CDC definition of MIS-C, reporting slightly different pulmonary manifestations and frequency of findings than the first study; for example, pleural effusions were more common in the second study. The authors indicate that in both studies, neither team adjusted for disease acuity/severity or resuscitation status, making it difficult to distinguish between disease and/or complications of disease management. They conclude that the relationship between MIS-C and COVID-19 pneumonia exacerbation is unclear. They also state	The authors summarize key findings from 2 reports published in Pediatric Radiology in 2020, indicating that the relationship between MIS-C and COVID-19 pneumonia is unclear. They also state that imaging should not play a diagnostic role in pediatric COVID-19 or MIS-C, and instead should be used to exclude other disease processes and factors impacting patient management.	Trout AT, Westra SJ. Imaging in support of the clinical diagnoses of COVID-19 and multisystem inflammatory syndrome in children. Pediatr Radiol. 2021 Feb 17;1–2. doi: 10.1007/s00247-021-04999-9. PMID: 33595703; PMCID: PMC7886846.

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					that imaging should not play a large diagnostic role in the pediatric cohort, due to its sub-optimal sensitivity and specificity. Based on currently published information, the focus of imaging should not be to diagnose COVID-19 (or MIS-C), but instead to exclude other disease processes and complications that impact patient management.		
immune response; SARS-CoV-2; children; adults	17-Feb-21	Innate cell profiles during the acute and convalescent phase of SARS-CoV-2 infection in children	Nature Communications	Article	Children have milder COVID-19 compared to adults and the immunological mechanisms underlying this difference remain unclear. This study characterized the acute and convalescent immune responses in 48 children and 70 adults who presented for SARS-CoV-2 testing at an Australian hospital between April and August 2020. Acute samples were collected at the earliest timepoint from the first positive SARS-CoV-2 PCR test result and convalescent samples were collected 4–7 weeks following. Children ranged in age from 1-17 years and were stratified into four groups (median ages in parenthesis): SARS-CoV-2 positive acute (4.45 years) and convalescent (10 years) and SARS-CoV-2 exposed acute (9 years) and convalescent (9 years). Results showed that clinically mild SARS-CoV-2 infection in children is characterized by reduced proportions of all 3 subsets of monocytes (classical $p=0.0069$; intermediate $p=0.005$; non-classical $p=0.0003$), dendritic cells ($p=0.0004$) and natural killer cells ($p=0.04$) during the acute phase in comparison to the convalescent phase. In contrast, SARS-CoV-2-infected adults show reduced proportions of non-classical monocytes only ($p=0.01$). Increased proportions of CD63+ activated neutrophils during the acute phase compared to the convalescent phase were also observed in infected children ($p=0.03$) whereas the same response was not observed in adults. CD63 has been shown to be involved in the release of pro-inflammatory mediators as part of the anti-viral immune response; therefore the authors recommend further investigation of CD63 in mediating the acute phase immune response in children. Differences between children and adults regarding the changes of monocytes, dendritic cells, and natural killer cells may help explain the immune mechanisms that contribute to age-related differences in COVID-19 severity.	This study in Australia compared the innate immune responses of children and adults with mild SARS-CoV-2 infection, revealing that infection in children is characterized by increased activation of neutrophils and low circulating proportions of all monocyte subsets, dendritic cells and natural killer cells, in contrast to SARS-CoV-2-infected adults who showed reductions in the non-classical monocyte fraction only.	Neeland MR, Bannister S, Clifford V, et al. Innate cell profiles during the acute and convalescent phase of SARS-CoV-2 infection in children. Nat Commun. 2021;12(1):1084. Published 2021 Feb 17. doi:10.1038/s41467-021-21414-x
SARS-CoV-2, COVID-19, placenta	17-Feb-21	Histologic and Immunohistochemical Evaluation of 65 Placentas from Women with Polymerase Chain Reaction-proven Severe Acute Respiratory Syndrome Coronavirus 2	Archives of Pathology and Laboratory Medicine	Original Research	This study examines whether maternal SARS-CoV-2 infection is associated with any specific placental histopathology or direct placental involvement. Placentas from 65 women (age 19-45 years, mean = 30 years) with PCR-proven SARS-CoV-2 infection, and 85 placentas from women (age 19-44 years, mean = 30 years) without SARS-CoV-2 underwent histologic evaluation from March 25-May 4, 2020 in Brooklyn, NY (USA). 64 of the placentas from the SARS-CoV-2-positive group underwent immunohistochemical staining for SARS-CoV-2 nucleocapsid protein. Patients in the SARS-CoV-2-positive group were further classified as either having asymptomatic/mild/moderate disease or severe/critical disease to study the effect of clinical severity of COVID-19 on placental	This study examines whether maternal SARS-CoV-2 infection is associated with any specific placental histopathology or direct placental involvement. The authors conclude that there is no characteristic histopathology in the majority of placentas from women with SARS-CoV-2 infection and that direct placental involvement by SARS-CoV-2 is a rare event.	Levitan D, London V, McLaren RA, et al. Histologic and Immunohistochemical Evaluation of 65 Placentas from Women with Polymerase Chain Reaction-proven Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Infection [published online, 2021

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		(SARS-CoV-2) Infection			pathology. Placentas from both groups were evaluated for 21 distinct histopathologic findings separated into 5 major groups: maternal vascular malperfusion, chronic inflammatory lesions, fetal vascular malperfusion, amniotic fluid infection sequence, and miscellaneous pathology. There was no statistically significant difference in prevalence of any specific placental histopathology between the SARS-CoV-2- positive and negative groups. There was no immunohistochemical evidence of SARS-CoV-2 virus in any of the 64 placentas that underwent staining for viral nucleocapsid protein. The authors conclude that there is no characteristic histopathology in the majority of placentas from women with SARS-CoV-2 infection and that direct placental involvement by SARS-CoV-2 is a rare event. The authors acknowledge that their findings differ from earlier research and suggest further studies with a larger sample size are needed to establish whether chronic inflammatory lesions are more likely to be present in placentas from women with SARS-CoV-2 infection.		Feb 17]. Arch Pathol Lab Med. 2021;10.5858/arpa.2020-0793-SA. doi:10.5858/arpa.2020-0793-SA
Pregnancy, minority, health disparities, maternal morbidity, language, infection rate	16-Feb-21	Higher severe acute respiratory syndrome coronavirus 2 infection rate in pregnant patients	American Journal of Obstetrics and Gynecology	Original Research	This study estimated the SARS-CoV-2 infection rate in pregnancy and examined disparities by race/ethnicity and English language proficiency in Washington State, USA. 240 pregnant patients with PCR confirmed SARS-CoV-2 diagnosed between March 1-June 30, 2020 were identified. The SARS-CoV-2 infection rate was 13.9/1000 deliveries in pregnant patients (95% CI, 8.3–23.2) compared with 7.3/1000 (95% CI, 7.2–7.4) in adults aged 20-39 years (rate ratio, 1.7; 95% CI, 1.3–2.3). The proportion of pregnant patients in non-White racial and ethnic groups with SARS-CoV-2 was 2- to 4-fold higher than the race and ethnicity distribution of women in Washington State who delivered live births in 2018, with the greatest disparities among Hispanic and American Indian or Alaska Native pregnant patients. Furthermore, a disproportionate number of pregnant women with SARS-CoV-2 infection received medical care in a non-English language compared with pregnant patients receiving care with limited English proficiency in Washington State (30.4% vs 7.6%) [prevalence difference varied by region]. The authors conclude that pregnant patients from nearly all racial and ethnic minority groups and patients receiving medical care in a non-English language experienced a greater burden of infection, and pregnancy is a risk factor for severe illness and maternal mortality from SARS-CoV-2.	This study estimated the SARS-CoV-2 infection rate in pregnancy and examined disparities in Washington State, USA. The infection rate in pregnancy was 1.7 times higher for pregnant patients than adults ages 20-39 years. The proportion of pregnant patients in non-White racial and ethnic groups with SARS-CoV-2 was 2- to 4-fold higher than the race and ethnicity distribution of women in Washington who gave live birth in 2018, and a disproportionate number received medical care in a non-English language. The authors conclude that pregnant patients from nearly all racial and ethnic minority groups and patients receiving medical care in a non-English language experienced a greater burden of infection, and pregnancy is a risk factor for severe illness and maternal mortality from SARS-CoV-2.	Lokken EM, Taylor GG, Huebner EM, et al. Higher severe acute respiratory syndrome coronavirus 2 infection rate in pregnant patients. Am J Obstet Gynecol. 2021;S0002-9378(21)00098-3. doi:10.1016/j.ajog.2021.02.011

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
executive functions, sleep, anxiety, adolescents, children, confinement, COVID-19	16-Feb-21	Consequences of COVID-19 Confinement on Anxiety, Sleep and Executive Functions of Children and Adolescents in Spain	Frontiers in Psychology	Original Research	This paper studies the consequences of confinement on anxiety, sleep routines and executive functioning during the COVID-19 pandemic in Spain. 1,028 children and adolescents (age range: 6-18 years, mean: 10.34 years) completed surveys about their state/trait anxiety, sleep, and executive functioning during COVID-19 confinement from April 16-30, 2020. "Unconfined" sample scores were determined using the average scores which appear in the test manuals for different surveys administered. The State-trait Anxiety Inventory for Children (STAIC) has a score range of 20-60, where higher scores indicate higher state or trait anxiety. State anxiety varied between confined (34.73) and unconfined (31.2) individuals, while trait anxiety varied to a lesser degree between confined (33.67) and unconfined (35.7) individuals. Greater anxiety was detected in the 9-12 age group than older or younger children (mean=35.75, p=0.01). The BEARS brief sleep screening test analyzed sleeping patterns in children; greater sleep disturbances were observed in the 13-18-year-olds (p=0.02). The Behavioral Evaluation of Executive Function tool (BRIEF-2) was used to assess executive behavior; children with greater state anxiety had greater executive functioning alterations (p=0.001). The Barkley Deficits in Executive Functioning Scale in Children and Adolescents (BDEFS-CA) was used to assess deficits in executive functioning, and found that unconfined individuals had fewer deficits than confined individuals. The authors conclude that both state anxiety and sleep are positively correlated with alterations in executive functioning, and state anxiety has the greatest weight in explaining the alteration in the executive functioning of the present sample.	This paper studies the consequences of confinement on anxiety, sleep routines and executive functioning during the COVID-19 pandemic in Spain. The authors conclude that both state anxiety and sleep are positively correlated with alterations in executive functioning, and state anxiety has the greatest weight in explaining the alteration in the executive functioning of the present sample.	Lavigne-Cerván R, Costa-López B, Juárez-Ruiz de Mier R, et al. Consequences of COVID-19 Confinement on Anxiety, Sleep and Executive Functions of Children and Adolescents in Spain. <i>Front Psychol.</i> 2021;12:565516. Published 2021 Feb 16. doi:10.3389/fpsyg.2021.565516
COVID-19 Pandemic; Total Diagnostic Interval; Patient Interval; Referral Pathways; Childhood Cancer; Type 1 Diabetes	16-Feb-21	A multi-centre service evaluation of the impact of the COVID-19 pandemic on presentation of newly diagnosed cancers and type 1 diabetes in children in the UK	medRxiv	Preprint (not peer-reviewed)	This study examines the impact of the COVID-19 pandemic on diagnostic intervals and disease severity of childhood cancer (CC) and type 1 diabetes (T1DM) in the United Kingdom. The authors collected presentation route, timing, and disease severity for children with newly diagnosed CC in 3 principal treatment centers, and T1DM in 4 centers between January 1- July 31, 2020 and the corresponding period in 2019. They assessed the impact of lockdown on total diagnostic interval (TDI), patient interval (PI), system interval (SI) and disease severity. For CCs and T1DM, the route to diagnosis and severity of illness at presentation were unchanged across all time periods. Diagnostic intervals for CCs during lockdown were comparable to that in 2019 (TDI 4.6, PI 1.1 and SI 2.1 weeks), except for an increased PI in Jan-Mar 2020 (median 2.7 weeks). Diagnostic intervals for T1DM during lockdown were similar to that in 2019 (TDI 16 vs 15 and PI 14 vs 14 days), except for an increased PI in Jan-Mar 2020 (median 21 days). There is no evidence of diagnostic delay or increased illness severity for CC or T1DM, during the first phase of the pandemic across the participating centers. This provides reassuring data for children and families with these life-changing conditions.	This study examines the impact of COVID-19 pandemic on diagnostic intervals and disease severity of childhood cancer (CC) and type 1 diabetes (T1DM) in the UK. The authors conclude there is no evidence of diagnostic delay or increased illness severity for CC or T1DM, during the first phase of the pandemic across the participating centers, which is reassuring data for children and families with these life-changing conditions.	Walker D. A multi-centre service evaluation of the impact of the COVID-19 pandemic on presentation of newly diagnosed cancers and type 1 diabetes in children in the UK. medRxiv 2021. doi.org/10.1101/2021.02.09.21251149

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Emotion socialization, Parental buffering, COVID-19, Stress, Parenting	16-Feb-21	Parental Buffering of Stress in the Time of COVID-19: Family-Level Factors May Moderate the Association Between Pandemic-Related Stress and Youth Symptomatology	Research on Child and Adolescent Psychopathology	Original Research	This cross-sectional study assessed the associations between stress at the family level and children's (mean age (SD) = 8.84 (4.78) years; age range: 10 months- 17 years) emotional and behavioral changes during the COVID-19 pandemic in the United States. 200 parents completed an online survey between April 24 - 26, 2020, reporting on the family environment, their stress levels, and their child's behaviors. The results showed that reports of family stress related to COVID-19 were significantly associated with children's internalizing (B = 0.35; p < 0.001) and externalizing problems (B = 0.33; p < 0.001). The interaction between maintaining home routines during the pandemic and family stress was associated with children's internalizing problems (B = -0.05; p=0.043). The association between stress and internalizing was mitigated by a higher degree of routine maintenance (p=0.01). Therefore, parents who engaged in relatively higher levels of emotion coaching of children's negative emotions and who maintained more stable home routines during the pandemic were more effectively able to buffer the effects of pandemic-related stress on children's symptomatology. However, parents who reported higher levels of parenting stress and anxiety-related symptomatology were less likely to buffer stress effectively. These findings underscore the importance of assessing family-level factors when considering the impact of stressors on children's symptomatology and highlight the need to support parents during global events that place families under significant stress.	This cross-sectional study assessed the associations between stress at the family level and children's emotional and behavioral changes during the COVID-19 pandemic in the United States. Parents who engaged in relatively higher levels of emotion coaching of children's negative emotions and who maintained more stable home routines during the pandemic were more effectively able to buffer the effects of pandemic-related stress on children's symptomatology. These findings underscore the importance of assessing family-level factors when considering the impact of stressors on children's symptomatology and highlight the need to support parents during global events that place families under significant stress.	Cohodes EM, McCauley S, Gee DG. Parental Buffering of Stress in the Time of COVID-19: Family-Level Factors May Moderate the Association Between Pandemic-Related Stress and Youth Symptomatology. Res Child Adolesc Psychopathol. 2021;1-14. doi:10.1007/s10802-020-00732-6
COVID-19; elective surgery; pediatric surgery	16-Feb-21	Resuming elective paediatric surgical procedures in the era of COVID-19	African Journal of Paediatric Surgery	Article	In this article, the authors provided guidance for the safe and timely resumption of elective surgical pediatric care during the COVID-19 pandemic. A comprehensive search through surgical guidance and recommendations was conducted to develop a set of evidence-based recommendations. Briefly, these include isolating pediatric surgical centers, utilizing PPE, screening pediatric surgical patients and prioritizing surgical cases. No compelling evidence that the pediatric population is at an increased risk of morbidity or mortality from SARS-CoV-2 infection exists. Therefore, delaying essential pediatric surgical care cannot be justified as it may have a potentially negative health impact, and continuous refinements of surgical recommendations are encouraged in view of evolving circumstances.	In this article, the authors provided guidance for the safe and timely resumption of elective surgical pediatric care during the COVID-19 pandemic. The authors argue that delaying essential pediatric surgical care cannot be justified.	Al-Omar K, Bakkar S. Resuming elective paediatric surgical procedures in the era of COVID-19. Afr J Paediatr Surg. 2021;18(1):24-27. doi:10.4103/ajps.AJPS_96_20.
COVID-19; SARS-CoV-2; Neonatal outcome; perinatal outcome; vertical transmission	16-Feb-21	Perinatal outcome and possible vertical transmission of coronavirus disease 2019: experience from North India	Clinical and Experimental Pediatrics	Original Article	The authors conducted a study of RT-PCR confirmed SARS-CoV-2 pregnant women (either symptomatic or asymptomatic) in north India from April 1-August 31, 2020, to evaluate neonatal outcomes and their risk of vertical transmission. 44 neonates (3 sets of twins) were born to 41 women (no ages given), 28 of the women delivered at the authors' institution, with 22 (78.6%) delivering at term and 6 (21.4%) before 37 weeks. All 13 that delivered at a non-COVID facility were delivered at full term. 2 maternal deaths occurred, 1 in the postpartum period from multi-organ dysfunction syndrome related to COVID-19 or HELLP syndrome (hemolysis, elevated liver enzymes, and	The authors conducted a study of RT-PCR confirmed SARS-CoV-2 pregnant women in north India from April 1-August 31, 2020, to evaluate neonatal outcomes and the risk of vertical transmission. 30 neonates were born at the authors' institute, and 2 had positive SARS-CoV-2	Sharma R, Seth S, Sharma R, Yadav S, Mishra P, Mukhopadhyay S. Perinatal outcome and possible vertical transmission of coronavirus disease 2019: experience from North India [published online, 2021 Feb 16]. Clin Exp

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					low platelet syndrome) and the other antenatally from acute respiratory distress syndrome (ARDS). 28 (68.3%) of the deliveries occurred within 7 days of a positive SARS-CoV-2 RT-PCR. 30 neonates were born at the authors' institute, and 2 (6.6%) had positive SARS-CoV-2 nasopharyngeal swabs; both remained asymptomatic [neonatal tests were not performed for the others]. Neither positive neonatal SARS-CoV-2 test could be linked to vertical transmission. 23 samples of breast milk were tested for SARS-CoV-2, of which all resulted negative. Of all 44 neonates, 13 (29.5%) had low birth weights, 7 (15.9%) were preterm, 5 (11.4%) had APGAR scores < 7 at 5 minutes, and 6 (13.6%) required neonatal ICU admission. No neonatal deaths occurred. The authors followed all newborns for at least 2 weeks. Parents had the option to room-in or separate from their healthy newborns and 23 (52.2%) roomed-in and breastfed; all of these received a SARS-CoV-2 test at discharge and were followed for 2 weeks with no adverse outcome. The authors report that vertical transmission seems negligible and that COVID-19 seems to have little direct adverse effects on the fetus; however, further studies are needed.	nasopharyngeal swabs; both remained asymptomatic.	Pediatr. 2021;10.3345/cep.2020.01704. doi:10.3345/cep.2020.01704
France; pre-schools; primary school; middle schools; high schools; reopening; COVID-19 pandemic	16-Feb-21	Modeling safe protocols for reopening schools during the COVID-19 pandemic in France	Nature Communications	Article	The authors created an age-structured epidemic model based on demographic data from the region of Ile-de-France concentrating on ages groups of 0-11 years (pre-and primary school students) and 11-19 years (middle and high school students) for potential scenarios to re-open schools during the COVID-19 pandemic without overwhelming hospital capacity. The authors found that given a reproduction number of 1, if pre-and primary schools opened on May 11, 2020, ICU occupation could remain below capacity at 76% (95% CI 67%, 84%) if middle and high schools limited attendance or re-opened one month later. Middle and high schools opening for full capacity in May would lead to an ICU capacity of 139% (95% CI 126%, 151%) overwhelming the healthcare system. Starting in May, a progressive re-opening of middle and high schools would lead to a mid-summer ICU occupancy of 98% (95% CI 85%, 107%). No difference in epidemic risk was found between a progressive or prompt re-opening of pre-or primary schools. However, middle and high schools' full attendance was not recommended if COVID-19 activity in the community is increasing or stable.	The authors created an age-structured epidemic model based on demographic data from the Ile-de-France region for potential scenarios to reopen schools during the COVID-19 pandemic without overwhelming hospital capacity.	Di Domenico L, Pullano G, Sabbatini CE, Boëlle PY, Colizza V. Modelling safe protocols for reopening schools during the COVID-19 pandemic in France. Nat Commun. 2021;12(1):1073. Published 2021 Feb 16. doi:10.1038/s41467-021-21249-6
nurturing care of children; COVID-19; pandemic; responsive caregiving; early learning opportunities; child safety and protection	16-Feb-21	Responsive caregiving, opportunities for early learning, and children's safety and security during COVID-19: A rapid review	medRxiv	Preprint (not peer-reviewed)	The authors conducted a review of evidence on the effects of the COVID-19 pandemic and nurturing care of children (birth to 8 years) by their caregivers. 3 aspects of nurturing care were examined: responsive caregiving, early learning opportunities, and child safety and protection from violence and neglect. The authors included 112 articles in the review; the most researched topic is caregivers' mental health (>30 studies identified). This evidence suggests that the pandemic has been detrimental to caregivers' mental health, especially for single parents, parents of young children, economically vulnerable families, and those with pre-existing mental health issues.	The authors conducted a review of evidence on the effects of the COVID-19 pandemic and nurturing care of children (birth to 8 years) by their caregivers. 3 aspects of nurturing care were examined: responsive caregiving, early learning opportunities, and child safety	Proulx K, Lenzi-Weisbecker R, Hatch R, et al. Responsive caregiving, nurturing care for Early learning, and children's safety and security during covid-19: A rapid review. Published January 1, 2021. Accessed February 24, 2021.

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					5 studies were available that suggested there is decreased breastfeeding support during COVID-related lockdowns which has led to stopping breastfeeding earlier than wanted. According to 8 studies, father's time at home has increased and reduced gender gaps in childcare division. Evidence on early learning is limited but suggests that children living in rural or remote areas had significant disadvantages regarding access to learning modalities. Children's playtime has been reduced during the pandemic, and studies have identified more sedentary behaviors as standard. Studies have also shown that child maltreatment referrals have decreased. Child injury patterns have also changed during the pandemic, with fewer sports and playground injuries reported. The authors state that the evidence points to the need to scale up social protection mechanisms for families and improve psychosocial service access.	and protection from violence and neglect.	
COVID-19; children; adolescent health; epidemiology; low and middle-income countries (LMICs); high-income countries (HICs); MIS-C	16-Feb-21	Clinical characteristics, treatment and outcomes of paediatric COVID-19: a systematic review and meta-analysis	Archives of Disease in Childhood	Systematic Review	In this systematic review, the authors aim to compare pediatric (0-19 years) COVID-19 characteristics, management, and outcomes according to World Bank country income level and disease severity. The objective of this review is to provide a unique comparison of pediatric cases in low and middle-income countries (LMICs) to high-income countries (HICs) while also providing a subgroup analysis of children presenting with MIS-C. 129 studies from 31 countries were included; 60 studies were from HICs and 69 were from LMICs. A total of 9335 children were included; 55% of participants were male and the mean age was 7.0 years (SD 3.6). 27.1% of participants had comorbidities and 57.4% were hospitalized. There was a higher proportion of hospitalized patients in LMICs (1981/3723, 53.2%) compared with HIC studies (2897/6528, 44.4%). Overall, 44.1% had radiographic abnormalities, of which ground glass opacities was the most frequently reported abnormality. Overall, 88.9% of children recovered; however, 96 hospitalized children died. Children in LMICs had lower rates of ICU admission than children in HICs (9.9% vs 26.0%), however the proportion of deaths among hospitalized children in LMICs was higher (relative risk 2.14, 95%CI 1.43 to 3.20). In the MIS-C subgroup analysis, a higher proportion of children with MIS-C were admitted to ICU (47.1% vs 22.9%) and a higher proportion of hospitalized children with MIS-C died (4.8% vs 3.6%) compared with the overall sample. The authors conclude that overall, children with COVID-19 predominantly contracted a mild form of infection, but are at risk for more severe outcomes. There is ongoing risk that children in LMICs, especially those with severe disease, may be at greater risk of adverse outcomes.	In this systematic review, the authors aim to compare pediatric COVID-19 characteristics, management, and outcomes according to World Bank country income level and disease severity. The authors conclude that while overall, children with COVID-19 predominantly contracted a mild form of infection, children in LMICs, especially those with severe disease, may be at greater risk of adverse outcomes.	Irfan O, Muttalib F, Tang K, et al. Clinical characteristics, treatment and outcomes of paediatric COVID-19: a systematic review and meta-analysis. Arch Dis Child. 2021 Feb 16:archdischild-2020-321385. doi: 10.1136/PMID: 33593743.
COVID-19; lockdown; children; adolescents; sedentary lifestyle; food	16-Feb-21	Impact of COVID-19 lockdown on body weight, eating habits and physical activity of	Disaster Medicine and Public Health Preparedness	Original Research	The aim of this research is to study the effects of home quarantine, distance learning and the lockdown on the weight, eating habits, and physical activity of Jordanian children and adolescents during a period of quarantine during the COVID-19 pandemic. This study was conducted from June 15-June 30, 2020 and included 447 children and adolescents aged 6-17 years in Jordan. Participants completed an	The aim of this research is to study the effects of home quarantine, distance learning and the lockdown on the weight, eating habits and physical activity of Jordanian	Al Hourani H, Alkhatib B, Abdullah M. Impact of COVID-19 lockdown on body weight, eating habits and physical activity of Jordanian children and

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intake behaviors		Jordanian children and adolescents			online questionnaire which collected self-reported sociodemographic and anthropometric data; physical activity data; and food intake pattern. Participants were split into 2 groups: children aged 6-12 years (51.4%) and adolescents aged 13-17 years (48.6%). In the younger group, the overall prevalence of overweight and obese participants by body mass index (BMI) before the lockdown was 18% and 16.7 % respectively. After the lockdown, this increased to 24.1% in both categories ($p < 0.001$). In the older age group, the prevalence of overweight and obese participants before the lockdown was 23.3% and 12.9%, respectively. Following the lockdown, the prevalence of overweight participants decreased (20.7%) and the prevalence of obesity (16.4%) increased ($p < 0.001$). Additionally, there was an overall significant increase in duration of screen time, seen in both age groups; in the younger age group, 6.6% of participants had greater than 4 hours of screen time daily prior to the lockdown. This increased to 25% during the lockdown ($p < 0.001$). In the older group, 22.4% had >4 hours of screen time; this increased to 49.1% during the lockdown ($p < 0.001$). Additionally, results from this study showed a substantial increased intake of almost all food groups during the lockdown as compared to prior to the lockdown. The authors of this study concluded that overall, food consumption and sedentary lifestyle behaviors increased in children and adolescents during a period of quarantine as a result of COVID-19 lockdowns.	children and adolescents during a period of quarantine during the COVID-19 pandemic. The authors concluded that overall, food consumption and sedentary lifestyle behaviors increased in children and adolescents during quarantine.	adolescents. Disaster Med Public Health Prep. 2021 Feb 16:1-28. doi: 10.1017/dmp.2021.48. Epub ahead of print. PMID: 33588981.
Physician moms, COVID-19, pandemic, impact	16-Feb-21	Understanding the Impact of COVID-19 on Physician Moms	Disaster Medicine and Public Health Preparedness	Original Research	This study evaluates the personal and professional experiences of physician mothers during the COVID-19 pandemic. Using social media, a convenience sample of physician mothers completed an on-line survey posted between April 27-May 11, 2020. A total of 2709 physician mothers from the US, Puerto Rico and 19 countries completed the survey. Demographic and professional analysis of respondents was completed. Respondents were further classified as those who were prepared vs non-prepared for the pandemic, both personally and professionally. Physician mothers who personally prepared did so by procuring adequate food (73%), cleaning supplies (57%) and medications (54%) for their families. Those prepared professionally report educating themselves about COVID-19 (94%) and about pandemics (64%). A bivariate analysis compared concerns among those personally prepared vs non-prepared for the pandemic as well as professionally prepared vs. non-prepared. Both comparisons revealed the most listed concern among groups was exposing their children to COVID-19 with no statistical difference between these groups for this top concern in personally non-prepared vs prepared (51% vs 50%, OR 0.98, $p = 0.78$) and in professionally non-prepared vs prepared for the pandemic (52% vs 48%, OR 0.85, $p = 0.045$). This study highlights physician mothers' primary concern of exposing their families to COVID-19. Mothers continued to work and at times increased their work despite having domestic, childcare, and schooling responsibilities.	This study evaluates the personal and professional experiences of physician mothers during the COVID-19 pandemic by analyzing an on-line survey of 2,709 physician mothers from the US, Puerto Rico and 19 countries. This study highlights physician mothers' primary concern of exposing their families to COVID-19.	Pearson C, Levine M, Messman A, Chopra T, Awali R, Robb L, Melikian R, Janis A, Levine DL. Understanding the Impact of COVID-19 on Physician Moms. Disaster Med Public Health Prep. 2021 Feb 16:1-17. doi: 10.1017/dmp.2021.49. Epub ahead of print. PMID: 33588979.

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COVID-19; Children; Severe acute respiratory syndrome; Viral pneumonia	16-Feb-21	Comparison of acute pneumonia caused by SARS-COV-2 and other respiratory viruses in children: a retrospective multi-center cohort study during COVID-19 outbreak	Military Medical Research	Research Article	This retrospective cohort study described the clinical manifestations, treatment, and outcomes of COVID-19 in children compared with those of other sources of viral pneumonia diagnosed during the COVID-19 outbreak. 64 Children with COVID-19 (40 of which had pneumonia) and 284 children with pneumonia caused by other viruses admitted to 20 hospitals in China between 15 December 2019 - 15 March 2020 were enrolled. Ages in the COVID-19 cohort ranged from 3 months - 18 years (median 6.3 years); ages in the viral pneumonia cohort ranged from 1 month - 13 years (median 3.2 years). Compared with the viral pneumonia cohort, children in the COVID-19 cohort were of older median age (6.3 vs. 3.2 years, $P < 0.001$) and had a higher proportion of ground-glass opacity (18/40 vs. 0/38, $P < 0.001$). The COVID-19 pneumonia cohort had a lower proportion of severe cases (1/40 vs. 38/284, $P = 0.048$), and cases with high fever (3/40 vs. 167/284, $P < 0.001$), ICU care (1/40 vs. 32/284, $P < 0.047$) and shorter symptomatic duration (median 5 vs. 8 days, $P < 0.001$). The proportion of cases with elevated inflammatory indicators, indicators related to organ or tissue damage, and D-dimer were lower (all $P < 0.05$) and secondary bacterial infection was less frequent ($P = 0.003$) in the COVID-19 pneumonia cohort compared with the pneumonia cohort caused by other viruses. No statistical differences were found in the duration of positive PCR in 25 children with COVID-19 who received antiviral drugs (lopinavir-ritonavir, ribavirin, and arbidol) as compared with duration in 39 children without antiviral therapy (median 10 vs. 9 days, $P = 0.88$). Therefore, the authors consider the aggressive use of antivirals to be unnecessary in pediatric COVID-19 before their safety and efficacy is confirmed. The authors conclude that the symptoms and severity of COVID-19 pneumonia in children were no more severe than other common viral pneumonia; therefore adequate attention must be given to children with infection by other pathogens during the COVID-19 outbreak	This cohort study in China compared children with COVID-19 with children with pneumonia caused by other viruses. The authors conclude that the symptoms and severity of COVID-19 pneumonia in children were no more severe than other common viral pneumonia; therefore adequate attention must be given to children with infection by other pathogens during the COVID-19 outbreak.	Ren GL, Wang XF, Xu J, et al. Comparison of acute pneumonia caused by SARS-COV-2 and other respiratory viruses in children: a retrospective multi-center cohort study during COVID-19 outbreak. <i>Mil Med Res.</i> 2021;8(1):13. Published 2021 Feb 16. doi:10.1186/s40779-021-00306-7
COVID-19; pediatric; asthma; United Kingdom	15-Feb-21	Paediatric severe asthma biologics service: from hospital to home	Archives of Disease in Childhood	Short Report	The authors assessed whether biologics could be given safely to severely asthmatic children at home in the United Kingdom during the COVID-19 pandemic. Children suitable for home biologic administration (those that had previously received >3 doses safely with no reactions and could be prescribed a dose that could be given at home) and their families had one face-to-face training session with a provider. All subsequent injections were virtually observed, and home spirometry was performed. Of 23 patients receiving biologics (median age=14.5 years, age range=6-18 years; n=9 males), 16 (70%) agreed to homecare administration – 14 administered by parents/patients and 2 by a local nursing team. Video calls for omalizumab were observed on 56 occasions and mepolizumab on 19 occasions over 4 months (April-July 2020). Medication was administered inaccurately on 2/75 occasions without any adverse events. The results indicate that virtually observed home biologic	The authors assessed whether biologics could be given safely to severely asthmatic children at home in the United Kingdom during the COVID-19 pandemic. The results indicate that virtually observed home biologic administration in severely asthmatic children, supported by video calls and home spirometry, is feasible, safe, and positively perceived by children and their families.	Makhecha S, Jamalzadeh A, Irving S, et al. Paediatric severe asthma biologics service: from hospital to home. <i>Arch Dis Child.</i> 2021. doi:10.1136/archdischild-2020-320626.

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					administration in severely asthmatic children, supported by video calls and home spirometry, is feasible, safe, and positively perceived by children and their families.		
COVID-19; pregnancy; venous sinus thrombosis; Turkey	15-Feb-21	Venous sinus thrombosis during COVID-19 infection in pregnancy: a case report	Sao Paulo Medical Journal	Case Report	The author presented the case of a pregnant woman in Turkey who was diagnosed with venous sinus thrombosis after she developed headache and hemiparesis [date not specified]. The 22-year-old woman (35 weeks pregnant) was evaluated in the emergency department for right-sided weakness, but no fever or respiratory distress. She tested positive for SARS-CoV-2 on PCR. The patient started to have throbbing headaches that did not respond to analgesic treatment for 4 days. The intensity of her headaches gradually increased, such that she was being awakened from sleep, and she also had nausea and vomiting. Thrombocytopenia and neurological deficits were also observed. Diffusion MRI was suggestive of venous sinus thrombosis. Brain MRI and magnetic resonance venography confirmed the diagnosis. The patient continued to test positive for SARS-CoV-2 on PCR and was treated with low molecular weight heparin due to low platelet count. The patient underwent emergency C-section, and delivered a healthy child. Postpartum, the patient's headaches decreased and her speech normalized, without any immediate change in muscle strength deficit. The patient's condition eventually stabilized, and she was discharged on Hospital Day 10. Continuation of heparin was planned, along with neurological and hematological monitoring at a clinic. In patients with suspected COVID-19, especially in the presence of atypical features and causes of hypercoagulability, venous sinus thrombosis should be included in the differential diagnoses.	The author presented the case of a pregnant woman in Turkey who was diagnosed with venous sinus thrombosis after she developed headache and hemiparesis. PCR positivity lasted for 2 weeks after COVID-19 had been diagnosed. In patients with suspected COVID-19, especially in the presence of atypical features and causes of hypercoagulability, venous sinus thrombosis should be included in the differential diagnoses.	Gunduz ZB. Venous sinus thrombosis during COVID-19 infection in pregnancy: a case report. Sao Paulo Med J. 2021;139(2):190-195. doi:10.1590/1516-3180.2020.
COVID-19; neoplasms; children; paediatric; policy; global	15-Feb-21	The threat of the COVID-19 pandemic on reversing global life-saving gains in the survival of childhood cancer: a call for collaborative action from SIOP, IPSO, PROS, WCC, CCI, St Jude Global, UICC and WHPCA	Ecancer medical science	Editorial	In this letter to the editor, the authors implore all healthcare agencies and ministries of health worldwide to ensure the current and future needs of children and adolescents (0-19 years) with cancer are considered during the COVID-19 response. The WHO Global Initiative for Childhood Cancer (GICC) launched in 2018 to improve the survival from childhood cancers to ≥60% by 2030. The authors are concerned that the impact of the COVID-19 pandemic on health services is a significant barrier to maintaining gains already achieved in reducing childhood cancer survivability. Delays in referrals for childhood cancers during the COVID-19 pandemic will likely lead to late-stage cancer diagnosis in sub-optimal time for survival. Treatment interruptions, delays, and modifications increase the chance of treatment failures and a rise in preventable deaths. Surveys of paediatric oncology services show that planned treatments for non-SARS-CoV-2 infected patients are being withheld, unavailable, or postponed. The pandemic has also caused a decrease in psychosocial support for families of children with cancer, and the healthcare staff, including limiting access to palliative care. The authors point out the concern for shortages of essential childhood cancer medications due to limited funding and staffing redirected towards COVID-19 related	In this letter to the editor, the authors implore all healthcare agencies and ministries of health to ensure the current and future needs of children and adolescents with cancer are considered during the COVID-19 response. The WHO Global Initiative for Childhood Cancer launched in 2018 to improve the survival from childhood cancers to ≥60% by 2030.	Pritchard-Jones K, de C V Abib S, Esiashevili N, et al. The threat of the COVID-19 pandemic on reversing global life-saving gains in the survival of childhood cancer: a call for collaborative action from SIOP, IPSO, PROS, WCC, CCI, St Jude Global, UICC and WHPCA. <i>Ecancermedicalscience</i> . 2021;15:1187. Published 2021 Feb 15. doi:10.3332/ecancer.2021.1187

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					supplies such as PPE. Surgical procedures of all types are limited during the pandemic, including those offering access to care for childhood cancer patients; the authors suggest a return to scheduled surgeries and radiotherapy for the essential treatment of children with cancer. The authors state they will continue to support the WHO non-communicable disease directorate toward implementing the GICC recommendations and will continue to support implementing countries.		
SARS-CoV-2; viral shedding; neonates; gastrointestinal tract	15-Feb-21	Temporal viral loads in respiratory and gastrointestinal tract and serum antibody responses during SARS-CoV-2 infection in an Italian pediatric cohort	Clinical Immunology	Letter to the Editor	The authors investigated the dynamic profiles of viral shedding in pediatric SARS-CoV-2 patients in Italy by examining SARS-CoV-2 RNA in rectal swabs and urine, compared to nasopharyngeal swabs. 5/23 patients in the cohort (16 males, age range: 1 month-15 years) were neonates, with 10/15 having contact with positive confirmed cases and others with suspected cases (n=5) and unknown contacts (n=5). 17/20 patients with fever had temperatures >38°C and symptoms including cough, rhinorrhea, and gastrointestinal symptoms. 7/23 patients had co-morbidities, and chest X-ray revealed interstitial pneumonia for most patients. Patients whose respiratory specimen tested positive for SARS-CoV-2 tested negative on day 14, as did rectal swabs collected from 13 patients (14-38 days after discharge). 3/13 children who had rectal swabs collected at admission tested negative; however, 4/10 children with rectal swabs tested positive concomitantly with their nasopharyngeal swabs. 6 children had rectal swabs available from different times during follow-up, 4 of whom rectal swabs tested negative between the 19th-52th day after discharge. SARS-CoV-2 was not detected in any urine specimen collected simultaneously with rectal swabs for all patients. IgG antibody response was detected in blood samples from 19 tested patients. The cohort had a mild disease course, except for 4 children who had a severe clinical course. These 4 children had higher mean anti-SARS-CoV-2 IgG levels (45.40 ±12.62) compared to patients with the milder disease (28.52 ±16.11). These results show that SARS-CoV-2 may be present in the gastrointestinal tract in pediatric patients even after nasopharyngeal swabs test negative and suggest that serology may be more reliable than swabs in identifying SARS-CoV-2 infection in children.	The authors investigated the dynamic profiles of viral shedding in pediatric SARS-CoV-2 patients in Italy by examining SARS-CoV-2 RNA in rectal swabs and urine, compared to nasopharyngeal swabs. Among the 23 children studied, rectal swabs tested positive in 10 (43.5%), even after nasopharyngeal swabs turned negative. The authors concluded that SARS-CoV-2 may be present in the gastrointestinal tract in pediatric patients even after nasopharyngeal swabs test negative and suggest that serology may be more reliable than swabs in identifying SARS-CoV-2 infection in children.	Caccuri F, Bugatti A, Meini A et al. Temporal viral loads in respiratory and gastrointestinal tract and serum antibody responses during SARS-CoV-2 infection in an Italian pediatric cohort, Clinical Immunology, Volume 225,2021,108695, ISSN 1521-6616, https://doi.org/10.1016/j.clim.2021.108695 .
Meningoencephalitis, SARS-CoV-2, cerebrospinal fluid analysis, child	15-Feb-21	Acute Meningoencephalitis in a Child Secondary to SARS-CoV-2 Virus	Indian Pediatrics	Clinical Case Letter	This is a case report of an 11-year-old boy in India with acute meningoencephalitis whose cerebrospinal fluid (CSF) was positive for SARS-CoV-2. He presented with fever, headache, vomiting, and altered sensorium—Glasgow coma scale of 9 (E3V2M4). He had signs of meningeal irritation, increased tone with brisk reflexes, and extensor planters in both lower limbs. Empirical broad-spectrum antibiotics, acyclovir, and necessary supportive care were administered. Laboratory examination showed raised inflammatory markers (C-reactive protein, lactate dehydrogenase, ferritin, D-dimer), deranged liver functions, and a positive SARS-CoV-2 PCR test. CSF examination showed pleocytosis with lymphocytic	This is a case report of cerebrospinal fluid (CSF)-proven SARS-CoV-2 in an 11-year-old boy with acute meningoencephalitis in India. This case highlights the neurotropism of the SARS-CoV-2 virus and that meningoencephalitis may be the initial presentation of SARS-CoV-	Pandey M. Acute Meningoencephalitis in a Child Secondary to SARS-CoV-2 Virus. Indian Pediatr. 2021;58(2):183-184. doi:10.1007/s13312-021-2140-7

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					predominance, very high protein, normal sugar levels, and the presence of SARS-CoV-2. A head contrast-enhanced computed tomography scan was normal. The patient was given pulse dose methylprednisolone (30 mg/kg/day) for 3 days, followed by tapering doses. His condition gradually improved, and he was discharged on request after 10 days of hospitalization. His SARS-CoV-2 RNA was negative on day 15. The presence of SARS-CoV-2 in CSF suggests that the virus may cross the blood-brain barrier. This case highlights the neurotropism of SARS-CoV-2, and meningoencephalitis may be the initial presentation of COVID-19 even without respiratory symptoms. Early administration of immunosuppressants, such as methylprednisolone, may result in better outcomes, particularly in hyperinflammatory syndrome.	2 even without respiratory symptoms.	
COVID-19 vaccine; children; safety; India	15-Feb-21	COVID-19 Vaccine in Children: Where Do We Stand?	Indian Pediatrics	Correspondence	The authors respond positively to recommendations of the Indian Academy of Pediatrics Advisory Committee emphasizing the continuation of routine childhood immunization during the COVID-19 pandemic; however, they note that explicit guidance from the Government of India regarding the safety of vaccinating children against COVID-19 is lacking. They argue that the decision to vaccinate children against COVID-19 must be coherent with the principles of medical ethics (non-maleficence and beneficence, equity, justice, fairness, and transparency). All of the principles except non-maleficence and beneficence suggest children should have equal opportunity to receive the COVID-19 vaccine. However, non-maleficence and beneficence supersede others; therefore, the authors conclude vaccinating children cannot be advised unless it has been proven safe. For this reason, they call for the inclusion of children in COVID-19 vaccine trials to facilitate evidence-based decision-making. The authors' reply is presented directly beneath.	In this correspondence, the authors note that explicit guidance from the Government of India regarding the safety of vaccinating children against COVID-19 is lacking. They call for the inclusion of children in COVID-19 vaccine trials to facilitate evidence-based decision-making.	Kumar J, Meena J. COVID-19 Vaccine in Children: Where Do We Stand?. Indian Pediatr. 2021;58(2):194-195.
SARS-CoV-2, Lockdown, Children, Adolescents, PCR	15-Feb-21	Reopening schools in the context of increasing COVID-19 community transmission: The French experience	Archives de Pédiatrie	Original research	This was an observational, epidemiologic study of SARS-CoV-2 infections in school children (ages 3 to 17 years) during the school months of September and October 2020 (week 34 through week 42) in France. The school districts included 12,400,000 students, supervised by 1,162,850 adult staff in 61,500 schools. PCR testing in children occurred with presence of symptoms, contact with an infected person, or the presence of a person at risk of severe COVID-19 at home. At W42, with adults as a reference, the risk ratio for a positive PCR test was 0.46 [95% CI: 0.44–0.49] and 0.69 [95% CI: 0.68–0.70] for children aged 0–5 years and 6–17 years, respectively. The incidence rate ratio was 0.09 [95% CI: 0.08–0.09], 0.31 [95% CI: 0.30–0.32], 0.64 [95% CI: 0.63–0.66], and 1.07 [95% CI: 1.05–1.10] for children aged 0–5 years, 6–10 years, 11–14 years, and 15–17 years, respectively. Children and adolescents accounted for 1.9% of the newly hospitalized patients between W34 and W42, and for 1.3% of new ICU admissions. No deaths were observed. Among infected children and adolescents, the percentage of asymptomatic individuals was 57% at W34 and 48% at W42. The number of schools closed was	This was an observational, epidemiologic study of SARS-CoV-2 infections in school children (ages 3 to 17 years) during the school months of September and October 2020 (week 34 through week 42) in France. The authors conclude the spread among children and adolescents remained lower than that observed among adults, despite keeping schools open. The impact was age-dependent, with data in high schools close to those observed in adults.	Gras-Le Guen C, Cohen R, Rozenberg J, et al. Reopening schools in the context of increasing COVID-19 Community transmission: The french experience. Archives de Pédiatrie. 2021. doi:10.1016/j.arcped.2021.02.001

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					<1% throughout the study period. The authors conclude that the spread among children and adolescents remained lower than that observed among adults, despite keeping schools open. The impact was age-dependent, with data in high schools close to those observed in adults.		
COVID-19; SARS-CoV-2; chilblain-like lesions; cutaneous manifestations; skin	15-Feb-21	Relapse of chilblain-like lesions during the second wave of COVID-19	Journal of the European Academy of Dermatology and Venerology	Letter to the Editor	In this letter to the editor, an outpatient dermatology clinic in Italy documented an outbreak of chilblain-like lesions (CLL), affecting children and young adults in the first wave of the COVID-19 pandemic, Spring 2020. In the second wave, Fall 2020, 10 new cases of CLL (n=10, F/M=9/1, average age 16.6 years [ranges not given]) and a relapse of 7 CLL first-wave patients (F/M=3/4, average age 15.3 years) occurred. Common characteristics of CLL patients included the appearance of the lesions during the pandemic in otherwise healthy young subjects, contact with symptomatic affected patients, and negative SARS-CoV-2 nasopharyngeal swabs and serology. The authors hypothesize that CLL may be activated by a type I interferon (IFN) response, which is more common in infancy and young adulthood. The authors suggest the direct infection of endothelial cells may induce local type I IFN induction and CLL, leading to control of the viral infection and protecting from severe respiratory disease. The authors propose this might be the reason for the low positive rate of nasopharyngeal swabs and the lack of an antibody response in these young patients. A second episode of CLL, the authors hypothesize, was due to a new exposure to SARS-CoV-2 during the second wave of the pandemic: the lack of anti-SARS-CoV-2 antibodies made these patients liable to re-infection and to a new IFN response.	With an outbreak of chilblain-like lesions (CLL) in children and young adults, in both the first and second wave of the COVID-19 pandemic in Italy, the authors hypothesize that direct infection of endothelial cells may induce local type I interferon (IFN) induction and lead to control of the viral infection and protection from severe respiratory disease. The authors hypothesize that the lack of anti-SARS-CoV-2 antibodies made patients liable to re-infection and to a new IFN response.	Recalcati S, Barbagallo T, Tonolo S, et al. Relapse of chilblain-like lesions during the second wave of COVID-19. J Eur Acad Dermatol Venereol. 2021. doi:10.1111/jdv.17168
Kangaroo Mother Care, Breastfeeding, Newborn, Preterm, Low birthweight, Neonatal Mortality, COVID-19, SARS-CoV-2	15-Feb-21	Preterm care during the COVID-19 pandemic: A comparative risk analysis of neonatal deaths averted by kangaroo mother care versus mortality due to SARS-CoV-2 infection	Journal of E Clinical Medicine	Original Research	This risk analysis compares the benefits of kangaroo mother care (KMC) on neonatal survival during the COVID-19 pandemic with the risk of SARS-CoV-2 acquired through close contact with an infected mother. KMC is an evidence-based intervention to improve survival among neonates weighing 2000g or less and involves continuous skin-to-skin contact between a newborn and a mother. The COVID-19 pandemic is disrupting health services for mothers and newborns, particularly in low- and middle-income countries (LMIC), where the burden of neonatal mortality remains high. Fear of SARS-CoV-2 transmission has resulted in neonates being separated from mothers and disruptions in breastfeeding. The authors modelled 2 scenarios over 12 months using projections based on the most recent data for 127 LMICs (~90% of global births). Scenario 1 compared the survival benefits of KMC with universal coverage (99%) and mortality risk due to COVID-19. Scenario 2 estimated incremental deaths from reduced coverage and complete disruption of KMC. Scenario 1 finds that the worst-case scenario (100% transmission) could result in 1,950 neonatal deaths from COVID-19. Conversely, Scenario 2 suggests 125,680 neonatal lives could be saved with universal KMC coverage. Hence, the benefit of KMC is 65-fold higher than the mortality risk of	This risk analysis compares the benefits of kangaroo mother care (KMC) on neonatal survival during the COVID-19 pandemic with the risk of SARS-CoV-2 acquired through close contact with an infected mother. Statistical modelling of 127 LMICs suggest that the survival benefit of KMC far outweighs the small risk of death due to COVID-19.	Minckas N, Medvedev M, Adejuyigbe W, et al. Preterm care during the COVID-19 pandemic: A comparative risk analysis of neonatal deaths averted by kangaroo mother care versus mortality due to SARS-CoV-2 infection. J. E Clin Med (2021), doi.org/10.1016/j.eclinmed.2021.100733

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					COVID-19. The authors believe the survival benefit of KMC far outweighs the small risk of death due to COVID-19.		
SARS-CoV-2; ophthalmic manifestations; COVID-19	15-Feb-21	Ophthalmic manifestations associated with SARS-CoV-2 in newborn infants: A preliminary report	Journal of American Association for Pediatric Ophthalmology and Strabismus (JAAPOS)	Case Report	The authors describe ophthalmic manifestations of SARS-CoV-2 in SARS-CoV-2-positive newborns using slit-lamp technology, fundoscopic examination, and fluorescein angiography (FA) at Hospital Materno Perinatal Monica Pretelini, Mexico. The study population consisted of 15 newborns (8 females, 53%) born at a mean gestational age of 35.2 weeks (range: 30-40 weeks) and with a mean birth weight of 2238.7g (range: 1140-4350g). All neonates had edema, and 73% (n=11) had hemorrhagic conjunctivitis. 53% (n=8) of neonates had ciliary injection, 40% (n=6) had corneal edema, and all had hyaline secretions. 1 neonate had rubeosis and posterior synechiae. 47% (n=7) had normal fundus examination, 2/15 (13%) neonates were diagnosed with oxygen-induced retinopathy on fundoscopic exam, 20% (n=3) had retinopathy of prematurity (ROP), 13% (n=2) had subtle cotton wool spots, and 1 (7%) full-term neonate had a vitreous hemorrhage. Under FA, 20% (n=3) showed changes compatible with ROP, 13% (n=2) had oxygen-induced retinopathy, 20% (n=3) had patchy choroidal filling, and 20% (n=3) had peripapillary hyper fluorescence. 2 newborns (13%) had delayed retinal filling, venous laminar flow, and boxcarring. Hence, the authors report on ophthalmic findings in newborns with SARS-CoV-2 infection, suggesting prematurity, hemodynamic compromise, mechanical ventilation, or SARS-CoV-2 to be mechanistically linked to the ocular injury.	The authors summarize ophthalmic findings in a cohort of 15 newborn children with SARS-CoV-2 infection at a hospital in Mexico. All patients showed edema and 73% had hemorrhagic conjunctivitis. Fundus examinations revealed cotton wool spots (13%) and vitreous hemorrhage (7%), and fluorescein angiography showed microvascular damage indicated by patchy choroidal filling (20%), peripapillary fluorescence (20%), and delayed retinal filling, venous laminar flow, and boxcarring (13%).	Pérez-Chimal LG, Cuevas GG, Di-Luciano A, et al. Ophthalmic manifestations associated with SARS-CoV-2 in newborn infants: a preliminary report. J AAPOS. 2021 Feb 15:S1091-8531(21)00030-6. doi: 10.1016/j.jaapos.2020.11.007. PMID: 33601042; PMCID: PMC7884229.
COVID-19, fetus, perinatal care, pregnancy complications, tracheal intubation	15-Feb-21	Severe coronavirus disease pneumonia in a pregnant woman at 25 weeks' gestation: A case report	Journal of Obstetrics and Gynaecology Research	Case Report	The authors present a case report of a 39-year-old woman with a history of gestational diabetes, obesity (body mass index [BMI]: 26.7), and bronchial asthma with COVID-19 in pregnancy in Japan [date not specified]. The patient was diagnosed with COVID-19 via nasal swab PCR and admitted to the hospital with only a cough on day 2 of gestational week 25. Her symptoms and breathing condition worsened daily and treatment included antiviral chemotherapy, insulin therapy, inhaled steroid asthma agent, IV dexamethasone and increasing oxygen supplementation up to high-flow-nasal cannula oxygen rate of 40L/min and fio2 50-60%. CT scan and x rays show a pathological progression of infiltrative opacities in the lung during this time. On day 6 of week 26 the patient developed severe pneumonia that required tracheal intubation, artificial ventilation, and an emergency c-section. The infant was intubated and transferred to the neonatal ICU. Postoperatively, the patient's respiratory status gradually improved, and she was extubated on postoperative day (POD) 5. She recovered in the hospital and was discharged POD 18 with confirmed SARS-CoV-2 negative results. Nasal PCR tests were performed for the infant on days 1,3,7,10 and 11; the results were consistently negative. The authors discuss the lack of clear data for severity evaluation in COVID-19 complicated pregnancy, effects of COVID-19 on perinatal prognosis, treatment of COVID-19 during	The authors present a case report of a 39-year-old woman with a history of gestational diabetes, obesity and bronchial asthma with COVID-19 in pregnancy in Japan requiring intubation, artificial ventilation and emergency c-section at 26 weeks and 6 days gestation. The authors emphasize the need for continued data collection and investigation of the relationship between COVID-19 and pregnancy.	Waratani M, Ito F, Tanaka Y, Mabuchi A, Mori T, Kitawaki J. Severe coronavirus disease pneumonia in a pregnant woman at 25 weeks' gestation: A case report. J Obstet Gynaecol Res. 2021 Feb 15. doi: 10.1111/jog.14701. Epub ahead of print. PMID: 33590664.

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					pregnancy and termination criteria in pregnant women with COVID-19. The authors emphasize the need for continued data collection and investigation of the relationship between COVID-19 and pregnancy.		
COVID-19; health anxiety; pregnant women	15-Feb-21	Health anxiety and related factors among pregnant women during the COVID-19 pandemic: a cross-sectional study from Iran	BioMed Central (BMC) Psychiatry	Original Research	This cross-sectional study enrolled 300 pregnant women in Iran to understand their health anxiety during the COVID-19 pandemic. All 300 women (100 women in each trimester of pregnancy) were recruited through social media and administered a demographic questionnaire and the Health Anxiety Questionnaire between late March and early April 2020. Women who had experienced stressful events in the past 6 months, those with a positive SARS-CoV-2 test, and those with known mental disorders were excluded from the study. About 74% of participants reported that the COVID-19 pandemic increased their anxiety, with 80% of these women being in their third trimester of pregnancy. When asked about physical manifestations of anxiety during pregnancy, 25%, 19%, and 35% of women in their first, second and third trimesters, respectively, reported concerns ranging from bleeding, nausea, vomiting, gestational diabetes, and hypertension. Overall, pregnant women in the third trimester had significantly higher scores of "total health anxiety" than those in the first trimester ($p = 0.045$). The authors' findings highlight the importance of psychological support for pregnant women and identifying causes of anxiety and supportive mechanisms to alleviate mental health concerns during the pandemic.	This cross-sectional study evaluated the health anxiety of 300 pregnant women in Iran during the COVID-19 pandemic. Overall, pregnant women in the third trimester had significantly higher scores of "total health anxiety" than those in the first trimester ($p = 0.045$). These findings highlight the importance of psychological support for pregnant women to alleviate mental health concerns during the pandemic.	Saadati N, Afshari P, Boostani H, Beheshtinasab M, Abedi P, Maraghi E. Health anxiety and related factors among pregnant women during the COVID-19 pandemic: a cross-sectional study from Iran. <i>BMC Psychiatry</i> . 2021;21(1):95. Published 2021 Feb 15. doi:10.1186/s12888-021-03092-7
COVID-19, coronavirus disease, pregnancy, SARS-CoV-2	15-Feb-21	Coronavirus Disease 2019 in Pregnancy: Case Report on Maternal Death in Sagar City of Central India	The Journal of Obstetrics and Gynecology Research	Case Report	In this case series, the authors describe four cases of SARS-CoV-2 infection during pregnancy in the second and third trimesters at a dedicated COVID-19 tertiary care institute in Sagar City, India, between January 20 and September 29, 2020. The first 3 cases presented with mild symptoms of cough, fever, and sore throat. The 3 patients were each given standard treatment and recovered within 4-5 days after delivering healthy full-term infants. The fourth case was a 31-year-old pregnant woman at 24 weeks gestation who presented with complaints of vomiting, shortness of breath, and cough for 3 days. She had no known SARS-CoV-2 contact history. Her labs showed that her Hb was 9.6 gm%, C-reactive protein 64.4 mg/dl, serum lactic acid dehydrogenase level of 595 IU/L, hyponatremia, and hypokalemia. Her chest x-ray showed consolidation in the bilateral lower zone with patchy ground-glass changes in the bilateral upper zone, and she tested positive for SARS-CoV-2 via RT-PCR. Her oxygen requirements continued to increase while she was hospitalized with an initial dip to SpO ₂ of 88%, requiring 15L/min O ₂ with a nonbreathing mask. She received dexamethasone and low molecular weight heparin. On day 5, she showed marked deterioration of blood pressures to 86/62 mmHg, SpO ₂ of 68%, and respiratory distress. Fetal heart sounds went missing, and she was placed on mechanical ventilation and inotropic support. Despite the	The authors describe 4 cases of SARS-CoV-2 infection during pregnancy in the second and third trimesters in India. 3 of the pregnant women were discharged after recovery and delivered healthy infants, but 1 had severe COVID-19 resulting in death. The authors concluded that early identification of such cases and timely intervention could be pivotal in preventing maternal and infant mortality.	Rawat SK, Saad T, Jindal A, Vyas AK. Coronavirus disease 2019 in pregnancy: Case report on maternal death in Sagar City of Central India [2021 Feb 15]. <i>Journal of Obstetrics & Gynecology Research</i> . 2021;10.1111/jog.14696. doi:10.1111/jog.14696

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					interventions, she passed away. The authors concluded that early identification of such cases and timely intervention could be pivotal in preventing maternal and infant mortality.		
COVID-19, childhood obesity, biopsychosocial model, community interventions, primary care	15-Feb-21	A community perspective of COVID-19 and obesity in children: Causes and consequences	Obesity Medicine	Review	The authors address the various ways the COVID-19 pandemic has negatively impacted childhood obesity. In addition to restricted physical activity because of school and community closures, there are many biopsychosocial factors identified as risk factors for childhood obesity. While children generally have mild symptoms from COVID-19, biological factors such as obesity and immune dysregulation put individuals at increased risk of serious disease. Behavioral changes stemming from school closures result in weight increases due to more time spent eating, access to unhealthy food and larger food portions. Furthermore, during lockdown children tend to spend more time online and in sedentary activity. The reduced social interactions during COVID-19 have induced psychological difficulties which can lead to emotional eating and weight gain. Health inequities in vulnerable populations and ethnic groups have been highlighted in the pandemic as well. The authors advocate that weight management in children during and after the pandemic should be a priority for all stakeholders including governments, public health organizations, educational institutions, primary health teams and local communities. Multiple factors have been magnified during the COVID-19 pandemic and addressing these issues requires an integrated multi-faceted approach across all aspects of life.	The authors address the various ways the COVID-19 pandemic has negatively impacted childhood obesity. Multiple physical and biopsychosocial factors have been magnified during the COVID-19 pandemic and addressing weight management in children during and after the pandemic should be a priority for all stakeholders.	Tsenoli, M., Moverley Smith, J.E., Khan, M., A community perspective of COVID-19 and obesity in children: Causes and consequences, Obesity Medicine, doi.org/10.1016/j.obmed.2021.100327
vertical transmission; asymptomatic; COVID-19; in utero	15-Feb-21	Severe Acute Respiratory Syndrome Coronavirus 2 Vertical Transmission from an Asymptomatic Mother	The Pediatric Infectious Disease Journal	Case Report	The authors describe possible vertical transmission in the case of a 28-year old pregnant woman who presented with a positive SARS-CoV-2 test 8 days before delivery and was asymptomatic throughout her infection in Spain. Because a SARS-CoV-2 molecular test from 34 weeks gestation was negative, the authors estimate the mother's infection to have been acquired close to delivery. At 37 + 0 weeks gestation, her partner reported mild symptoms and tested positive for SARS-CoV-2 via nasopharyngeal swab. The pregnant woman was therefore tested and returned positive for SARS-CoV-2 at 37 + 4 weeks gestation. At delivery (38 +5 weeks gestation), the mother still tested positive for SARS-CoV-2 infection and negative for IgG antibodies. She was masked during all contact with the neonate. At 5 and 28 hours of life, the neonate's SARS-CoV-2 test was positive, and all vital signs stayed in the normal range. The mother and neonate were both discharged home 3 days post-delivery. At 23 days of life, the neonate's SARS-CoV-2 molecular test was negative, and a test of IgM + IgA and IgG antibodies was positive. About 6 weeks after delivery, the mother's test of IgG antibodies was also positive, though the results of her IgM + IgA antibody test was indeterminate. Due to the nature of the neonate's early positive SARS-CoV-2 detection, the authors deem this a likely case of vertical transmission between an asymptomatic mother and her asymptomatic neonate. However, intrapartum transmission could also be possible. Screening of all	The authors describe the vertical transmission of SARS-CoV-2 between an asymptomatic mother and her neonate in Spain. The mother was positive for SARS-CoV-2 infection 8 days before delivery and at delivery, and the neonate tested positive for infection at 5 and 23 hours of life. Both mother and neonate were asymptomatic and discharged 3 days post-delivery, and both had IgG antibodies weeks after infection.	Carbayo-Jiménez T, Carrasco-Colom J, Epalza C, et al. Severe Acute Respiratory Syndrome Coronavirus 2 Vertical Transmission from an Asymptomatic Mother. <i>Pediatr Infect Dis J.</i> 2021;40(3):e115-e117. doi:10.1097/INF.0000000000003028

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					asymptomatic pregnant women for SARS-CoV-2 is thus essential to managing maternal and neonatal health.		
lockdown; COVID-19; habits; physical activity; sedentary behavior	13-Feb-21	How Did the COVID-19 Confinement Period Affect Our Physical Activity Level and Sedentary Behaviors? Methodology and First Results From the French National ONAPS Survey [Free Access to Abstract Only]	Journal of Physical Activity and Health	Original Research	The French National Observatory for Physical Activity and Sedentary Behaviors conducted a national survey to evaluate the potential effects of COVID-19-related confinement on the French population's physical activity (PA) levels and sedentary behaviors. Three different questionnaires investigating 3 subgroup populations were included in the survey: (1) children (6-10 years), (2) adolescents (11-17 years), and (3) adults. A total of 22,895 questionnaires were completed, with 1588 answers from children, 4903 from adolescents, 15,226 from adults, and 1178 from seniors. The results showed that 42% of children, 58.7% of adolescents, 36.4% of adults, and 39.2% of older people had reduced physical activity levels. Children who reported doing <2 hours or >5 hours 30 minutes of PA per week before the lockdown increased this practice time during the confinement period. Conversely, the proportion of children who practiced between 2 hours and 5 hours 30 minutes of PA per week reduced their practice during confinement. In general, 42.0% of children significantly decreased their level of PA (-0.13 hrs/wk; p<0.001), while it remained stable in 21.3% and increased in 36.7%. Sitting time and screen time significantly increased by 0.14 and 1.1 hours/day respectively (p<0.001 for both) in 36.3% and 62.0% of children and in 25.5% and 69.0% in adolescents. These findings, strengthened by the results of similar surveys in other countries, suggest that the public should be informed and encouraged to maintain and improve their physical activities and change their sedentary time habits during post-confinement and future pandemic-related lockdowns.	This study examined the effects of COVID-19-related confinement on the French population's physical activity (PA) levels and sedentary behaviors in children, adolescents, and adults. The results showed that 42% of children, 58.7% of adolescents, 36.4% of adults, and 39.2% of older people had reduced physical activity levels. These findings suggest that the public should be informed and encouraged to maintain and improve their physical activities and change their sedentary time habits during post-confinement and future pandemic-related lockdowns.	Genin PM, Lambert C, Larras B, et al. How Did the COVID-19 Confinement Period Affect Our Physical Activity Level and Sedentary Behaviors? Methodology and First Results From the French National ONAPS Survey. <i>J Phys Act Health</i> . 2021;18(3):296-303. Published 2021 Feb 13. doi:10.1123/jpah.2020-0449
COVID-19; children; PICU; India	13-Feb-21	Clinical Profile, Hospital Course and Outcome of Children with COVID-19	Indian Journal of Pediatrics	Article	This cross-sectional descriptive study assessed the epidemiological and clinical characteristics and outcome of hospitalized children with COVID-19 at a tertiary care referral center hospital in North India during the initial phase of the pandemic. Children aged <14 years who tested positive for SARS-CoV-2 by RT-PCR from nasopharyngeal swab between 1 April-15 July 2020 were included. Of 31 children with median (IQR) age of 33 (9-96) months, 52% were male. About 74% (n=23) had history of household contact. Comorbidities were noted in n=6 (19%) children. 58% were asymptomatic. Of 13 symptomatic children, median (IQR) duration of symptoms was 2 (1-5.5) days. Fever (32%) was most common, followed by cough (19%), rapid breathing (13%), diarrhea (10%) and vomiting (10%). Severe (n=4, 13%) and critical (n=1, 3%) illnesses were noted more commonly in infants with comorbidities. 3 (10%) children required pediatric ICU admission and invasive ventilation; 1 died. Median (IQR) length of hospital stay was 15 (11-20) days. Follow up RT-PCR before discharge was performed in 17 children, and the median (IQR) duration to RT-PCR negativity was 16 (12-19) days. The findings indicate that in the early pandemic, most children with COVID-19 had a household contact and presented with asymptomatic or mild illness. Severe and	This cross-sectional descriptive study assessed the epidemiological and clinical characteristics and outcome of hospitalized children with COVID-19 at a tertiary care referral center hospital in North India during the initial phase of the pandemic. The findings indicate that in the early pandemic, most children with COVID-19 had a household contact and presented with asymptomatic or mild illness. Severe and critical illness were observed in young infants and those with comorbidities.	Nallasamy K, Angurana SK, Jayashree M, et al. Clinical Profile, Hospital Course and Outcome of Children with COVID-19. <i>Indian J Pediatr</i> . 2021;1-6. doi:10.1007/s12098-020-03572-w.

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					critical illness were observed in young infants and those with comorbidities.		
systematic review; meta-analysis; pediatric COVID-19; symptoms; imaging	13-Feb-21	Epidemiological features of coronavirus disease 2019 in children: a meta-analysis	European Review for Medical and Pharmacological Sciences	Meta-analysis	To determine the clinical manifestations of COVID-19 in children and their incidence, this systematic review and meta-analysis analyzed 2,742 articles, ultimately selecting 71 articles (n=11,671 children) from January 31 - October 20, 2020. High-quality articles were selected for analysis based on a quality standard score. A meta-analysis of random effects was used to determine the prevalence of comorbidities and subgroup meta-analysis to examine the changes in the estimated prevalence in different subgroups. The incidence of fever, respiratory symptoms, gastro-intestinal symptoms, asymptomatic patients, nervous system symptoms, and chest tightness was 55.8%, 56.8%, 14.4%, 21.1%, 6.7%, and 6.1%, respectively. The incidence of MIS-C was 6.2%. Laboratory examination results showed that lymphocytes decreased in 12% and leukocytes decreased in 8.8% of patients, whereas white blood cells increased in 7.8% of patients. Imaging showed abnormalities in 66.5%, and ground-glass opacities were observed in 36.9% patients. Epidemiological history [not defined] was present in 85.2% cases; severe disease rate was 3.33%. The mortality rate was 0.28%. The authors conclude that the clinical symptoms of COVID-19 in children are mild and laboratory indicators and imaging manifestations are atypical. While screening children for COVID-19, in addition to assessing patients for symptoms as the first step of screening, the epidemiological history of patients should be obtained. Furthermore, suspected patients should not be immediately excluded based on normal peripheral white blood cells and lymphocyte counts or normal imaging findings.	This systematic review and meta-analysis estimated the incidence of the clinical manifestations of COVID-19 in children. Based on their results, the authors conclude that screening children for COVID-19 should involve obtaining epidemiological history and suspected patients should not be immediately excluded based on normal white blood cell count, lymphocyte count, or imaging findings.	Wang JG, Zhong ZJ, Mo YF, Wang LC, Chen R. Epidemiological features of coronavirus disease 2019 in children: a meta-analysis. Eur Rev Med Pharmacol Sci. 2021;25(2):1146-1157. doi:10.26355/eurrev_2021_01_24685
Adolescents; COVID-19; Children; Housing; Lockdown; Physical activity; Screen time; Sedentary behaviors	13-Feb-21	Effect of the COVID-19 lockdown on physical activity and sedentary behaviors in French children and adolescents: New results from the ONAPS national survey	European Journal of Integrative Medicine	Original Research	This cross-sectional study investigated how the COVID-19 lockdown affected behaviors of children and adolescents in France. 6491 children (age range: 6-10 years) and adolescents (age range: 11-17 years) took an online survey between April 1 - May 6, 2020. 42.0% of children and 58.7% of adolescents reported a decrease in physical activity during the lockdown, with the largest decrease of 59.7% observed among adolescent girls (p<0.001). This decrease was reported in all participants, regardless of age or self-description as either "active" or "inactive" before the COVID-19 pandemic (p<0.001). Urban location for both age groups (p<0.001) and lack of outdoor access for children (p<0.001) were associated with decreased activity. No participants who identified as inactive before lockdown reported an increase in physical activity. Participants that previously stayed below maximum sitting time recommendations per day reported an increase in sitting time during lockdown (p<0.001), as opposed to no change reported from children and adolescents that already exceeded recommended time (p<0.001). In addition, 62.0% of children and 68.9% of adolescents reported an increase in screen time during the pandemic. The researchers conclude that their results	This cross-sectional study in France reported decreases in physical activity among children and adolescents that lived in urban areas or lacked access to outdoor facilities, regardless of whether they were active or inactive before the COVID-19 pandemic. The researchers conclude that their results display a need to improve access to outdoor facilities in urban areas for children and adolescents.	Chambonniere C, Lambert C, Fearnbach N, et al. Effect of the COVID-19 lockdown on physical activity and sedentary behaviors in French children and adolescents: New results from the ONAPS national survey. Eur J Integr Med. 2021 Apr;43:101308. doi: 10.1016/j.eujim.2021.101308.

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					display a need to improve access to outdoor facilities in urban areas for children and adolescents.		
obesity, BMI, pregnancy outcome for mother and child, depression, COVID-19 pandemic	13-Feb-21	Effect of Excessive Body Weight and Emotional Disorders on the Course of Pregnancy and Well-Being of a Newborn before and during COVID-19 Pandemic	Journal of Clinical Medicine	Original Research	This cross-sectional study evaluated how the COVID-19 pandemic mediated the effect of body weight on maternal depression and wellbeing in Poland. Researchers analyzed the medical histories of women (n=280; mean age = 32.5 years [no range given]), half of whom had become pregnant before the COVID-19 pandemic, and half of whom had become pregnant during the pandemic. [Study dates not given.] They analyzed depression questionnaires administered at week 10-13 and week 32 of gestation. Higher BMI pre-pregnancy correlated with severity of depression among both conception date groups (p<0.001). Participants at weeks 10-13 had higher depression scores than those in week 32 (p<0.001), and 10-13-week depression scores increased during the COVID-19 pandemic in: normal weight (p<0.001), overweight (p<0.001), and class 2 obesity (p=0.015) groups. Depression severity at 32 weeks increased during the pandemic in normal and overweight groups (both p<0.001). Depression and pre-pregnancy BMI both correlated negatively with gestational age at delivery and fetal weight. Pre-pregnancy BMI and the severity of depression at 32 weeks' gestation were independent factors that reduced newborn weight. Odds of pregnancy complications were higher among those with high pre-pregnancy BMI and those with more severe depression; however, this did not change significantly from before the COVID-19 pandemic began. The researchers advise that special attention be paid to overweight and obese pregnant women, as they may be at higher risk of maternal depression.	This cross-sectional study in Poland found that symptoms of depression among overweight and obese pregnant women increased during the COVID-19 pandemic, which negatively affected gestational age at delivery and neonatal weight.	Wdowiak A, Makara-Studzinska M, Raczkiewicz D et al. Effect of Excessive Body Weight and Emotional Disorders on the Course of Pregnancy and Well-Being of a Newborn before and during COVID-19 Pandemic. J Clin Med. 2021 Feb 9;10(4):656. doi: 10.3390/jcm10040656.
COVID-19; Children; Dental emergency; Aerosol; Management	13-Feb-21	Pediatric dental emergency management and parental treatment preferences during COVID-19 pandemic as compared to 2019	Saudi Journal of Biological Sciences	Original Article	This retrospective study investigated the management of pediatric emergencies during COVID-19 lockdown and the trends in parental preferences from March to July in 2019 and 2020, in South India. Pediatric dental emergencies and procedures during the pandemic were categorized (emergency, restorative, preventive, elective) and trends in parental treatment preference were compared from March-July 2019/2020. During the pandemic lockdown, 1081 pediatric cases (mean age of 8.8 ± 4.03 years; 49.7% males) were treated from March - July 2020; whereas in 2019, a total of 7462 children were treated (mean age 7.4 ± 4.1 years; 52.8% males). A total of 1509 procedures were performed during 2020, of which 20.8% were emergency, 42% restorative, 24.4% preventive, 12.6% elective. In 2019, 9,689 procedures were performed, and except for emergency (10.6%), other procedures were comparable to 2020. However, the proportion of cases managed as emergency was higher in 2020 as compared to 2019 but this was not statistically significant (P > 0.05). None of the residents, who practiced proper universal precautions while performing aerosol procedures were infected with SARS-CoV-2 during the lockdown. The authors advocate for dentists to address continued pediatric dental needs during the COVID-19 pandemic with	This retrospective study investigated the management of pediatric emergencies during COVID-19 lockdown and the trends in parental preferences from March to July in 2019 and 2020, in South India. While there were fewer procedures overall, the proportion of emergency cases was higher in 2020 as compared to 2019 (P > 0.05).	Samuel SR, Mathew MG, Suresh SG, et al. Pediatric dental emergency management and parental treatment preferences during COVID-19 pandemic as compared to 2019 [published online, 2021 Feb 13]. Saudi J Biol Sci. 2021;10.1016/j.sjbs.2021.02.002. doi:10.1016/j.sjbs.2021.02.002

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					appropriate clinical care and PPE to provide safe pediatric dentistry as performed during the pre-pandemic era.		
COVID-19; infant; fever; severe	13-Feb-21	Fever Without a Source in an Infant Due to Severe Acute Respiratory Syndrome Coronavirus-2	Journal of the Pediatric Infectious Diseases Society	Case Report	The authors describe the case of a 5-week-old female patient admitted to a hospital for fever without a source and somnolence without respiratory distress who subsequently tested positive for SARS-CoV-2 in the United States in March 2020. The patient had known sick contacts, including a parent who co-presented to the emergency department for 5 days of fever, myalgia, cough, and inability to taste and smell. The infant had a normal respiratory rate and effort, clear lungs, and a complete blood count revealed leukopenia, lymphopenia, neutropenia, normocytic anemia, and normal platelets. The patient was not initially tested for SARS-CoV-2 infection due to a lack of respiratory symptoms but was later tested after her parent's test returned positive. After her positive SARS-CoV-2 result, the patient was administered acetaminophen and continued to breastfeed while the mother wore a mask. The infant had a mild clinical course, with fever resolution within about 30 hours of hospitalization. The infant was observed to have an intermittent dry cough while crying but had no increased work of breathing or respiratory distress and did not require supplemental oxygen. She was discharged on hospital day 3 with a plan for the family to isolate for 7 days from onset of symptoms or until they were symptom-free for 3 days. The authors believe that COVID-19 should be considered in the differential diagnosis for an infant who presents with fever without a source.	The authors describe the case of a 5-week-old female admitted to a hospital for fever without a source and somnolence without respiratory distress who subsequently tested positive for SARS-CoV-2 in the United States in March 2020. The infant had a mild clinical course, with fever resolution within about 30 hours of hospitalization. The authors suggest that COVID-19 should be considered in the differential diagnosis for an infant who presents with fever without a source.	Kan MJ, Grant LMC, Muña MA, Greenhow TL. Fever Without a Source in an Infant Due to Severe Acute Respiratory Syndrome Coronavirus-2. <i>J Pediatric Infect Dis Soc.</i> 2021;10(1):49-51. doi:10.1093/jpids/piaa044
Pregnancy, incarceration, vulnerable populations, health equity, obstetrics, maternal outcomes	13-Feb-21	COVID-19 and pregnancy care for incarcerated women	Case Reports in Women's Health	Editorial	In this editorial, the authors address the vulnerability of incarcerated pregnant women during the COVID-19 pandemic and provide recommendations for improving maternal outcomes. SARS-CoV-2 is highly infectious, therefore prisons, jails, and detention centers that sequester pregnant women in close quarters with limited protective equipment increase the likelihood of infection. In addition, incarcerated pregnant women are likely to have other social determinants of health that increase their medical risk and psychological trauma. The authors advise that these pregnancies be considered high risk and be provided access to prenatal visits, including telehealth visits. In addition, inmates should have access to masks, an emphasis should be placed on social distancing, testing, and quarantine, and they should be offered vaccination when doses become available. Finally, incarceration is a particularly stressful time for a pregnant woman and contributing to this burden are the unknowns of pregnancy and a major pandemic. Access to mental health providers could be improved with telemedicine, and incarcerated women should receive education and counseling regarding their reproductive rights and pregnancies. The authors conclude that healthcare providers, prison facilities, and the government and lawmakers, need to work closely together to find solutions to improve care for this vulnerable population.	In this editorial, the authors discuss the vulnerability of incarcerated pregnant women during the COVID-19 pandemic, given the close living quarters, lack of protective equipment, and likelihood of comorbid social determinants of health. They recommend increasing access to prenatal care through telehealth, prioritizing protective measures such as masks and social distancing, and increasing mental health services to improve their care and maternal outcomes.	Hutchinson-Colas J, Sachdev D. COVID-19 and pregnancy care for incarcerated women. <i>Case Rep Womens Health.</i> 2021; https://doi.org/10.1016/j.crw.2021.e00296

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emergency department attendance; COVID-19; pandemic; circuit breaker	14-Feb-21	Decrease in emergency department attendances during COVID-19 especially in school-going children	Annals of the Academy of Medicine, Singapore	Letter to the Editor	In this letter to the editor, the authors report on a retrospective study conducted in Singapore to determine emergency department (ED) use during 4 phases of the COVID-19 pandemic: before the COVID-19 pandemic (July 1- December 31, 2019), initial pandemic (January 1- April 6, 2020), circuit breaker (the term used by Singapore of stricter social distancing measures including the closure of most workplaces and schools) (April 7- June 1, 2020), after-circuit breaker (June 2-30, 2020). The authors report that the median daily attendance at the ED was highest during the initial phase of the pandemic (309, IQR 282-335) and lowest during the circuit breaker (237, IQR 214-251), with lower than pre-pandemic levels during the after-circuit breaker period. However, only the number of ED visits for paediatric patients (<16 years old) showed a significant decline. Before the COVID-19 pandemic there were 4877 paediatric visits (8.9%) which dropped to 336 (2.6%) during the circuit breaker and only 206 (2.9%) after the circuit breaker. The ED also had higher numbers of self-referrals (vs. primary care referral) and use of emergency medical services (EMS). Trauma cases dropped during the pandemic, while upper respiratory tract infections (URTI) were the top diagnosis before and during the pandemic, although the number of URTI doubled during the pandemic. During the pandemic, admissions and mortality were also higher, with a mortality rate of 0.3% before and 0.4% during the COVID-19 pandemic. The authors state that in the early phase of the COVID-19 pandemic, SARS-CoV-2 testing was limited to the ED setting, and the Ministry of Health established EMS services for those suspected of SARS-CoV-2. Finally, the authors note that ED attendance is a complex interplay of control measures to limit the spread of COVID-19 during the pandemic and other healthcare measures implemented.	In this letter to the editor, the authors report a retrospective study conducted in Singapore to determine emergency department (ED) use during 4 phases of the COVID-19 pandemic. The number of ED visits for paediatric patients (<16 years old) showed a significant decline during the pandemic.	Ang HHE, Omar E, Pek JH. Decrease in emergency department attendances during COVID-19 especially in school-going children. <i>Ann Acad Med Singap.</i> 2021;50(2):184-187. doi:10.47102/annals-acadmedsg.2020454
Children, MIS-C, pediatrics, anti-coagulation, prophylaxis	14-Feb-21	Prophylactic anticoagulation: comment on the American College of Rheumatology Guidance for Management of Multisystem Inflammatory Syndrome in Children [Free Access to Abstract Only]	Arthritis and Rheumatology	Letter to the Editor	In this letter to the editor, the authors respond to the American College of Rheumatology guidance for management of pediatric patients with MIS-C (published December 2020). The guidance states that anti-coagulation is advised only in patients with coronary artery aneurysm (z-score > 10.0) and should be considered in patients with moderate or severe left ventricular dysfunction (Ejection Fraction < 35%). The authors feel this statement does not take into account significant abnormalities in coagulation observed in patients with MIS-C. In the authors' institution (University Children's Hospital Ljubljana) in Slovenia, a cohort of 21 pediatric patients [ages not provided] with MIS-C were followed and all patients had elevated D-dimer at admission. Prophylactic anti-coagulation with low molecular weight heparin (LMWH) was initiated in 6/21 (76.2 %) patients and the level of D-dimer normalized after an average of 7.8 days (1 – 25 days) after starting treatment. There were no notable complications. The authors conclude that the statement on anti-coagulation therapy in MIS-C patients should be revised. They propose to use prophylactic	The authors respond to the American College of Radiology guidance for management of pediatric patients with MIS-C, stating their disagreement with the guidance on anti-coagulation. The authors recommend that all children with MIS-C receive anti-coagulation prophylaxis with low molecular weight heparin in the absence of contra-indications.	Faganel Kotnik B, Zajc Avramovič M, Kitanovski L, Avčin T. Prophylactic anticoagulation: comment on the American College of Rheumatology Guidance for Management of Multisystem Inflammatory Syndrome in Children. <i>Arthritis Rheumatol.</i> 2021; doi:10.1002/art.41690

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					anti-coagulation with LMWH in all children with MIS-C in the absence of contra-indications until recovery.		
COVID-19, children, young adults, RSV, influenza	13-Feb-21	Collateral impact of COVID-19: Why should children continue to suffer?	Journal of Medical Systems	Short Communication	This article summarizes the detrimental collateral effects of SARS-CoV-2 infection on children. While COVID-19 is rare in children and young people, MIS-C has resulted in ICU stays for some patients. Compared to 2019, 2020 showed a significant reduction in peak incidence of respiratory viral infection hospitalizations (including respiratory syncytial virus (RSV) and influenza) among young people and children. The authors report that in 2020, worldwide reduction in peak incidence of both viruses was so great that hospitalizations for RSV and influenza became very rare. It is likely that the increased public health measures (such as hand washing, social distance, and mask wearing) have aided in reducing viral transmission, but the authors question whether such measures are sustainable long-term, namely because of the negative effects of social isolation on children's mental health. Children are at greater risk of household abuse during COVID-19 lockdowns, and have decreased access to external support such as education, social, and health services. The authors urge increasing vaccine trials in children and young people in order to increase the welfare of this population.	This article outlines collateral effects of the COVID-19 pandemic on children and young adults. Namely, the authors focus on the overall reduction in hospitalizations for other respiratory viruses, the lack of access to social services, and the absence of an effective vaccine for this group.	Nagakumar P, Chadwick CL, Bush A, et al. Collateral impact of COVID-19: why should children continue to suffer? Eur J Pediatr. 2021. doi:10.1007/s00431-021-03963-x
COVID-19, children, asthma	13-Feb-21	What are the considerations for treating pediatric asthma during the COVID-19 pandemic?	Expert Opinion on Pharmacotherapy	Editorial	This article outlines some considerations for providers treating asthma during the COVID-19 pandemic. Although asthma is a known risk factor for severe COVID-19 among adults, few studies have shown asthma as a risk factor in children. However, underlying respiratory conditions have been reported in patients with MIS-C, suggesting a link that is yet to be understood. It is also known that children with type 2 asthma have increased ACE2 expression, which is known to increase viral infection. While initial workup of a child with suspected asthma might closely resemble COVID-19, wheezing is a consistent asthma sign absent in COVID-19. However, providers should screen for COVID-19 in all children with worsening cough or shortness of breath. There is no data to support suspending the use of asthma medication, so children should continue taking their medication as prescribed. Similarly, although the authors state that oral corticosteroid use has not been associated with decreased mortality in pediatric COVID-19 patients, their use should not be delayed if patients present with clinical asthmatic indications. The authors assert that future studies should focus on characterizing the immuno-pathology of COVID-19-related asthma exacerbation in children to determine the optimum approaches to managing these patients.	This article outlines considerations for providers when treating children with asthma during the COVID-19 pandemic. Although there is scant evidence, respiratory issues appear common in children who develop MIS-C. The authors outline guidance for screening patients who might have asthma, and urge asthmatic patients to continue their medication as prescribed.	Licari A, Marseglia GL. What are the considerations for treating pediatric asthma during the COVID-19 pandemic? Expert Opin Pharmacother. 2021;1-3. doi:10.1080/14656566.2021.1883586
SARS-CoV-2; COVID-19; children; neonates; adolescents; Africa	13-Feb-21	The critical need for pooled data on COVID-19 in African children: An AFREhealth call for action through	Clinical Infectious Diseases	Article	The African Forum for Research and Education in Health (AFREhealth) COVID-19 research collaboration is conducting studies across Africa to address knowledge gaps in epidemiology, clinical manifestations, and outcomes of SARS-CoV-2 infection among children and adolescents (0-19 years old). Knowledge gaps exist globally for COVID-19 and children. The need for data specific to sub-Saharan	The African Forum for Research and Education in Health (AFREhealth) COVID-19 research collaboration is conducting studies across Africa to address knowledge gaps of SARS-CoV-2	Sam-Agudu NA, Rabie H, Pipo MT, et al. The Critical Need for Pooled Data on COVID-19 in African Children: An AFREhealth Call for Action through

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		multi-country research collaboration			Africa (SSA) and the additional challenges of food insecurity and the high prevalence of communicable disease may play a role in the SARS-CoV-2 experience in SSA. AFREhealth has prioritized pregnant women and neonates for studies in SSA. Health information systems (HIS) are part of an effective healthcare system, and the lack of a HIS is well known in SSA. There is also a lack of public health data on pediatric COVID-19 in SSA. Furthermore, pediatric-specific data for public health use should be age-disaggregated for usefulness in all settings. The authors include specific areas of interest with key research questions articulated for future studies by AFREhealth (Table 1).	infection among children and adolescents (0-19 years old).	Multi-Country Research Collaboration [published online ahead of print, 2021 Feb 13]. <i>Clin Infect Dis</i> . 2021;ciab142. doi:10.1093/cid/ciab142
COVID-19; SARS; breastfeeding; coronavirus; diarrhea; milk	13-Feb-21	Breastfeeding importance and its therapeutic potential against SARS-CoV-2	Physiological Reports	Short Review	This review discusses the effects of SARS-CoV-2 on the gastro-intestinal (GI) and respiratory tracts of infants, the benefits of breastfeeding to infant health, and gut responses to breastfeeding interruption to inform breastfeeding recommendations for mothers with SARS-CoV-2. During postnatal development, protein components and bioactive molecules in colostrum and breastmilk offer protection and immunostimulatory function to the gut. The authors summarize the main bioactive molecules present in human breastmilk (mucin, lactalbumin, lactadherin, casein, immunoglobulins, lactoferrin, and amino acids), their quantities, and their associated benefits to infant health. These benefits include immune system modulation, mucosal barrier protection, antimicrobial and antiparasitic action, microbial homeostasis, tissue maturation, and anti-inflammatory action. Consequently, breastfeeding is associated with decreased GI inflammation and respiratory diseases in infants. Furthermore, gastro-intestinal manifestations of COVID-19 are 2.5x more common in children than in adults. 8% of infants <1 year old have severe complications of COVID-19, and those that do often present with respiratory and GI symptoms. Since anti-SARS-CoV-2 antibodies are present in the breastmilk of SARS-CoV-2 infected mothers, the authors suggest breastfeeding may have the therapeutic potential to protect infants against COVID-19 in addition to relieving GI and respiratory symptoms; however, it is still unknown whether these antibodies can neutralize SARS-CoV-2. The authors caution that maternal separation within the first days of life can have negative consequences for infant development, immunity, and behavior. In light of these findings and the lack of data reporting the presence of SARS-CoV-2 in breast milk samples, the authors agree with WHO recommendations to maintain breastfeeding in the event of maternal SARS-CoV-2 infection.	After reviewing the effects of SARS-CoV-2 in the gastro-intestinal (GI) and respiratory tracts in infants, the benefits of breastfeeding to neonatal health, and gut responses to breastfeeding interruption, the authors recommend mothers with SARS-CoV-2 infection continue breastfeeding their infants.	Vasques da Costa A, Purcell Goes C, Gama P. Breastfeeding importance and its therapeutic potential against SARS-CoV-2. <i>Physiol Rep</i> . 2021;9(3):e14744. doi:10.14814/phy2.14744
breast; case study; COVID-19; SARS-CoV-2; breastfeeding	13-Feb-21	A Case Study Supporting Lack of SARS-CoV-2 Spread to a 3-Month Old Infant	Journal of Hyman Lactation	Case Study	The authors describe a case to highlight the course of a SARS-CoV-2-positive mother who breastfed her infant until confirmed infection in China. A 33-year-old woman gave birth to a full-term male infant on November 8, 2019. Since birth, she had been exclusively breastfeeding the infant until she was confirmed with the SARS-CoV-2 infection on February 8, 2020, via anal swab (all throat swab samples	The authors describe the case of a 33-year-old mother who had been breastfeeding her infant since his birth in November 2019 until February 2020, when she tested positive for SARS-	Liu W, Liu Y, Liu Z, et al. A Case Study Supporting Lack of SARS-CoV-2 Spread to a 3-Month Old Infant Through Exclusive Breastfeeding. <i>J Hum Lact</i> .

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		Through Exclusive Breastfeeding			reported negative results). She was hospitalized, isolated from her infant, and stopped breastfeeding. Even though she remained asymptomatic, her milk was expressed using a breast pump and discarded. The mother's milk sample was collected on February 9, 2020, and the result of the nucleic acid test for the presence of SARS-CoV-2 was negative. Her infant was asymptomatic and remained negative for SARS-CoV-2. Her laboratory findings and chest CT imaging were normal. She was treated according to the national protocol with aerosolized interferon $\alpha 2\beta$, lopinavir/ritonavir, and ribavirin. Her serum SARS-CoV-2 specific antibodies (IgG and IgM) tested positive when discharged. The patient returned to breastfeeding after discharge. This case provides some evidence that infant breastfeeding may be less of a risk among SARS-CoV-2-positive mothers than previously anticipated, though more research is still required to understand this better.	CoV-2 infection. She remained asymptomatic, her breast milk did not contain SARS-CoV-2, and she returned to breastfeeding after testing positive for serum IgG and IgM SARS-CoV-2 antibodies. Breastfeeding may thus not pose a risk of SARS-CoV-2 spread to infants.	2021;890334421991072. doi:10.1177/0890334421991072
innate mucosal barrier, immunological response, pediatric, children, SARS-CoV-2, COVID-19	13-Feb-21	Natural Mucosal Barriers and COVID-19 in Children	medRxiv	Preprint (not peer-reviewed)	The authors investigated whether children have a more robust early innate immune response to SARS-CoV-2, which may protect against severe COVID-19. They compared the clinical outcomes, viral copies, and cellular gene/protein expression in nasopharyngeal swabs from 12 children (mean age: 6.54 \pm 5.16 years) and 27 adults (mean age 53.30 \pm 22.73 years) upon their presentation to an emergency department in the United States in 2020. Although the SARS-CoV-2 viral copy number was similar between both groups, multiple clinical outcomes were better in children. Adults were more likely to be admitted to the hospital (81%vs42%, p=0.02), had higher C-reactive protein(10.48 \pm 7.19 vs 6.03 \pm 10.48 mg/dl, p<0.0001) and D-dimer(2.38 \pm 3.42 vs 0.81 \pm 0.59 μ g/ml, p<0.0001)at admission, and if hospitalized, had a longer length of stay(10.36 \pm 10.85 vs 3.0 \pm 1.73 days, p<0.0001) than children. Children had higher expression of genes associated with innate pathways such as interferon- γ (p=0.006) signaling and NLRP3 inflammasome (p=0.03) compared with adults. Higher levels of IFN- $\alpha 2$, IFN- γ , IP-10, IL-8, and IL-1 β were also found in the nasal fluid of children versus adults. Notably, the expression of ACE2 trended towards being higher in the pediatric samples (p=0.053). These findings suggest that a vigorous mucosal immune response in children compared to adults contributes to favorable clinical outcomes.	The authors show evidence of a more robust mucosal immune response to SARS-CoV-2 in children versus adults by comparing clinical outcomes, viral copies, and cellular gene/protein expression in nasopharyngeal swabs of children and adults. Children had higher expression of genes associated with innate pathways and higher levels of immune mediators, suggesting that a vigorous mucosal immune response in children compared to adults contributes to favorable clinical outcomes.	Pierce CA, Sy S, Gale B, et al. Natural Mucosal Barriers and COVID-19 in Children.(2021) Medrxiv. doi.org/10.1101/2021.02.12.21251310doi: https://doi.org/10.1101/2021.02.12.21251310
COVID-19; pregnancy; severe pneumonia; cholecystitis; United States	12-Feb-21	Expectant Management of Severe COVID-19 Pneumonia in Late Preterm Pregnancy and Subsequent Cholecystitis: Lessons Learned	American Journal of Perinatology Reports	Case Report	The authors report a case of a patient in the late third trimester of pregnancy in the United States that presented with severe SARS-CoV-2 infection and was managed expectantly through her disease course, with respiratory improvement without necessitating delivery [date not specified]. The 16-year-old female (35 weeks and 1 day gestation) was transferred to a tertiary care center in the setting of acute hypoxemic respiratory failure from COVID-19 pneumonia, after presenting with 2-day history of fever, myalgia, shortness of breath, and dry cough. Her symptoms worsened the following day with tachypnea and oxygen desaturation. She tested positive for SARS-	The authors report a case of a patient in the late third trimester of pregnancy in the United States that presented with severe SARS-CoV-2 infection and was managed expectantly through her disease course, with respiratory improvement without necessitating delivery. This case	Mokhtari NB, Drassinower D, Orr LA, et al. Expectant Management of Severe COVID-19 Pneumonia in Late Preterm Pregnancy and Subsequent Cholecystitis: Lessons Learned. AJP Rep. 2021;11(1):e29-e33.

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					CoV-2 on RT-PCR, and chest radiograph revealed bilateral infiltrates with a dense consolidation in the right lower lobe. Planned delivery was considered to potentially improve her respiratory condition. However, the multi-disciplinary medical team agreed to monitor her and the fetus closely, and outlined a plan for delivery if her respiratory status worsened. The patient also developed cholecystitis during her hospitalization that may represent another clinical association with SARS-CoV-2 infection. After her condition improved with IV antibiotics, she was discharged on day 13. The patient had an uncomplicated spontaneous vaginal delivery at 40 weeks and 2 days of gestation, and the neonate tested negative for SARS-CoV-2. This case illustrates that delaying delivery is an option, even in later gestational ages, for maternal stabilization in patients with COVID-19.	illustrates that delaying delivery is an option, even in later gestational ages, for maternal stabilization in patients with COVID-19.	doi:10.1055/s-0040-1721672.
COVID-19, SARS-CoV-2, Children, Adolescents	12-Feb-21	Noncommunicable Diseases, Sociodemographic Vulnerability, and the Risk of Mortality in Hospitalized Children and Adolescents with COVID-19 in Brazil: A Syndemic in Play	medRxiv	Preprint (not peer-reviewed)	This observational study aimed to study comorbidities and socio-economic vulnerabilities as risk factors and their impact on SARS-CoV-2 mortality in Brazilian children and adolescents. The study used publicly available data from the Brazilian Ministry of Health. The results included 5,857 patients <20 years of age, all of whom were hospitalized with laboratory-confirmed SARS-CoV-2. The results showed that individually, most of the comorbidities studied (i.e., asthma (7.8%), immunosuppression (5.4%), neurological conditions (5.1%)) were risk factors for COVID-19 mortality. Having more than one comorbidity increased the risk of mortality almost ten-fold (OR 9.67, 95% CI: 6.89-13.57). Compared to White children, Indigenous (p<0.001), Pardo (mixed; p=0.018), and East Asian (p=0.061) children <10 years of age had a significantly higher risk of mortality. There was also a higher risk of mortality based on region (highest risk in the Northern region), and a socio-economic effect (higher mortality among children from less socio-economically developed municipalities, p<0.001). In conclusion, along with comorbidities, ethnic, regional, and socio-economic effects were noted in shaping the mortality of children hospitalized with SARS-CoV-2 in Brazil.	This observational study aimed to study comorbidities and socio-economic vulnerabilities as risk factors and their impact on SARS-CoV-2 mortality in Brazilian children and adolescents. The study showed that along with comorbidities, ethnic, regional, and socio-economic effects were noted in shaping the mortality of children hospitalized with SARS-CoV-2 in Brazil.	Sousa BLA, Maria Brentani AV, Ribeiro CCC, et al. Noncommunicable diseases, sociodemographic vulnerability, and the risk of mortality in hospitalized children and adolescents with COVID-19 in Brazil: A syndemic in play. 2021. doi: 10.1101/2021.02.11.21251591.
Infant, preterm, follow-up, telehealth, neonate	12-Feb-21	The E-Nurture Project: A Hybrid Virtual Neonatal Follow Up Model for 2021	Children	Review	In this article, the authors discuss their efforts to reform neonatal follow up care. They propose that neonatal follow-up visits be driven by "touchpoints" in child development with extended surveillance in childhood, such as evaluating independence at 18 months and transitions to school at 7-8 years of age, since infants born preterm may experience challenges that emerge after discharge from traditional neonatal follow-up programs. In addition, prior to the COVID-19 pandemic, parents of children enrolled in a clinic in Toronto, Canada received a survey regarding the ideal format for support and resources [N not provided]. The responses called for access to web-based educational content. The COVID-19 pandemic provided a unique opportunity to trial telehealth neonatal follow-up care. The authors observed that neonatal follow-up attendance rate increased from 75% in 2019 to 85–90% in 2020, and the overall volume of visits also increased by 25% in 2020 compared to 2019.	The authors discuss their efforts to reform neonatal follow-up care based on lessons learned before and during the COVID-19 pandemic. A survey of parents in Canada indicated a need for web-based educational content, and the pandemic allowed for evaluation of telehealth services for neonatal follow-up. The authors conclude that a hybrid telehealth model can improve care and services for neonatal follow-up in Canada.	Church PT, Banihani R, Watson J, Chen WTN, Ballantyne M, Asztalos E. The E-Nurture Project: A Hybrid Virtual Neonatal Follow Up Model for 2021. Children (Basel). 2021;8(2):139. Published 2021 Feb 12. doi:10.3390/children8020139

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					Infant surveillance was possible with the video-based tool, Assessment of General Movements. However there were limitations to an entirely telehealth model, for example, the administration of the Bayley Scales of Infant Development was challenging to implement virtually, since parental assessment only provided ~20% of the necessary data. The authors conclude that the COVID-19 pandemic provided an opportunity to improve care and services for neonatal follow-up in Canada moving forward using a hybrid telehealth model.		
MIS-C; childhood; SARS-CoV-2; Kawasaki-like spectrum; India	12-Feb-21	The Multisystem Inflammatory Syndrome of Childhood (MIS-C)	The Indian Journal of Pediatrics	Scientific Letter	In this scientific letter, the authors reported a case series of 15 pediatric patients (mean age: 49.6 months) with Kawasaki-like features admitted at Kerman city Afzalipour Hospital in the southeast of Iran June 1-August 12, 2020. They had a wide array of manifestations such as persistent fever, rash, diarrhea, vomiting, moderate to severe heart failure, shock similar to toxic shock syndrome, and relative delay arthritis. 4 were more violent cases of SARS-CoV-2 infection at the end of the spectrum with MIS-C demonstrations combined with positive PCR and/or anti-SARS-CoV-2 antibody results. These patients were admitted into the pediatric ICU (PICU), and their main symptoms were tachycardia and hypotension. 1 of the 4 had an increasing pro-B-type natriuretic peptide (BNP) $\geq 35,000$ pg/mL but troponin and creatine kinase myocardial band (CPK-MB) tests were in normal ranges. All patients with MIS-C had severe cardiac dysfunction and reduced ejection fraction (mean 20%). They received IV PDE3 inhibitor (milrinone) and IV epinephrine, for an average of 5 days. The electrocardiogram had nonspecific changes such as sinus tachycardia and abnormal ST-T changes. All 15 patients received IVIG 2 g/kg, and all with MIS-C and the 4 in Kawasaki-like spectrum received glucocorticoids. The 4 patients with MIS-C had either moderate to severe heart failure or presented with shock, requiring the vasopressor and resuscitating therapies. The average length of PICU stay was 6 days, and although patients with MIS-C are ill and have heart problems, all 15 patients were discharged in good condition after receiving the appropriate treatment and improving their clinical symptoms.	This scientific letter presents a case series of 15 pediatric patients with Kawasaki-like features admitted at Kerman city Afzalipour Hospital in the southeast of Iran. They had a wide array of manifestations such as persistent fever, rash, diarrhea, vomiting, moderate to severe heart failure, shock similar to toxic shock syndrome, and relative delay arthritis. Although patients with MIS-C are ill and have heart problems, all 15 patients were discharged in good condition after receiving the appropriate treatment and improving their clinical symptoms.	Sinaei R, Hosseininasab A, Jafari M, Eslami S, Parvaresh S. The Multisystem Inflammatory Syndrome of Childhood (MIS-C) [published online ahead of print, 2021 Feb 12]. Indian J Pediatr. 2021;1. doi:10.1007/s12098-020-03617-0
COVID-19; pediatrics; MIS-C; Remestemcel-L therapy; United States	12-Feb-21	Remestemcel-L Therapy for COVID-19-Associated Multisystem Inflammatory Syndrome in Children	Pediatrics	Case Report	The authors present the first 2 patients (4-year-old male and 10-year-old female) with life-threatening MIS-C ever treated with remestemcel-L under an expanded access program in the United States. Both were previously healthy children without any indication of prior SARS-CoV-2 infection or exposure. They presented with severe clinical illness including myocardial dysfunction, hemodynamic instability, hypotension, acute kidney injury, and shock. At the time of hospital admission, both had negative PCR tests and positive serology for SARS-CoV-2. Both children received standard of care MIS-C treatment. Although they showed some clinical improvement, left ventricular ejection fraction remained reduced and inflammatory biomarkers significantly elevated. When treated with 2 IV doses of	The authors present the first 2 pediatric patients with life-threatening MIS-C ever treated with remestemcel-L under an expanded access program in the United States. Neither child experienced adverse effects associated with remestemcel-L administration. This treatment appears promising as a novel immunomodulatory cellular therapy for children with	Ross Eckard A, Borow KM, Mack EH, et al. Remestemcel-L Therapy for COVID-19-Associated Multisystem Inflammatory Syndrome in Children. Pediatrics. 2021:e2020046573. doi:10.1542/peds.2020-046573.

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					remestemcel-L separated by 48 hours, rapid normalization of left ventricular ejection fraction, notable reductions in biomarkers of systemic and cardiac inflammation, and improved clinical status occurred. Neither child experienced adverse effects associated with remestemcel-L administration. This treatment appears promising as a novel immunomodulatory cellular therapy for children with clinically significant cardiovascular manifestations of MIS-C.	clinically significant cardiovascular manifestations of MIS-C.	
COVID-19; obesity; weight gain; children; adolescent; young adult	12-Feb-21	Obesity in Children and Adolescents during COVID-19 Pandemic	Children (Basel)	Review	This review aimed to analyze changes in obesity and weight gain among children (<11 years), adolescents (11-21 years), and young adults (up to 24 years). From a total of 15 eligible articles, 9 identified 17,028,111 children, adolescents, and young adults from 5-25 years old, 5 pertained to studies with unspecified ages (n=20,521), and 1 study included parents with children 5-18 years old (n=584). During the COVID-19 pandemic, children, adolescents and young adults all gained weight. Changes in dietary behaviors, increased food intake, and unhealthy food choices including potatoes, meat, and sugary drinks were noted during the ongoing COVID-19 era. Food insecurity and parental stress associated with financial reasons represented another concern. Moreover, as the restrictions imposed reduced movements out of the house, physical activity was limited, representing another risk factor for weight gain. COVID-19 restrictions disrupted the everyday routine of children, adolescents, and young adults and ignited changes in their eating behaviors and physical activity. School closures also disrupted nutrition assistance programs, such as the National School Lunch Program, which enabled all school children in the United States to receive a nutritious lunch every school day. To protect them, health care providers should highlight the risk of obesity at every pediatric visit and provide prevention strategies, while also ensuring parental participation. Worldwide policies, guidelines, and precautionary measures regarding obesity and food insecurity should ideally also be established.	In this review, the authors aimed to analyze changes in obesity and weight gain among children, adolescents, and young adults. Changes in dietary behaviors, increased food intake, and unhealthy food choices including potatoes, meat, and sugary drinks were noted to contribute to their increased weight gain during the ongoing COVID-19 era. Furthermore, food insecurity and parental stress associated with financial reasons along with limited physical activity represented another concern for risk of obesity.	Stavridou A, Kapsali E, Panagouli E, et al. Obesity in Children and Adolescents during COVID-19 Pandemic. Children (Basel). 2021;8(2):135. Published 2021 Feb 12. doi:10.3390/children8020135
MIS-C; COVID-19; pediatrics	12-Feb-21	Multisystem inflammatory syndrome in children during the COVID-19 pandemic in Turkey: first report from the Eastern Mediterranean	Clinical Rheumatology	Report	The authors aimed to describe the typical clinical and laboratory features and treatment of children diagnosed with multisystem inflammatory syndrome in children (MIS-C) and understand the differences compared to severe/critical pediatric cases with COVID-19 in Turkey. A total of 52 patients diagnosed with MIS-C and/or with severe/critical COVID-19 and admitted to a hospital between March 26 and November 3, 2020, were included in the study. Of the sample size, 22 patients diagnosed with COVID-19 (mean age=12 yrs) with severe/critical disease course and 30 patients diagnosed with MIS-C (mean age=9 yrs) were enrolled. Despite clinical similarities with severe COVID-19 cases, MIS-C cases had longer fever duration and a higher rate of the existence of rash, conjunctival injection, peripheral edema, abdominal pain, altered mental status, and myalgia than in severe cases (p<0.001). White blood cell count and C-reactive protein levels were also found to be independent predictors of disease in	The authors compare the clinical courses of Turkish children with MIS-C versus severe/critical COVID-19 to identify clinical and laboratory features unique to either condition. Despite clinical similarities with severe COVID-19 cases, MIS-C cases had longer fever duration and higher rate of the existence of rash, conjunctival injection, peripheral edema, abdominal pain, altered mental status, and myalgia than in severe cases. These clinical findings can	Ozsurekci Y, Gürlevik S, Kesici S, et al. Multisystem inflammatory syndrome in children during the COVID-19 pandemic in Turkey: first report from the Eastern Mediterranean [published online, 2021 Feb 12] [published correction appears in Clin Rheumatol. 2021 Mar 19;:]. Clin Rheumatol. 2021;1-11. doi:10.1007/s10067-021-05631-9

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					MIS-C cases. Of all cases, 53% of MIS-C cases had evidence of myocardial involvement compared to severe COVID-19 cases (27%). The authors found that corticosteroids with IVIG and biologic immuno-modulatory treatments such as Anakinra seem promising for managing MIS-C cases. These clinical findings are important to accurately diagnosing pediatric patients with MIS-C and COVID-19.	improve pediatric diagnoses of both MIS-C and COVID-19.	
COVID-19, lockdown, anxiety, fear, family functioning, sleep habits, health services	12-Feb-21	Relations between Child and Parent Fears and Changes in Family Functioning Related to COVID-19	International Journal of Environmental Research and Public Health	Original Research	This cross-sectional study in Quebec, Canada investigated parent and child fears about COVID-19. A phone-based survey was administered to 144 parent-and-child pairs (child age range: 9-12 years [no median/mean noted]) between April-May 2020. Parental and child fear levels regarding COVID-19 were correlated with each other ($r = 0.26$, $p = 0.002$). Parents' fears were linked to concerns about: their physical ($r = 0.53$, $p < 0.001$) and mental health ($r = 0.30$, $p < 0.001$), loved ones' physical health ($r = 0.23$, $p = 0.005$), and health service access ($r = 0.25$, $p = 0.003$). Children's fears of COVID-19 were linked to parent-reported child concerns about health service access ($r = 0.21$, $p = 0.001$). Parents' fears were predicted by change in sleep habits ($\beta = 0.24$) and low parental education ($\beta = -0.22$). Parents' concerns about loved ones' mental health were predicted by change in sleep ($\beta = 0.17$) and health service access ($\beta = 0.30$). Parents' concerns about financial resources were predicted by change in family income ($\beta = 0.35$), sleep changes ($\beta = 0.22$), and lower family income before the COVID-19 pandemic ($\beta = -0.22$). Parents' concerns about family difficulties were predicted by change in sleep ($\beta = 0.37$) and change in health service access ($\beta = 0.16$). The researchers note that because their results do not include fears and concerns before the COVID-19 pandemic, this study cannot infer causality.	This cross-sectional study in Quebec, Canada found that parent and child fears about COVID-19 were correlated with each other, and varied based on changes in income, sleep habits, and access to health services.	Suffren S, Dubois-Comtois K, Lemelin JP et al. Relations between Child and Parent Fears and Changes in Family Functioning Related to COVID-19. Int J Environ Res Public Health. 2021 Feb 12;18(4):1786. doi: 10.3390/ijerph18041786.
Israel, pediatric emergency medicine, admission, COVID-19 pandemic	12-Feb-21	Complications of serious acute conditions in children during the COVID-19 pandemic	The American Journal of Emergency Medicine	Original Research	This paper investigates rates of complications of serious acute conditions (CSAC) in pediatric emergency department (PED) patients during the COVID-19 pandemic. A multi-center cross-sectional study was conducted in the PEDs of 11 public hospitals in Israel. Children with CSAC who attended the PED between March 1 and May 31, 2020 ($n=790$) were compared with those who attended the PED between the same dates in 2019 ($n=721$). Cases were identified using International Classification of Diseases. No significant differences were found the number of CSAC patients or the length of patient stay between the two time periods. The two cohorts were similar with regard to age, sex, and triage acuity level. However, there was an overall decrease in PED admissions (40.2%; from 43,860 patients in 2019 to 26,205 in 2020) during the pandemic period [no p-value given]. In summary, study results suggest that the overall CSAC rate was not increased during the first months of the outbreak in Israel. CSAC rate analysis can be used by healthcare organizations to evaluate the impact of the outbreak on pediatric emergency medicine.	This paper investigates rates of complications of serious acute conditions (CSAC) in pediatric emergency department (PED) patients during the COVID-19 pandemic in Israel. While no significant differences were found for number of CSAC patients or length of patient stay, overall admission to PED decreased by 40.2% during the pandemic period. Authors suggest that this information can be used to evaluate the impact of the pandemic on pediatric emergency medicine services.	Jacob R, Weiser G, Padeh G, et al. Complications of serious acute conditions in children during the COVID-19 pandemic. The American Journal of Emergency Medicine. 2021. doi:10.1016/j.ajem.2021.02.042
COVID-19; Infant;	12-Feb-21	Lack of changes in preterm delivery	European Journal of Pediatrics	Original Research	This is a retrospective, Spanish, population-based prevalence proportion study exploring the link between national COVID-19	This was a retrospective, Spanish, population-based	Arnaez J, Ochoa-Sangrador C, Caserio S, et

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Lockdown; Pandemic; Prematurity; Stillbirth, Spain		and stillbirths during COVID-19 lockdown in a European region			lockdown measures and preterm births and stillbirths. It included 13 hospitals with perinatal care in the Castilla-y-León region. Retrospective descriptive datasets starting in January 2015 were linked from the neonatal admission and labor ward registers. 70,024 births (67,512 singletons) from January 1, 2015, to June 21, 2020 were included. There were 4528 premature live births (6.61%, 95% CI 6.42–6.80%) during the entire study period. Adjusted multivariate analyses did not show any difference in proportion of preterm births during the lockdown/de-escalation period (March 15-June 21, 2020) compared to the whole pre-lockdown period (January 1, 2015-March 14, 2020) or to the pre-lockdown comparison periods (March 15-May 3, each year 2015-2019): 6.5% (95% CI 5.6-7.4), 6.6% (95% CI 6.5-6.8), and 6.2% (95% CI 5.7-6.7), respectively. No differences in stillbirth rates among the different study periods were found: 0.33% (95% CI 0.04-0.61) during the lockdown period vs. 0.34% (95% CI 0.22-0.46) during the pre-lockdown comparison periods (2015-2019). Multiple births were at greater risk of prematurity during lockdown than in previous periods: 248/2451 (10.1%) vs. 12/49 (24.5%). The authors conclude that this study offers evidence that no link between prematurity and lockdown, nor between stillbirths and lockdown, exists.	prevalence proportion study exploring the link between national COVID-19 lockdown measures on preterm births and stillbirths. The authors conclude that this study offers evidence that no link between prematurity and lockdown, nor between stillbirths and lockdown, exists.	al. Lack of changes in preterm delivery and stillbirths during COVID-19 lockdown in a European region [published online ahead of print, 2021 Feb 12]. Eur J Pediatr. 2021;1-6. doi:10.1007/s00431-021-03984-6
telehealth; pediatrics; COVID-19; care models; disability; complex conditions	12-Feb-21	Contactless: a new personalized telehealth model in chronic pediatric diseases and disability during the COVID-19 era	Italian Journal of Pediatrics	Original Research	The authors present a model for telehealth care for pediatric (ages not specified) patients with chronic conditions and disabilities and their caregivers. The model was constructed due to the need for contactless care amidst the COVID-19 pandemic. Evidenced-based solutions in the literature were mapped. A needs assessment was conducted, resulting in four levels of multidisciplinary services of incremental complexity for care delivered through video consultations and video training sessions for caregivers. These four levels are incorporated into a decision matrix available in the article with accompanying descriptions of the services offered and the operational planning needed for each level. This model can be used to support a preliminary business plan for care delivery. However, the authors noted that a new reimbursement model is needed to support telehealth delivery, such as value-based care bundles. The authors note the model has implications for reducing the duration of hospital admissions, the overall cost of care, and parental absence from work in the future.	This article describes a new multilevel model for telehealth care delivery for pediatric patients with chronic conditions and disabilities during the COVID-19 pandemic and beyond. The model consists of four levels of multidisciplinary services of incremental complexity delivered through video consultations and video training for caregivers.	Mercuri E, Zampino G, Morsella A, et al. Contactless: a new personalised telehealth model in chronic pediatric diseases and disability during the COVID-19 era. Ital J Pediatr. 2021;47(1):29. Published 2021 Feb 12. doi:10.1186/s13052-021-00975-z
child health; medicaid; COVID-19; social determinants of health; access to care	12-Feb-21	Opportunities to Support Optimal Health for Children in Medicaid Beyond the COVID-19 Pandemic	American Journal of Public Health	Commentary	The authors describe programmatic interventions to decrease the adverse health effects of the COVID-19 pandemic for children in the United States on Medicaid using a social determinants of health lens. The pandemic's impact is described through the social determinants of health (economic stability, social and community context, neighborhood and built environment, education access and quality, and health care access and quality). Opportunities to optimize health for children on Medicaid are noted, including facilitating Medicaid enrollment, responding to increasing social needs through delivery of	This article provides commentary regarding the adverse health effects of the COVID-19 pandemic for children in the United States through the lens of the social determinants of health. The authors describe opportunities to improve health for children on Medicaid and	DePriest K, Hassink S, Tuck K, et al. Opportunities to Support Optimal Health for Children in Medicaid Beyond the COVID-19 Pandemic. Am J Public Health. 2021;111(3):374-377.

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		[Free Access to Preview Only]			social services, and improving access to health care through increased flexibility for coverage and service delivery, vaccine delivery innovation, and data systems innovation. The authors note the role of the COVID-19 pandemic in highlighting inequities in the United States health care system.	the role of the pandemic in highlighting inequities in the United States health care system.	doi:10.2105/AJPH.2020.306113
economic hardship; pregnancy intentions; unwanted pregnancy	12-Feb-21	The Impact of the COVID-19 Pandemic on Economic Security and Pregnancy Intentions among People at Risk of Pregnancy	Contraception	Original Research	This study aimed to understand how the COVID-19 pandemic affected women of reproductive age and their economic conditions, desire for pregnancy, and access to contraceptive services in the United States. From May 16-June 16, 2020, 554 women aged 18-49 years [mean age not given] completed an online survey that asked about the following topics before and during the pandemic: employment status and household income, food security, contraceptive use, and desire to avoid pregnancy. Employment, food security and ability to afford food/transportation/housing were all worse during the pandemic period than the pre-pandemic period (all p<0.01). Black and Hispanic/Latinx women were 4 times more likely than white women to experience inability to afford food, transportation and/or housing during the pandemic (OR=3.92, 95% CI 1.81-8.50) [p-value not given]. The authors report that inability to afford food, transportation, and/or housing was associated with a decrease in desire to be pregnant (p<0.01). Additionally, despite the 25% of participants who reported a decreased desire for pregnancy, 1 in 6 reported difficulty accessing contraceptives, particularly those who experienced reduced income (p<0.01). The authors concluded that it is of utmost importance to create policies that will ensure access to and comprehensive coverage of core sexual and reproductive health services, particularly during a pandemic.	This cross-sectional study aimed to assess how the COVID-19 pandemic affected the economic conditions, desire for pregnancy, and contraceptive access for women of reproductive age in the United States. The authors found that the pandemic caused inequitable economic hardship by race and caused barriers to contraceptive access, and that increased economic hardship was associated with a decrease in desire for pregnancy.	Lin, T. K., Law, R., Beaman, J., et al. (2021). The Impact of the COVID-19 Pandemic on Economic Security and Pregnancy Intentions among People at Risk of Pregnancy. <i>Contraception</i> , S0010-7824(21)00030-5. https://doi.org/10.1016/j.contraception.2021.02.001
SARS-CoV-2; MIS-C; humoral immune response; children;	12-Feb-21	Humoral signatures of protective and pathological SARS-CoV-2 infection in children	Nature Medicine	Original Research	In this research study, the authors aim to define whether differences in the humoral immune response might account for variation in the severity of COVID-19 between adults and children, and in turn, point to pathological changes in MIS-C. The functional humoral immune response was profiled in 60 adults with acute SARS-CoV-2 infection at Massachusetts General Hospital in Boston, MA (USA); 26 adults (age 32–79 years, median = 56 years) had severe disease and required hospitalization and 34 adults (age 22–76 years, median = 34 years) had mild disease. 25 children (age 0–21 years, median = 15 years) had acute but mild SARS-CoV-2 infection and 17 children with PCR- or serology-confirmed (n = 14) or suspected SARS-CoV-2 exposure developed MIS-C (11 severe and 6 mild). Samples were collected 0–52 days after symptom onset (median = 9 days) [dates of sample collection not specified]. In the 25 children with mild COVID-19, the authors observed a functional phagocyte and complement-activating IgG response to SARS-CoV-2. This was similar to the acute responses in adults with mild disease. In the adults with severe infection, the data suggest a pathological role for SARS-CoV-2-specific IgA responses linked to neutrophil activation. Children who developed MIS-C exhibited persistent, enhanced Fc receptor-binding antibodies.	This study examined whether differences in the humoral immune response might account for variation in the severity of COVID-19 between adults and children, and in turn, point to pathological changes in MIS-C.	Bartsch YC, Wang C, Zohar T, et al. Humoral signatures of protective and pathological SARS-CoV-2 infection in children. <i>Nat Med</i> . 2021 Feb 12. doi: 10.1038/s41591-021-01263-3. Epub ahead of print. PMID: 33589825.

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					Also notable was the persistence of SARS-CoV-2 immunity among patients with MIS-C over time. The authors suggest that the comparisons of humoral immunity in children provide clues related to the potential pathological functions of antibodies after SARS-CoV-2 infection.		
MIS-C, capillaries, nailfold video capillaroscopy	12-Feb-21	Abnormal Nailfold Capillaroscopy in a Patient With Multisystem Inflammatory Syndrome in Children	The Pediatric Infectious Disease Journal	Brief Report	This article summarizes a case from Mexico, in which a child with MIS-C suffered endothelial damage. A 13-month-old healthy, fully vaccinated boy presented with a 6-day history of irritability, fever, diarrhea, vomiting, and rash. There was no history of cough, coryza, or seizures. SARS-CoV-2 PCR and serology were performed, revealing a negative PCR but positive IgG titers. The patient met diagnostic criteria for MIS-C and remained persistently tachycardic despite antipyretic management. He was admitted for treatment with IV immunoglobulin (2 g/kg) and acetylsalicylic acid (50 mg/kg/d). Nailfold video capillaroscopy (NVC) was performed during the acute phase of illness, revealing the presence of bizarre capillaries, irregular ectasia, and evidence of capillary leak in all fingers of both hands. The patient was discharged with complete symptom recovery after 3 days. Capillary abnormalities in MIS-C have been documented in other publications. The authors admit they cannot know whether the patient developed micro-vascular damage during the acute phase of SARS-CoV-2 infection or during the acute phase of MIS-C, but the accumulating body of evidence regarding the patho-physiology of MIS-C supports the theory of a delayed inflammatory response.	This case report from Mexico follows a 13-month-old boy with MIS-C who, during the course of his illness, presented with highly abnormal capillaries. Endothelial dysfunction is known to occur in MIS-C, and evidence from other cases support that this occurs via delayed inflammatory response.	Tamez-Rivera O, Villarreal-Treviño AV, Castañeda-Macazaga T, et al. Abnormal Nailfold Capillaroscopy in a Patient With Multisystem Inflammatory Syndrome in Children. <i>Pediatr Infect Dis J.</i> 2021 Mar 1;40(3):e113-e115. doi: 10.1097/INF.0000000000003022. PMID: 33565816.
COVID-19; mesenchymal stem cells; neonate; pregnancy; vertical transmission	11-Feb-21	Is There an Effect of Fetal Mesenchymal Stem Cells in the Mother-Fetus Dyad in COVID-19 Pregnancies and Vertical Transmission?	Frontiers in Physiology	Article	The authors discussed SARS-CoV-2 infection during pregnancy. Most pregnant patients with COVID-19 present with mild or asymptomatic disease. Some cases have been hospitalized, and a few have needed ICU admission or mechanical ventilation. There have also been rare case reports of neonates requiring mechanical ventilation after COVID-19-affected pregnancies. A weakened immune system is a major risk factor for COVID-19. However, pregnant women have a weakened immune system, due to fetal allograft, but they do not display increased vulnerability to COVID-19. Although there are no approved therapies other than dexamethasone, advanced mesenchymal cell therapy is one immunomodulatory therapeutic approach that is currently being explored and may hold great promise. The authors suggest that the circulating fetal stem cells might have an immune-protective effect for mothers and may contribute to their often mild and even asymptomatic clinical course. In vivo mesenchymal stem cells survive in a hypoxic niche where oxygen tensions are often <10%. These cells could play a role in the response to upper/lower respiratory tract infections and hypoxic and hypercapnic respiratory failure. Thus, COVID-19-affected pregnancies should be further studied, to understand both the mechanism and action of circulating stem cells in immune-protection and hypoxia in microcirculation.	The authors discussed SARS-CoV-2 infection during pregnancy. Most pregnant patients with COVID-19 present with mild or asymptomatic disease. The authors suggest that the circulating fetal stem cells might have an immune-protective effect for mothers and may contribute to their often mild and even asymptomatic clinical course.	Samara A, Herlenius E. Is There an Effect of Fetal Mesenchymal Stem Cells in the Mother-Fetus Dyad in COVID-19 Pregnancies and Vertical Transmission? <i>Front Physiol.</i> 2021;11:624625. doi:10.3389/fphys.2020.624625.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
COVID-19; pediatric; renal; serology; ultrasound; vitamin D	11-Feb-21	Comprehensive Clinic, Laboratory and Instrumental Evaluation of Children with COVID-19: A 6-Months Prospective Study	Journal of Medical Virology	Original Research	The authors performed a comprehensive clinic, laboratory, and instrumental evaluation of 15 children (median age 12.2 years) with COVID-19, admitted to the emergency department at the University of Rome, Italy, from April 6 to June 5, 2020. All subjects underwent laboratory tests, anal and conjunctival swab (rRT-PCR), ECG, lung, abdomen, and cardiac ultrasound, and were followed for 6 months. All 15 patients had either one or both parents infected with SARS-CoV-2, and their siblings were all infected in 9/11 families (81.8%). The main laboratory abnormalities were: elevated lactate dehydrogenase (73%), low vitamin D levels (87%), hematuria (33%), proteinuria (26%), renal hyperfiltration (33%), and hypofiltration (13%). Mean IgG levels were 84.9+/-24.7 (IQR 32.3), and SARS-CoV-2 IgG levels increased in all the patients at 1 month. Patients with lower body mass index (BMI) presented with significantly higher viral loads. 10/11 (90.9%) symptomatic patients reported symptoms resolution within a week of being diagnosed, and 1/11 (9.1%) within 14 days. The mean duration for conversion to negative nasopharyngeal swab results was 13.5 days (±4.8 SD), with a median of 12.5 days (IQR = 6.7). 2 of the patients with renal hyperfiltration exhibited high blood pressure levels at diagnosis and persistence of prehypertension at 6-month follow-up. At the 6-months follow-up visit, all patients were asymptomatic. The significantly higher viral loads recorded among patients with lower BMI and low vitamin D levels support the impact of nutritional status on the immune system. Prompt evaluation and identification of patients with reduced renal function would allow for better stratification and patient management.	A 6-months prospective study of children with COVID-19 in Italy revealed frequent renal involvement even among asymptomatic or mild COVID-19 pediatric patients and the importance of the role of intra-family transmission. The significantly higher viral loads recorded among patients with lower BMI and low vitamin D levels support the impact of nutritional status on the immune system. Prompt evaluation and identification of patients with reduced renal function would allow for better stratification and patient management.	Isoldi S, Mallardo S, Marcellino A, et al. The comprehensive clinic, laboratory, and instrumental evaluation of children with COVID-19: A 6-months prospective study. J Med Virol. 2021 Feb 11;10.1002/jmv.26871. doi: 10.1002/jmv.26871. Epub. PMID: 33570199; PMCID: PMC8014060.
COVID-19, pandemic, lockdown, grief, therapy, mental health	11-Feb-21	Case Report: Parental Loss and Childhood Grief During COVID-19 Pandemic	Frontiers in Psychiatry	Case Report	This article details a case report of an 11-year-old girl referred to a child psychiatrist due to peer relationship problems and sadness. 15 days before her first psychiatric appointment, her father suffered a myocardial infarction and was hospitalized. He died 2 weeks after the national emergency lockdown was declared in Portugal during the initial COVID-19 outbreak. The family was not able to have a proper funeral due to social distancing measures. The patient, along with her mother, reported feelings of grief. Therapy consultations were implemented through Telehealth, and minimal face-to-face appointments in which adaptive strategies to cope with grief were shared. Both the patient and the mother reported that the therapy sessions were positive and helpful. The authors state that deaths related to COVID-19, confinement policies, and other pandemic-related stressors can intensify the grief experience. They further stress that COVID-19 pandemic policies should include mental health protection measures that focus on complicated grief responses.	This article details the response of an 11 year old girl and her mother to the death of her father during the COVID-19 pandemic, emphasizing their feelings of intensified grief. The authors stress that the pandemic has the potential to intensify the grief experience, and suggest specific grief protection measures in the COVID-19 response protocols.	Santos S, Sá T, Aguiar I, et al. Case Report: Parental Loss and Childhood Grief During COVID-19 Pandemic. Front Psychiatry. 2021 Feb 11;12:626940. doi: 10.3389/fpsy.2021.626940.
mental health, COVID-19, children, adolescent, psychosocial	11-Feb-21	We Are All in This Together: COVID-19 and a Call to Action for Mental Health	Frontiers in Psychiatry	Opinion	With the COVID-19 pandemic exposing the need to address mental health in children and adolescents, this opinion piece calls for the creation of a multi-stakeholder mental health alliance for children, in order to strengthen evidence and understanding of mental health, scale up investment in mental health programming for children and	In light of the COVID-19 pandemic, the authors call for the creation of a multi-stakeholder mental health alliance for children, in order to	Idele P, Banati P. We Are All in This Together: COVID-19 and a Call to Action for Mental Health of Children and

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
		Health of Children and Adolescents			adolescents, and expand a global group of health workers, social workers and community workers with a focus on prevention and promotion of mental health. The COVID-19 pandemic is exacerbating the challenges of children and adolescents who are already affected by mental health disorders. Before the pandemic, between 10 and 20 percent of all children and adolescents were estimated to suffer from some type of mental health disorder; mental health conditions accounted for around 16% of the global burden of disease and injury among adolescents and suicide is the 3rd leading cause of death among adolescents. A recent study performed during the COVID-19 pandemic showed that of 8,079 students aged 12–18 years, 43.7% and 37.4%, respectively, reported prevalence of depressive and anxiety symptoms. Developmental science has demonstrated the lifetime and intergenerational consequences of exposures to mental stressors early in life. Consequences of adverse childhood events impact mental health in later life, including the development of physical illness, death, divorce and unemployment. Further research needs to be performed and evidence addressed to understand the social, environmental and health determinants of mental health and to identify solutions to fight stigma and discrimination. The authors emphasize that in order to respond to increased mental health needs in children and adolescents across the spectrum of promotion, prevention, treatment and care, a coordinated multisectoral approach is imperative.	strengthen evidence and understanding of mental health, scale up investment in mental health programming for children and adolescents, and expand a global group of health workers, social workers and community workers, with a focus on prevention and promotion of mental health.	Adolescents. Front Psychiatry. 2021 Feb 11;11:589834. doi: 10.3389/fpsy.2020.589834. PMID: 33643080; PMCID: PMC7905025.
COVID-19; pediatric; intestinal invagination; intestinal obstruction; intussusception ; Mexico	11-Feb-21	Intussusception and SARS-CoV-2 infection	Journal of Pediatric Surgery Case Reports	Case Report	The authors described 2 pediatric cases of coexistence of intussusception and SARS-CoV-2 infection in Saltillo, Coahuila, Mexico. The first case was an 8-month-old male in August 2020 who presented with fever 2 days before hospital admission, 8 non-biliary episodes of vomiting the day before, no respiratory symptoms, and stools with currant jelly appearance. An RT-PCR test for SARS-CoV-2 was obtained with a positive result, and ultrasound confirmed intussusception. The second case was a 7-month-old female in October 2020 who presented with stools with a currant jelly appearance, fever, and non-biliary vomiting. An RT-PCR test for SARS-CoV-2 was obtained with a positive result. Her examination revealed abdomen with mild distension, decreased peristalsis, pain with deep palpation in mesogastrium, perception of a firm and painful mass between right hypochondrium and mesogastrium, and rectal bleeding, suggesting intussusception. Both cases were resolved by surgery without complications. Although it is known that some intussusception cases can present concomitantly with viral infections, there are very few cases reporting intussusception in the context of COVID-19. Further studies are needed to determine if there is an association between intussusception and SARS-CoV-2 infection.	The authors described 2 pediatric cases of coexistence of intussusception and SARS-CoV-2 infection in Saltillo, Coahuila, Mexico. Both cases were resolved by surgery without complications. Further studies are needed to determine if there is an association between intussusception and SARS-CoV-2 infection.	Mercado-Martínez I, Arreaga-Gutiérrez FJ, Pedraza-Peña AN. Intussusception and SARS-CoV-2 infection. J Pediatr Surg Case Rep. 2021;67:101808. doi:10.1016/j.epsc.2021.101808.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
COVID-19; pregnancy; HIV; pre-eclampsia	11-Feb-21	The COVID-19 Pandemic: an Appraisal of its Impact on Human Immunodeficiency Virus Infection and Pre-Eclampsia	Current Hypertension Reports	Review	This review presents a comprehensive analysis of the current data regarding COVID-19 and its impact on pregnant women and the effects on pre-eclamptic and HIV-positive pregnant women with suspected or confirmed COVID-19. Similarities in the homology of SARS-CoV-2 with SARS-CoV-1 and MERS-CoV validates the homologous clinical characteristics among pregnancies with COVID-19, SARS, and MERS. Pregnant women with COVID-19 should be closely monitored, even after their etiological tests turn negative, as they are still at significant risk. Evidence suggests that pregnant women with chronic comorbidities (HIV and pre-eclampsia) may be at a greater risk of contracting SARS-CoV-2 or encountering complications from COVID-19. Collectively, these findings advocate an urgent amplified antenatal surveillance for pregnant women diagnosed with SARS-CoV-2 and comorbidities (HIV and pre-eclampsia). An aggressive mandatory intervention to effectively manage a severe respiratory infection should be the basis of care for any pregnant woman with COVID-19. Future surveillance systems for COVID-19 cases need to include data on pregnancy status and maternal and fetal outcomes.	This review presents a comprehensive analysis of the current data in relation to COVID-19 and its impact on pregnant women, as well as the effects on pre-eclamptic and HIV-positive pregnant women with suspected or confirmed COVID-19. Evidence suggests that pregnant women with chronic comorbidities (HIV and pre-eclampsia) may be at a greater risk of contracting SARS-CoV-2 or encountering complications from COVID-19.	Govender R, Moodley J, Naicker T. The COVID-19 Pandemic: an Appraisal of its Impact on Human Immunodeficiency Virus Infection and Pre-Eclampsia. <i>Curr Hypertens Rep.</i> 2021;23(2):9. doi:10.1007/s11906-021-01126-9.
Africa; COVID-19; Kawasaki; MIS-C; SARS-CoV-2, pediatric	11-Feb-21	Multisystem Inflammatory Syndrome (MIS-C) in an Adolescent Nigerian Girl with COVID-19: A call for vigilance in Africa	International Journal of Infectious Disease	Case Study	This is a case study of a 12-year-old girl in Nigeria who had MIS-C with severe COVID-19. She presented to a referral hospital with a positive RT-PCR test for SARS-CoV-2 on June 3, 2020, with high-grade intermittent fever for 10 days; progressively worsening breathlessness for 4 days; and skin rashes, mucosal excoriations, conjunctivitis and diarrhoea for 3 days. Oxygen saturation was 76% on room air, and the pediatric early warning systems (PEWS) score was 11, indicating high risk for clinical deterioration. IV steroids and other adjunctive therapy were applied with rapid resolution of symptoms, and she was discharged from hospital with a negative SARS-CoV-2 test result on day 14. The authors underscore this index case as justifying the role of steroids in managing MIS-C. The older age of onset, being of African or Hispanic descent, and the presence of more intense inflammation, have been documented as key distinguishing features between MIS-C and other inflammatory syndromes (Kawasaki Disease and Toxic Shock Syndrome). The authors state that with the global trend of higher prevalence of MIS-C in children of African ancestry, enhanced surveillance and awareness in children with COVID-19 in Africa is important.	This is a case study of a 12-year-old girl in Nigeria who had MIS-C with severe COVID-19. The older age of onset, being of African or Hispanic descent, and the presence of more intense inflammation, have been documented as key distinguishing features between MIS-C and other inflammatory syndromes. The authors state that with the global trend of higher prevalence of MIS-C in children of African ancestry, enhanced surveillance and awareness in children with COVID-19 in Africa is important.	Onyeghala C, Alasia D, Eyearu O, et al. Multisystem Inflammatory Syndrome (MIS-C) in an Adolescent Nigerian Girl with COVID-19: A call for vigilance in Africa [published online ahead of print, 2021 Feb 11]. <i>Int J Infect Dis.</i> 2021;S1201-9712(21)00103-X. doi:10.1016/j.ijid.2021.02.017
maternal death; maternal mortality; SARS-CoV-2	11-Feb-21	The impact of the COVID-19 pandemic on maternal mortality in Brazil: 523 maternal deaths by acute respiratory distress [free	International Journal of Gynecology and Obstetrics	Brief Communication	This communication summarizes the results of a study that examined the impact of the COVID-19 pandemic on maternal mortality in Brazil. The study extracted data through November 23, 2020 [start date not explicitly included] and identified 9,563 cases of pregnant and postpartum women with acute respiratory distress syndrome (ARDS) and a recorded outcome of either death or recovery. 523 of these women died with either a confirmed COVID-19 diagnosis (n=363) or undetermined etiology (n=160). The case fatality rate for COVID-19 was 7.6%, while for undetermined etiology it was 3.3%. Postpartum	In this brief communication, the authors highlight the findings from their study of the impact of the COVID-19 pandemic on maternal mortality in Brazil. They report the projected COVID-19-related maternal mortality ratio (MMR) (17.5 deaths/100 000 live births) and	Nakamura-Pereira, M., Knobel, R., de Oliveira Menezes, M., et al. The impact of the COVID-19 pandemic on maternal mortality in Brazil: 523 maternal deaths by acute respiratory distress syndrome potentially

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		access to abstract only			deaths accounted for 41.6% (151/363) and 47.5% (76/160) of confirmed COVID-19 and undetermined etiology deaths, respectively. The authors reported a projected COVID-19 maternal mortality ratio (MMR) of 17.5 deaths/100 000 live births or greater, which is 5 times higher than all respiratory causes of death in 2016. The authors reported the 2018 and 2019 Brazilian Ministry of Health mortality data and note that COVID-19-related maternal deaths by November 2020 represented approximately 20% of all maternal deaths, relative to mortality statistics from 2018 and 2019.	compare this to previous MMRs in Brazil.	associated with SARS-CoV-2. International Journal of Gynaecology and Obstetrics. 2021. https://doi-org.proxy1.library.jhu.edu/10.1002/ijgo.13643
Adolescents; COVID-19; China; PTSD; Perceived threat; Positive youth development	11-Feb-21	The Impact of Positive Youth Development Attributes on Posttraumatic Stress Disorder Symptoms Among Chinese Adolescents Under COVID-19	The Journal of Adolescent Health	Original Article	This study examined the prevalence of post-traumatic stress disorder (PTSD) symptoms among adolescents in mainland China under the COVID-19 pandemic. 4981 adolescents (mean age 13.15, range 11-20 years) in 5 schools in Chengdu, China completed surveys assessing positive youth development (PYD) qualities, perceived threat of COVID-19, and PTSD symptoms. 2 waves of data were collected: before school lockdown (Wave 1, December 2019-January 2020) and after school resumption (Wave 2, June-July 2020). 93.5% of the adolescents perceived COVID-19 as moderate to very severe and dangerous, but only 38.4% thought that they were likely to be infected by COVID-19. Around 15-28% of adolescents displayed some PTSD symptoms, and 10.4% of adolescents were regarded as having PTSD. Perceived threat of COVID-19 was positively associated with PTSD ($p < 0.001$) while Wave 1 PYD was negatively correlated with PTSD ($p < 0.001$). There was a significant moderating effect of PYD qualities in mitigating the negative impact of perceived threat on PTSD symptoms ($p < 0.01$). The relationship between perceived threat and PTSD symptoms was stronger for adolescents who scored low than those who reported high PYD qualities. This study revealed the protective effect of PYD attributes in reducing the negative influence of traumatic situations such as COVID-19 on adolescent mental health. Results underscore the importance of promoting PYD qualities in adolescents in mainland China via effective PYD programs.	This study examined the prevalence of post-traumatic stress disorder (PTSD) symptoms among adolescents in mainland China under the COVID-19 pandemic. Around 15-28% of adolescents displayed some PTSD symptoms, and 10.4% of adolescents were regarded as having PTSD. This study revealed the protective effect of positive youth development attributes in reducing the negative influence of traumatic situations such as COVID-19 on adolescent mental health.	Shek DTL, Zhao L, Dou D, et al. The Impact of Positive Youth Development Attributes on Posttraumatic Stress Disorder Symptoms Among Chinese Adolescents Under COVID-19 [published online 2021 Feb 11]. J Adolesc Health. 2021;S1054-139X(21)00022-7. doi:10.1016/j.jadohealth.2021.01.011
vestibular neuritis, acute unilateral peripheral vestibulopathy, COVID-19, SARS-CoV-2	11-Feb-21	Vestibular Neuritis as Clinical Presentation of COVID-19	Ear, Nose, and Throat Journal	Case Report	This case report describes acute vestibular syndrome in a 13-year-old girl with COVID-19. The patient presented with sudden onset of continuous rotatory vertigo and intractable vomiting without fever. Medical history was unremarkable, and she did not take any medications. Physical examination revealed a right spontaneous horizontal-rotatory nystagmus (grade 3 according to the Alexander's law) and a left deviation on the Fukuda stepping test. Video Head Impulse Test showed a decrease of the vestibulo-ocular reflex gain and catch-up saccades for the left anterior and lateral semi-circular canals. Thus, left superior vestibular neuritis (VN) was confirmed, and vestibular rehabilitation was started. The patient tested positive for SARS-CoV-2 via nasal swab. Although systemic corticosteroids are usually recommended for the management of VN, the authors avoided them according to WHO guidelines, which discouraged their use for mild COVID-19. SARS-CoV-2 has been shown to inflict nerve	This case report describes acute vestibular syndrome in a 13-year-old girl with COVID-19. This case report represents the first time this rare COVID-19 manifestation has occurred in a child, and raises further questions as to how the SARS-CoV-2 virus may inflict nerve damage.	Mat Q, Noël A, Loiselet L, et al. Vestibular Neuritis as Clinical Presentation of COVID-19. Ear Nose Throat J. 2021;145561321995021. doi:10.1177/0145561321995021

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					damage, as reported by cases of anosmia, ageusia, sensori-neural hearing loss, and facial palsy. In fact, 2 cases of COVID-19-induced vestibular neuritis have been previously reported. This case represents the first time this rare manifestation of COVID-19 has occurred in a child.		
COVID-19; anxiety; depression; help-seeking; intention; mental health; mental health services; pregnancy; pregnant women; social support; survey; trust.	11-Feb-21	Intentions to Seek Mental Health Services During the COVID-19 Pandemic among chinese Pregnant Women with Probable Depression or Anxiety: Cross-sectional, Web-based Survey Study	JMIR Mental Health	Original Research	The authors aimed to identify factors associated with pregnant women's intentions to seek mental health services by assessing pregnant women who were at risk of mental health problems during the COVID-19 pandemic in China. A web-based survey was conducted from February 24-March 20, 2020, among 6248 pregnant women who attended maternal health care centers across various regions of China. Eligible women were tested using the Affect and Cognition-based trust (ACT) scale (8 items, 5-point Likert scale) with higher scores indicating higher levels of trust in care providers (mean=33.02). They ranked the level of social support on a 10-point Likert scale (mean=8.06). The results showed that the social support that participants received during the COVID-19 pandemic significantly correlated with older age (p=0.007) and high parity (p<0.001). Trust in care providers significantly correlated with high parity (p=0.03). 52.7% of the participants felt that they did not need mental health services, and 28.3% felt that they needed mental health services but would not seek help from those services. 19% of participants stated that they needed mental health services and had the intention to seek help from these services. The COVID-19-related lockdowns in participants' cities of residence, social support during the COVID-19 pandemic, and trust in health care providers were protective factors of participants' intentions to seek help from mental health services. This study showed that the perceived needs and intentions to seek mental health services during the COVID-19 period were low among Chinese pregnant women at risk of mental health problems.	The authors aimed to identify factors associated with pregnant women's intentions to seek mental health services by assessing pregnant women who were at risk of mental health problems during the COVID-19 pandemic in China. This study showed that the perceived needs and intentions to seek mental health services during the COVID-19 period were low among Chinese pregnant women at risk of mental health problems.	Wang Q, Song B, Di J, Yang X, et al. Intentions to Seek Mental Health Services During the COVID-19 Pandemic Among Chinese Pregnant Women With Probable Depression or Anxiety: Cross-sectional, Web-Based Survey Study JMIR Ment Health 2021;8(2):e24162 DOI: 10.2196/24162
COVID19; HEPA filter; SARS-CoV-2; neonate; personal protective equipment (PPE); surgery	11-Feb-21	An unexpected Covid-19 diagnosis during emergency surgery in a neonate	Pediatric Anaesthesia	Case Report	This is a case report of emergency surgery and anesthesia in a SARS-CoV-2-positive newborn, in an area of the US with high COVID-19 prevalence [dates not given]. A 4-day-old infant with intestinal malrotation required emergent diagnostic laparoscopy. The child was born at 37 4/7 weeks' gestation via vaginal delivery, to a 24-year-old G2P2 Hispanic mother with a negative SARS-CoV-2 screening test. The infant was formula- and breastfed, roomed in with her mother, and was discharged home at 48 hours. Intra-operatively, the neonate's nasopharyngeal SARS-CoV-2 test was positive, which then required modified pressure control ventilation settings, with a high-efficiency particulate air (HEPA) filter in situ. The infant was extubated on post-operative day 1 and her post-surgical course was uneventful. Neither the neonate nor the mother showed COVID-19 symptoms. This report highlights a neonate with an incidental positive SARS-CoV-2 test, no known exposure history, negative maternal PCR testing, and absence of respiratory symptoms who, for airborne precautions, required modified ventilation settings mid-	This is a case report of emergency surgery and anesthesia in a SARS-CoV-2-positive newborn and highlights 1) the importance of considering regional prevalence of COVID-19 infection, and 2) that age should not be an exclusionary factor in determining person-under-investigation (PUI) status. The authors urge increased access to SARS-CoV-2 testing, universal testing protocols, the use of PPE for aerosol-generating procedures, and increased ventilatory vigilance and clinical	Moreno-Duarte I, Evans AS, Alder AC, et al. An unexpected Covid-19 diagnosis during emergency surgery in a neonate. Paediatr Anaesth. 2021. doi:10.1111/pan.14156

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					surgery. The authors consider that the neonate may have received a false positive test, or the mother a false negative test. This case highlights the importance of considering regional prevalence of SARS-CoV-2 infection. The authors note that age should not be an exclusionary factor in determining person-under-investigation (PUI) status. They urge increased access to SARS-CoV-2 testing, universal testing protocols, the use of PPE for aerosol-generating procedures, and increased ventilatory vigilance and clinical correlation in neonates where HEPA filters are added to the circuit.	correlation in neonates where high-efficiency particulate air (HEPA) filters are added to the circuit.	
COVID-19; childbirth; bureaucratic logic; doulas; maternity care; mistrust; obstetricians; Russia	10-Feb-21	"Soldiers of the System": Maternity Care in Russia Between Bureaucratic Instructions and the Epidemiological Risks of COVID-19	Frontiers in Sociology	Article	The author conducted and thematically analyzed interviews between March-August 2020 with obstetricians-gynecologists, midwives, perinatal psychologists, doulas, and women who gave birth in Russia during the COVID-19 pandemic and presented their subjective interpretations of COVID-related changes in maternal care. Preventive measures taken by the Russian maternity care system in response to the pandemic have been very strict. Supporting persons (doulas and partners) are being completely excluded from maternity hospitals, a decision with which many women disagree. Pregnant women and newborns are distributed in different types of hospitals according to their epidemiological status (confirmed, suspected, contact, or "clear"). Severe infection control measures are introduced for women with confirmed or suspected COVID-19: separation from neonates and weeks of hospital quarantine. Many doctors are ambivalent about this separation. Some maternity hospitals were converted to COVID-19 hospitals, where obstetricians-gynecologists are forced to work as general practitioners. Many medical professionals are increasingly worried about their professional autonomy during this time. The interviews indicate multiple ethical and organizational conflicts among bureaucratic, managerial, and professional logics in Russian health care, in which the author reports mistrust has played an important role during the pandemic.	The author conducted and thematically analyzed interviews between March-August 2020 with obstetricians-gynecologists, midwives, perinatal psychologists, doulas, and women who gave birth in Russia during the COVID-19 pandemic and presented their subjective interpretations of COVID-related changes in maternal care. The interviews indicate multiple ethical and organizational conflicts among bureaucratic, managerial, and professional logics in Russian health care, in which the author reports mistrust has played an important role during the pandemic.	Ozhiganova A. "Soldiers of the System": Maternity Care in Russia Between Bureaucratic Instructions and the Epidemiological Risks of COVID-19. <i>Front Sociol.</i> 2021;6:611374. doi:10.3389/fsoc.2021.611374.
COVID-19; pediatric; emergencies; Spain	10-Feb-21	Paediatric Emergencies During the COVID-19 Pandemic	Global Pediatric Health	Original Research	This descriptive study assessed pediatric emergency care in a tertiary hospital before (February 3 - March 15, 2020) and during home confinement (March 16 - April 26, 2020) conditioned by the state of alarm declared in Spain during the COVID-19 pandemic. During the pre-alarm period, 3,184 patients (54.5% male; mean age=5.93 ± 4.41 years, IQR 2-10 years) attended the emergency department (ED), with a mean of 75.8 patients/day. During the alarm period, there were 493 patients (54.9% male; mean age=4.44 ± 4.24 years, IQR 1-8 years) with a mean of 11.7 patients/day. Therefore, the number of visits decreased by 84.5%. During the alarm period, 40.97% of the children were classified as suspected COVID-19. A decrease of 56.6% in urgent admissions was observed, with a significant difference in the percentage of admissions (3.39% in pre-alarm vs. 9.3% in alarm period, p=0.00). The general distribution of diagnoses in ED was similar during both periods, with respiratory diseases as the most frequent consultation (34% in pre-alarm vs. 32.25% in alarm period).	This descriptive study assessed pediatric emergency care in a tertiary hospital before and during home confinement conditioned by the state of alarm declared in Spain during the COVID-19 pandemic. Findings showed an 84.5% decrease in the number of pediatric emergency visits during the alarm period, without an increase in their level of urgency. These results highlight the inappropriate use of the health system and the	Lázaro Carreño MI, Barrés Fernández A, Quintero García D, et al. Paediatric Emergencies During the COVID-19 Pandemic. <i>Glob Pediatr Health.</i> 2021;8:2333794X21989528. doi:10.1177/2333794X21989528.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					Furthermore, common pathologies such as flu, acute otitis media, laryngitis, and scarlet fever drastically decreased during the alarm period. Although the interruption of sports activities and isolation of children at home contributed to the decrease in emergencies, much of the decrease in the visits was probably conditioned by adults' fear of contagion. These results highlight the inappropriate use of the health system and the urgent need for investment in social and health education.	urgent need for investment in social and health education.	
COVID-19; prenatal; genetic testing; genetic diagnosis; access; utilization	10-Feb-21	The Impact of the Emergence of COVID-19 on Women's Prenatal Genetic Testing Decisions	Prenatal Diagnosis	Original Research	The authors examined the impact of the COVID-19 pandemic on prenatal genetic testing decisions among pregnant women in the United States. 40 women were interviewed from May to July 2020 to determine their experiences with accessing information about prenatal genetic testing options. Overall, the authors found that the pandemic did not affect patients' decisions to use prenatal genetic testing, but it did affect how they viewed the risks and benefits of testing and the timing of testing. Those who went through testing had higher anxiety due to concerns of SARS-CoV-2 exposure during the testing process, exposing family member to SARS-CoV-2 due to the testing procedure, and being alone if abnormalities or pregnancy loss were detected, due to social distancing protocols in the testing location. Concerns over SARS-CoV-2 exposure during the testing process did not outweigh the perceived benefits of genetic testing, and participants were aware that testing may not always be consistently available, due to closures during the pandemic. Some participants noted that the prenatal genetic testing process provided some reassurance during the uncertainty of the COVID-19 pandemic. The authors note that the COVID-19 pandemic may affect patient use of prenatal genetic tests, and more research is needed to assess how to best enable patients to make decisions.	This article examined factors impacting the use of prenatal genetic testing for women in the United States during the COVID-19 pandemic. Results demonstrated that the pandemic impacted patients' perceived risks of testing, including exposure to SARS-CoV-2 during the testing process and being alone as testing results are revealed. Having some reassurance provided by the testing during a time of uncertainty was noted as a benefit of the testing.	Farrell RM, Pierce M, Collart C, et al. The impact of the emergence of COVID-19 on women's prenatal genetic testing decisions [published online ahead of print, 2021 Feb 10]. <i>Prenat Diagn.</i> 2021. doi:10.1002/pd.5902
Pediatric care; COVID-19; pandemic regulations; seeking treatment; child health	10-Feb-21	A very sick little heart battling the COVID-19 pandemic and regulations in three hospitals and three states	Journal of Paediatrics and Child Health	Letter	This letter is a companion to the published case study "A case of Kingella kingae positive native valve endocarditis in regional Victoria" by McPherson (2021) [not in this repository]. The mother of a pediatric patient [age not included in this article] describes her family's experience with treating her child's sudden illness during the COVID-19 pandemic in Australia. Interstate travel bans in the country inhibited her family's ability to travel for treatment and negatively impacted communication between health facilities in different states. The mother reports that she and her partner received little communication from the hospital, which isolated their daughter for COVID-19 testing with no prior planning with the parents. In addition, the limit on patient visitors prevented the parents from making joint decisions on time-sensitive health decisions for their child. COVID-19 regulations also prevented the family from receiving at-home assistance from their hospital's affiliated nurse program, counselling, or other support services from the hospital. The author concludes that regulations and procedures implemented during the COVID-19 pandemic can be difficult for patients and their families to navigate,	In this letter, the mother of a pediatric patient describes her family's experience with treating her child's sudden illness during the COVID-19 pandemic in Australia. She argues that regulations and procedures implemented during the COVID-19 pandemic can be difficult for patients and their families to navigate, and asks that the Australia medical system pay attention to their needs and concerns.	Littledyke A, McPherson Z. A very sick little heart battling the COVID-19 pandemic and regulations in three hospitals and three states. <i>Journal of Paediatrics and Child Health.</i> 2021; 57(3): 448-449. doi: https://doi.org/10.1111/jpc.15388

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					and asks that the Australia medical system pay attention to their needs and concerns.		
COVID-19; neonate; Saudi Arabia	10-Feb-21	A neonate born to an infected COVID-19 mother was tested positive just 24 hours after its birth	Clinical Case Reports	Case Report	The authors described the case of a female neonate born to a SARS-CoV-2-infected mother (aged 16 years; 37 weeks gestation) in Saudi Arabia, who tested positive for SARS-CoV-2 within 24 hrs after birth. The mother presented to the emergency department on June 13, 2020, due to premature rupture of membranes for 8 hrs and was treated with Ceftriaxone. The following day, she developed chills, fever, cough, and back pain. A nasopharyngeal swab for SARS-CoV-2 was collected since COVID-19 was suspected. She underwent vaginal delivery the same day without any complications, and the neonate was immediately separated from the mother. Breastfeeding was prevented according to the local policy of infection control for suspected newborn cases for COVID-19. Placenta histopathology was not sent. The results from the mother came back positive for COVID-19 for the mother. The female neonate was tested for SARS-CoV-2 via nasopharyngeal swab at the age of 24 hrs and returned positive, although she was asymptomatic. A repeat nasopharyngeal swab done at 48 hrs of life was negative. Both the neonate and her mother were discharged on day 5 with no complication. The neonate was monitored until day 28 of life, and she remained asymptomatic. This report is one of the few reported cases of a neonate with nasopharyngeal swab testing positive by RT-PCR for SARS-CoV-2 infection at 24 hours after vaginal delivery. Given the importance of vertical transmission, the authors suggest applying proper infection control and prevention measures, early separation, isolation, and screening neonates delivered from SARS-CoV-2 positive mothers with further close follow-up.	The authors described the case of a female neonate born to a SARS-CoV-2-infected mother (aged 16 years; 37 weeks gestation) in Saudi Arabia, who tested positive for SARS-CoV-2 within 24 hrs after birth but remained asymptomatic. Given the importance of vertical transmission, the authors suggest applying proper infection control and prevention measures, early separation, isolation, and screening neonates delivered from SARS-CoV-2 positive mothers with further close follow-up.	Huseynova RA, A Bin Mahmoud L, Huseynov O, et al. A neonate born to an infected COVID-19 mother was tested positive just 24 hours after its birth. Clin Case Rep. 2021;10.1002/ccr3.3913. doi: 10.1002/ccr3.3913.
COVID-19; pregnant women; maternal health; Sweden	10-Feb-21	A Case Series on Critically Ill Pregnant or Newly Delivered Patients with Covid-19, Treated at Karolinska University Hospital, Stockholm	Case Reports in Obstetrics and Gynecology	Case Series	The authors presented 5 cases of critically ill pregnant or newly delivered women who tested positive for SARS-CoV-2 in Sweden. They composed 6% of the 83 pregnant women that tested positive for SARS-CoV-2 during 25 March-4 May 2020 at Karolinska University Hospital, Stockholm. 3 patients were treated during pregnancy (upon admission, Case 1: aged 29 years, at gestational age 21+4 weeks; Case 2: 36 years, at 22+5 weeks; and Case 3: 30 years, at 37+4 weeks). The other patients (aged 30 and 36 years) were admitted within 1 week postpartum. All required intensive care – 1 received high flow oxygen therapy, and the other 4 received invasive mechanical ventilation (3 with endotracheal intubation and 1 with extracorporeal membrane oxygenation (ECMO)). All 5 patients were overweight or obese. 2 of the pregnant women and 1 postpartum woman had gestational diabetes. They all presented with COVID-19 symptoms. CT chest imaging for all patients demonstrated multifocal pneumonic infiltrates, but no pulmonary embolism was confirmed in any patient. Echocardiogram did not indicate any cardiomyopathy. 4 patients were discharged after an average of 20 hospital days. 1 pregnant woman needed prolonged ECMO therapy; at 27 + 3 weeks' gestation,	The authors presented 5 cases of critically ill pregnant or newly delivered women who tested positive for SARS-CoV-2 in Sweden. These cases indicate that critically ill pregnant women infected by SARS-CoV-2 may develop severe respiratory distress syndrome requiring prolonged intensive care.	Polcer RE, Jones E, Petterson K. A Case Series on Critically Ill Pregnant or Newly Delivered Patients with Covid-19, Treated at Karolinska University Hospital, Stockholm. Case Rep Obstet Gynecol. 2021. doi:10.1155/2021/886882 2.

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					she went into cardiac arrest, resulting in an urgent C-section for maternal indication. She was still hospitalized at the time of the article. These cases indicate that critically ill pregnant women infected by SARS-CoV-2 may develop severe respiratory distress syndrome requiring prolonged intensive care.		
COVID-19; VE-cadherin; claudin-5; endothelium; placenta; von Willebrand factor; Mexico	10-Feb-21	Molecular Insights into the Thrombotic and Microvascular Injury in Placental Endothelium of Women with Mild or Severe COVID-19	Cells	Article	The authors investigated thrombotic and microvascular injury in placental endothelium of women with mild or severe COVID-19 in Mexico. Immunofluorescence was used to study the expression of von Willebrand factor (vWf), claudin-5, and vascular endothelial (VE) cadherin in the decidua and chorionic villi of placentas from women with mild and severe COVID-19 in comparison to healthy controls. The results indicated that: (1) vWf expression increases in the endothelium of decidua and chorionic villi of placentas derived from women with COVID-19, being higher in severe cases ($p < 0.001$); (2) Claudin-5 and VE-cadherin expression decrease in the decidua and chorionic villus of placentas from women with severe COVID-19 but not in those with mild disease ($p < 0.001$). Placental histological analysis revealed thrombosis, infarcts, and vascular wall remodeling, confirming the deleterious effect of COVID-19 on placental vessels. Together, these results suggested that placentas from women with COVID-19 have a condition of leaky endothelium and thrombosis, which is sensitive to disease severity.	The authors investigated thrombotic and microvascular injury in placental endothelium of women with mild or severe COVID-19. Increased expression of vWf and decreased levels of claudin-5 and VE-cadherin were observed for severe COVID-19 cases. The results suggested that placentas from women with COVID-19 have a condition of leaky endothelium and thrombosis, which is sensitive to disease severity.	Flores-Pliego A, Miranda J, Vega-Torrealblanca S, et al. Molecular Insights into the Thrombotic and Microvascular Injury in Placental Endothelium of Women with Mild or Severe COVID-19. <i>Cells</i> . 2021;10(2):364. doi:10.3390/cells10020364.
COVID-19, SARS-CoV-2, pediatrics, respiratory viral, co-infection	10-Feb-21	Identifying Risk Factors That Distinguish Symptomatic Severe Acute Respiratory Syndrome Coronavirus 2 Infection From Common Upper Respiratory Infections in Children	Cureus	Original Research	The authors evaluated potential demographic and clinical factors in 263 children (<18 years) who had respiratory viral symptoms and tested positive for SARS-CoV-2 and other respiratory viral infections in the United States. Among the 263 symptomatic children tested for routine seasonal respiratory viruses by PCR between March and May 2020, 18 (6.8%) tested positive for SARS-CoV-2. Median age was 2.78 years (IQR 0.1-14.02 years) among those who tested positive and 2.21 years (IQR 0.62-8.79 years) among those who tested negative ($p = 0.72$). Overall, 22.2% of SARS-CoV-2-infected children and 37.1% of SARS-CoV-2-uninfected children had infection with one or more non-SARS-CoV-2 pathogens ($p = 0.31$). Higher proportions of children with compared to without SARS-CoV-2 infection were male (77.8 vs. 51.8%, $p = 0.05$), Hispanic (44.4% vs. 9.8%, $p < 0.001$), or had the symptoms of fatigue (22.2% vs. 2.5%, $p = 0.003$) or anosmia/ageusia (11.1% vs. 0%, $p = 0.004$). In a multivariable analysis, Hispanic ethnicity, symptoms of fatigue or anosmia/ageusia, and presence of obesity (as noted on physical examination) or hypoxic-ischemic encephalopathy (HIE) were independently associated with SARS-CoV-2 infection. As such, children with respiratory viral symptoms who were of Hispanic ethnicity, had symptoms of weakness/fatigue, or had obesity or HIE were at an increased risk for SARS-CoV-2 infection. The authors suggest that these risk factors may aid in further understanding children's risk for SARS-CoV-2 infection and should be studied in future cohort studies to identify if the findings hold in other populations.	The authors examined demographic and clinical factors associated with SARS-CoV-2 compared to other respiratory viral infections in 263 children in the United States. Children with respiratory viral symptoms who were of Hispanic ethnicity, had symptoms of weakness/fatigue, or had obesity or hypoxic-ischemic encephalopathy were at an increased risk for SARS-CoV-2 infection. These risk factors may inform further research into children's SARS-CoV-2 infections.	Schneider JG, Relich RF, Datta D, et al. Identifying Risk Factors That Distinguish Symptomatic Severe Acute Respiratory Syndrome Coronavirus 2 Infection From Common Upper Respiratory Infections in Children. <i>Cureus</i> . 2021;13(2):e13266. Published 2021 Feb 10. doi:10.7759/cureus.13266

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COVID-19, children, type 1 diabetes mellitus (T1DM), diabetic keto-acidosis (DKA), SARS CoV-2, pediatric COVID-19	10-Feb-21	Case Report: Insulin-Dependent Diabetes Mellitus and Diabetic Keto-Acidosis in a Child With COVID-19	Frontiers in Pediatrics	Case Report	This article describes the case of a previously healthy 7-year old Hispanic male who was diagnosed with COVID-19 and subsequently developed type I diabetes mellitus (T1DM). He presented to an emergency department in Los Angeles, CA in August, 2020, with complaints of progressive loss of appetite and a 10-lb weight loss accompanied by polydipsia, nausea, abdominal pain and headache. An initial blood glucose reading was 470 mg/dL. His clinical and laboratory findings were consistent with diabetic ketoacidosis (DKA), and he was transferred to the pediatric ICU. PCR testing returned positive for SARS-CoV-2, despite not having typical COVID-19 symptoms. Markers of T1DM were grossly abnormal and the patient had a HbA1C level of 14.8%. The patient was treated with a usual diabetic ketoacidosis (DKA) protocol and was started on a subcutaneous insulin regimen to continue as an outpatient. Research has suggested that ACE2 expression in the pancreas allows SARS-CoV-2 to enter and damage the pancreatic islet cells triggering acute diabetes, insulin resistance and hyperglycemia. Additionally, researchers theorize that immune dysregulation during COVID-19 may induce the development of autoantibodies against pancreatic beta cells. The authors emphasize that it is critical that awareness of this complication of SARS-CoV-2 infection be identified early and that clinicians are aware of the potential for a large increase in the number of COVID-19 associated T1DM and DKA cases in children following the pandemic.	This article describes the case of a previously healthy pediatric patient who was diagnosed with COVID-19 and subsequently developed type I diabetes mellitus (T1DM). The authors emphasize that it is critical that this complication of SARS-CoV-2 infection be identified early and that clinicians are aware of the potential for a large increase in the number of COVID-19 associated T1DM and DKA cases in children.	Nielsen-Saines K, Li E, Olivera AM, Martin-Blais R, Bulut Y. Case Report: Insulin-Dependent Diabetes Mellitus and Diabetic Keto-Acidosis in a Child With COVID-19. Front Pediatr. 2021;9:628810. Published 2021 Feb 10. doi:10.3389/fped.2021.628810
COVID-19; pregnancy; inclusion in trials	10-Feb-21	The Impact of Epidemiology on Prenatal and Fertility Care during the COVID-19 Pandemic	American Journal of Epidemiology	Review	The authors present a review of epidemiologic studies published between March-December 2020 that directly informed prenatal and fertility care during the COVID-19 pandemic. Clinicians in the field of reproductive medicine and patients have benefited from early, well-thought-out, and rapidly published epidemiological studies on COVID-19. Despite a significant increase in our knowledge base over the past year, many questions remain about the impact of COVID-19 on conception, pregnancy, fetal development, and lactation. Epidemiologists are uniquely positioned to lead investigations to advance knowledge of viral transmission dynamics and the determinants of health outcomes. Collaborative efforts between epidemiologists and clinicians will be invaluable in designing clinical studies that are more inclusive with the ultimate goal of improving outcomes for women during preconception, pregnancy, and postpartum periods. In the future, a commitment toward the inclusion of pregnant persons and those attempting pregnancy in the design of observational and interventional trials is necessary to gain earlier insights about outcomes and assist providers and patients in making evidence-based decisions.	The authors present a review of epidemiologic studies published between March-December 2020 that directly informed prenatal and fertility care during the COVID-19 pandemic. A commitment toward the inclusion of pregnant persons and those attempting pregnancy in the design of observational and interventional trials is necessary to gain earlier insights about outcomes and assist providers and patients in making evidence-based decisions.	Dionne-Odom J, Klipstein S. The Impact of Epidemiology on Prenatal and Fertility Care during the COVID-19 Pandemic. Am J Epidemiol. 2021:kwab026. doi:10.1093/aje/kwab026.
COVID-19; anxiety; disability; lockdown;	10-Feb-21	How Did Italian Adolescents with Disability and Parents Deal with	International Journal of Environmental	Article	In this study, a cross-sectional survey was administered between April 15 - May 15, 2020, in Italy to adolescents with disabilities and parents of disabled children to describe their experience during the COVID-19 lockdown and their concerns or expectations about rehabilitation. A	In this study, a cross-sectional survey was administered in Italy to adolescents with disabilities and to parents of disabled	Faccioli S, Lombardi F, Bellini P, et al. How Did Italian Adolescents with Disability and Parents Deal

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rehabilitation; Italy		the COVID-19 Emergency?	Research and Public Health		sample of 53 adolescents aged 13-18 years (45.3% female) and 239 parents, mostly aged 35-55 years (84.9% female), completed the survey. While 53.6% of the parents reported no positive effects of the lockdown, 92.5% of the adolescents expressed favorable consequences. The increased time spent with family members was judged positively by 27.2% of parents and 64.2% of adolescents. 47.3% of parents expressed concerns for their child's disability, while 73.6% of adolescents expressed concerns regarding the ban on meeting friends. In both groups, anxiety symptoms were correlated with the fear of contracting SARS-CoV-2 (rs 0.234, p = 0.000 and rs 0.542, p = 0.000 respectively) and with financial problems (rs 0.258, p = 0.000 and rs 0.402, p = 0.003 respectively). Parents would have liked even more remote support from school and healthcare professionals, which was available for most participants. Thus, socioeconomic support, assistive technology, and tele-rehabilitation strategies might help families with disabilities during a lockdown.	children to describe their experience during the COVID-19 lockdown and their concerns or expectations about rehabilitation. Parents expressed concern for their child's disability while adolescents expressed concerns regarding the ban on meeting friends. In both groups, anxiety symptoms were correlated with the fear of contracting SARS-CoV-2 and with financial problems.	with the COVID-19 Emergency? Int J Environ Res Public Health. 2021;18(4):1687. doi:10.3390/ijerph18041687.
COVID-19; new onset diabetes; pediatric diabetes	10-Feb-21	New-Onset Diabetes in Children during COVID-19: Clinical Case Report	Case Reports in Endocrinology	Case Report	The authors present a case of new-onset diabetes with consciousness impairment as an atypical revealing way of COVID-19. The patient was a 3-year old female presenting to the emergency department with an afebrile loss of consciousness, lethargy, and stupor in Morocco. She had a Glasgow Coma Scale (GCS) score of 10/15, polypnea (35 breaths/minute), 90% oxygen saturation, with signs of dehydration, sunken eyes, tachycardia (160bpm), and recoloring time superior at 3 seconds. Laboratory findings indicated hyperleukocytosis (16,000 mm ³), lymphopenia (450 mm ³), glycemia (5 g/L), with a corrected ionogram indicating the following: corrected natremia of 139 mol/L, 4.5 mmol/L serum potassium, glycosuria of 3+, ketonuria of 2+, and HbA1c of 10%. Her chest X-ray depicted alveolar-interstitial syndrome. A thoracic CT indicating bilateral ground-glass opacities consistent with viral pneumopathy, with moderate impairment with a level of suspicion scored CO-RADS of 4. Additionally, her SARS-CoV-2 test returned positive. The patient's diabetic ketoacidosis was managed with hydration (Ringer's lactate 20mL/kg initially, followed by physiological serum) and insulin therapy (0.05 IU/kg/hour). The patient's condition improved, and she was referred to the pediatric endocrinology department for further assessment. The authors conclude by citing that this case highlights the strong link between diabetes and SARS-CoV-2 infection, indicating the need to screen non-diabetic children for blood glucose and HbA1c for appropriate early care management.	The authors present the case of a 3-year-old child who presented to the emergency department in a ketoacidosis decompensation state, SARS-CoV-2 infection, and who was retrospectively diagnosed with new-onset diabetes in Morocco. She subsequently recovered with hydration and insulin therapy. The authors used this case to highlight the strong link between diabetes and SARS-CoV-2 infection and suggest screening non-diabetic children for blood glucose levels and HbA1c for early management.	Aabdi M, Aarab A, Es-Saad O, et al. New-Onset Diabetes in Children during COVID-19: Clinical Case Report. Case Rep Endocrinol. 2021 Feb 10;2021:6654019. doi: 10.1155/2021/6654019. PMID: 33628531; PMCID: PMC7879331.
viral genome sequencing, United States, epidemiology, SARS-CoV-2, pediatric	10-Feb-21	Novel SARS-CoV-2 spike variant identified through viral genome sequencing of the pediatric Washington D.C.	medRxiv	Preprint (not peer-reviewed)	This paper presents an analysis of viral genomes acquired from pediatric patients presenting to the Children's National Hospital in Washington DC (USA) including 24 with primary SARS CoV-2 infection and 3 with MIS-C [time period and ages not reported]. Viral genome analysis using next generation sequencing indicated that approximately 81% of the analyzed strains were of the GH clade, 7% of the cases belonged to the GR clade, and 12% of the cases belonged	This study analyzed viral genomes from 27 pediatric patients presenting to a children's hospital in Washington DC (USA) including 24 with primary SARS CoV-2 infection and 3 with MIS-C.	LoTempio J, Billings E, Draper K, et al. Novel SARS-CoV-2 spike variant identified through viral genome sequencing of the pediatric washington D.C. COVID-19 outbreak.

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		COVID-19 outbreak			to S, V, or G clades. The countries with the highest number of sequence submissions with the same lineages as these samples were the US, UK, and France. The strain of virus propagating throughout the Washington DC pediatric population is likely of European origin. 1 sample, acquired from a neonatal patient in September 2020, presented with the highest viral RNA load of all patients evaluated. Viral sequencing of this sample identified a SARS-CoV-2 spike variant, S:N679S. Analysis of data deposited in the Global Initiative on Sharing All Influenza Data database of viral sequences shows the S:N679S variant is present in 8 other sequenced samples within the US mid-Atlantic region, suggesting transmission and persistence of the SARS-CoV-2 variant within the region. Results also indicate that viral strains propagating in children are similar to those found in adults. Based on these findings, the authors highlight the importance of increasing the frequency of SARS-CoV-2 genomic surveillance.	Results indicate that viral strains propagating in children in this area are similar to those found in adults, and are likely of European origin. A new variant, S:N679S, was detected in 1 neonate with a high viral load.	medRxiv. 2021:2021.02.08.21251344. doi: 10.1101/2021.02.08.21251344.
COVID-19; families; children; food acquisition; restaurants	10-Feb-21	Food acquisition and daily life for U.S. families with 4-to 8-year-old children during COVID-19: Findings from a nationally representative survey	International Journal of Environmental Research and Public Health	Article	The authors conducted an online survey in October 2020 of US-based parents (mean age 38.8± 9.5 years) with at least one 4–8-year-old at home on aspects of daily life and current food acquisition and eating behaviors during the COVID-19 pandemic. 69% of respondents met the criteria for food insecurity by reporting that they had often or sometimes felt they might run out of food and not have money to purchase more. COVID-related measures were still in place in many areas, with masks required in 90% of respondents' cities or towns. Changes to schooling continued, with 47% reporting children attending school virtually, and 31% were homeschooled. Parents reported an average stress score of 7.2 on the PSS-4 0-16 scale, which the authors report as higher than pre-pandemic levels. Employment changes were still in place due to the COVID-19 pandemic, with 38% working remotely and 14% had lost their jobs permanently. Increases in screen time were reported by 66% of parents. 64% reported eating home-cooked meals more often than pre-pandemic. Parent gender was a significant predictor for cooking at home, with female parents cooking at home more often (p<0.01), and being female was also a predictor of consuming less food at restaurants (p<0.01). Parents with lower education levels reported less take-out (p<0.0001), and Hispanic parents were less likely to report that restaurant delivery was safe (p<0.05). The authors state that the COVID-19 pandemic may establish new behaviors with lasting impacts on schooling, time spent at home, and food insecurities. These changes have implications for child health in the future.	The authors conducted an online survey of US-based parents with at least one 4–8-year-old at home on aspects of daily life and current food acquisition and eating behaviors during the COVID-19 pandemic. 69% of the respondents met the criteria for food insecurity.	Ferrante MJ, Goldsmith J, Tauriello S, Epstein LH, Leone LA, Anzman-Frasca S. Food Acquisition and Daily Life for U.S. Families with 4-to 8-Year-Old Children during COVID-19: Findings from a Nationally Representative Survey. <i>Int J Environ Res Public Health</i> . 2021;18(4):1734. Published 2021 Feb 10. doi:10.3390/ijerph18041734
COVID-19, adolescent, eating disorder, telemedicine	10-Feb-21	Treatment of eating disorders in adolescents during the COVID-19 pandemic: A case series	Journal of Eating Disorders	Original Research	This article investigated the advantages and problems associated with multi-professional long-distance telemedicine treatment in the management of adolescents with eating disorders and their families during the COVID-19 pandemic in Israel. Data was collected from a pediatric eating disorder treatment center during the first 10 months of 2020 (n = 242 patients), and compared to the same period of time in 2015-2019. Results indicated that slightly fewer patients were	The authors investigated the advantages and problems of telemedicine for adolescent eating disorder treatment during the COVID-19 pandemic in Israel. The found that overall,	Yaffa S, Adi EL, Itai P, et al. Treatment of eating disorders in adolescents during the COVID-19 pandemic: a case series. <i>J Eat Disord</i> . 2021 Feb 10;9(1):17. doi:

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					treated in the center during the pandemic than in the earlier periods (242 in 2020 period, versus mean of 257 patients in each previous yearly period; no p-value given). The patients received more treatment sessions (5926 total sessions in 2020 period, versus mean of 4001 sessions in each previous yearly period; no p-value given), in part due to the extensive use of telemedicine. When looking at 4 patients with anorexia (ages 13-17 years old), improved condition was seen in 3/4 patients due to multi-disciplinary long-distance telemedicine, and living in well-organized families with the ability and motivation to adjust to new conditions. The authors suggest that families may require the use of face-to-face interventions, even during pandemic conditions, to further patient improvement. They conclude that telemedicine is an effective way to administer therapies to eating disorder patients, but the mode of treatment should also consider level of family functioning.	telemedicine is an effective way to treat eating disorders.	10.1186/s40337-021-00374-z.
Inclusion, vaccine, COVID-19, safety, effectiveness, pregnancy, lactation, women	10-Feb-21	Involving Pregnant Individuals in Clinical Research on COVID-19 Vaccines	Journal of the American Medical Association (JAMA)	Viewpoint	Pregnant women with COVID-19 are at increased risk of hospitalization and have a 3-fold adjusted relative risk of needing intensive care (10.5 vs. 3.9/1000 cases) and mechanical ventilation (2.9 vs. 1.1/1000 cases) compared with age-matched non-pregnant individuals. Also, pregnant women with severe or critical COVID-19 have higher risks of cesarean delivery (1.57 [95% CI, 1.30-1.90]), postpartum hemorrhage (2.04 [95% CI, 1.19-3.47]), hypertensive disorders of pregnancy (1.64 [95% CI, 1.21-2.23]), and preterm birth (3.53 [95% CI, 2.42-5.15]) in the United States. COVID-19 vaccines potentially prevent the illness; however, their safety and effectiveness in pregnancy are unknown as pregnant women were excluded from participating in clinical trials. The data provided by the manufacturers in the Emergency Use Authorizations for both the Pfizer and Moderna vaccines described the specific exclusion of pregnant people. During the trials, those who became pregnant (n = 36) provided very limited data to inform evidence of safety and effectiveness in this population. Preclinical rodent data from Moderna concluded that vaccine mRNA-1273 was not associated with adverse effects when given at a dose of 100 µg prior to mating or during pregnancy. Despite having little or no scientific evidence, vaccination has been authorized for pregnant women based on risk-benefit calculations. This article emphasizes the importance of developing a systematic plan to collect data from pregnant and lactating women, including preclinical, safety, pharmacokinetics, and pharmacodynamic data. Pregnant women need the same evidence as non-pregnant persons regarding medication and vaccines to make an informed decision.	Despite the limited or no scientific evidence, COVID-19 vaccination has been authorized for pregnant women based on risk-benefit calculations. This article emphasizes the importance of developing a systematic plan to collect data from pregnant and lactating women, including preclinical, safety, pharmacokinetics, and pharmacodynamic data. Pregnant women need the same evidence as non-pregnant persons regarding medications and vaccines to make an informed decision.	Bianchi DW, Kaeser L, Cernich AN. Involving Pregnant Individuals in Clinical Research on COVID-19 Vaccines [published online, 2021 Feb 10]. JAMA. doi:10.1001/jama.2021.1865
smartphone use, internet use, children, pandemic,	10-Feb-21	Problematic technology use needs to be tackled so that children and	Acta Paediatrica	Editorial	This article specifies three critical considerations regarding smartphone and internet use by children during the COVID-19 pandemic. Many studies have shown the harmful consequences of problematic smartphone and internet use in children and adolescents. However, there are too many different scales and	Despite the potentially detrimental effects of dysregulated digital media use, the COVID-19 pandemic has forced children and adolescents	Fuchs M. Problematic technology use needs to be tackled so that children and adolescents can reap positive benefits during

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internet expansion		adolescents can reap positive benefits during the COVID-19 pandemic			outcome variables to evaluate the impact of technology accurately. A recent systematic review showed that problematic smartphone use appeared to decrease health, quality of life, life satisfaction, and subjective well-being among adolescents. Future research should include younger children as a vulnerable population, cross-cultural studies, e.g., Asian regions vs. Western countries, and focus on different types of smartphone applications. On the other hand, despite the potentially detrimental effects of dysregulated digital media use, the COVID-19 pandemic has forced children and adolescents worldwide to depend on the internet and smartphones. Hence, instead of focusing on technology restrictions, future research should focus on helping children and adolescents acquire competent digital media skills, including increasing awareness of the advantages and disadvantages of the internet and how to handle personal data. In conclusion, internet expansion in affected regions is vital considering that 65% of children and adolescents worldwide still lack internet access at home despite the requirement of online platforms for continued education during the COVID-19 pandemic.	worldwide to depend on the internet and smartphones. This article specifies three critical considerations regarding smartphone and internet use in children during the COVID-19 pandemic: 1) unavoidable internet use and its harmful consequences, 2) suggestions for future research, and 3) the importance of internet expansion worldwide.	the COVID-19 pandemic [published online, 2021 Feb 10]. <i>Acta Paediatr.</i> doi:10.1111/apa.15778
COVID-19, genetic testing, prenatal, utilization, pregnancy	10-Feb-21	The Impact of the Emergence of COVID-19 on Women's Prenatal Genetic Testing Decisions	Prenatal Diagnosis	Original Article	The authors conducted a qualitative study to examine the impact of the COVID-19 pandemic on patients' access and utilization of prenatal genetic screens and diagnostic tests in the United States. Phone interviews were conducted between May and July 2020 to 40 English-speaking pregnant women aged 18 years and older (mean age 32.25 ± 4.54 years), who received outpatient obstetric care through the Cleveland Clinic Healthcare System, Ohio, USA, and had a viable intrauterine pregnancy. The participants were divided into 2 groups (20 in the first trimester to capture prenatal care needs, preferences, and experiences at the onset of the pregnancy and prenatal care delivery, 20 in the second trimester, who had already considered or undergone prenatal genetic screening or diagnostic testing at the time of the interview). Participants were asked about their knowledge and perception of the COVID-19 pandemic and the pandemic's impact on their prenatal care. Of the 40 participants, 5 had COVID-19 testing (negative), 37.5% primigravida, 85% white, 32.5% advanced maternal age, and 90% had undergone prenatal screening or diagnostic testing. The results showed that the pandemic did not alter most participants' decisions to undergo prenatal genetic testing. However, it did impact how participants viewed the risks and benefits of testing and timing of testing. There was heightened anxiety among those who underwent testing, stemming from the risk of viral exposure and the fear of being alone if pregnancy loss or fetal abnormality was identified at the time of an ultrasound-based procedure. The authors concluded that the pandemic might impact patients' access and utilization of prenatal genetic tests. More research is needed to determine how best to meet pregnant patients' decision-making needs during the pandemic.	The authors conducted a qualitative study to examine the impact of COVID on patients' access and utilization of prenatal genetic screens and diagnostic tests at the onset of the COVID-19 pandemic in the United States. They concluded that the pandemic might impact patients' access and utilization of prenatal genetic tests. However, more research is needed.	Farrell RM, Pierce M, Collart C, et al. New thing, The Impact of the Emergence of COVID-19 on Women's Prenatal Genetic Testing Decisions. <i>Prenat Dianosis.</i> Published online 2021. doi:doi: 10.1002/pd.5902

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ACE2, children, cytokine storm, MIS-C, immune dysregulation	10-Feb-21	Age-related differences in the immune response could contribute to determine the spectrum of severity of COVID-19	Immunity, Inflammation, and Disease	Review	In this review, the authors discuss the age-related differences in immune response and subsequent COVID-19 severity. Statistically, 20% of adults with COVID-19 require ICU admission, while this rate drops to only 2-3% in children. In children, the immune dysregulation following SARS-CoV-2 infection can lead to the severe manifestation of MIS-C. Among these younger patients, most show a higher ability to respond to viral infections and have a reduced baseline pro-inflammatory state compared to elderly patients. Children's reduced susceptibility to severe COVID-19 may be due to many factors, including a higher quantity and function of naive CD4+ and CD8+ T-cells, age-associated B-cells, and peripheral dendritic cells that increase the level of innate immunity and its baseline reactivity. Children's reportedly lower levels of expression of the ACE2 receptor may also play a role in their reduced disease susceptibility. Compared to adults, children generally have low levels of inflammation, which is also thought to contribute to their improved COVID-19 outcomes and disease course. However, the complex interactions between the ACE2 receptor, SARS-CoV-2, the immune system, and pulmonary tissue are still undefined. A better characterization of the age-related differences in COVID-19 pathogenesis will open the opportunity to critically improve the development of therapies for COVID-19 patients.	The authors highlight several reasons for age-related differences in the immune response to SARS-CoV-2 infection and COVID-19 severity. A higher number and function of immune cells and reduced levels of inflammation could be related to children's mild COVID-19 manifestations. A better understanding of COVID-19 pathogenesis is important to therapy development.	Costagliola G, Spada E, Consolini R. Age-related differences in the immune response could contribute to determine the spectrum of severity of COVID-19. <i>Immun Inflamm Dis</i> . 2021;10.1002/iid3.404. doi:10.1002/iid3.404
Food Supply; Mental Disorders; Unemployment	10-Feb-21	COVID-19, food security and maternal mental health in Ceará, Brazil: A repeated cross-sectional survey	Public Health Nutrition	Original Research	This study aimed to quantify changes in the risk of food insecurity and maternal mental disorders (MMD) before and during the COVID-19 pandemic in Brazil. A telephone survey was conducted from July 17-September 10, 2020, with 577 mothers who had been enrolled with their children in 2017 and completed surveys in both 2017 and 2020. The Brazilian Food Insecurity Scale was used to assess food security, and the Self Reporting Questionnaire (SRQ-20) was used to assess MMD. Child age range was 36-108 months [no age information provided for mothers or other age information for children]. The difference in proportion of food insecurity was 15.5% higher (95% CI 5.9-25.1, p<0.001) in 2020 compared to 2017, and MMD was 40.2% higher during the pandemic (95% CI 32.6-47.8, p<0.001). 62% of the mothers who worked before the pandemic reported losing employment since it began, and 69% received the government COVID-19-related financial aid. The authors report that food insecurity was associated with maternal unemployment due to COVID-19 (p <0.001) and government assistance (p <0.001), but these factors were not associated with the risk of MMD. The authors conclude that their findings highlight the need for policies and interventions to reduce the impact of the COVID-19 pandemic on food insecurity and maternal mental health in Brazil.	This study examined the change in food insecurity and maternal mental disorders (MMD) from 2017 to the pandemic in 2020, and assessed whether loss of employment and government assistance were associated with these outcomes. The authors report an increase in both food insecurity and MMD during the pandemic, but only food insecurity was associated with the 2 factors.	Rocha, H., Sudfeld, C. R., Leite, Á., et al (2021). COVID-19, food security and maternal mental health in Ceará, Brazil: a repeated cross-sectional survey. Public health nutrition, 1–12. https://doi.org/10.1017/S1368980021000628
COVID-19, SARS-CoV-2, UK, England, fever, cough,	10-Feb-21	Covid-19: Children less likely to report fever, persistent cough.	British Medical Journal (BMJ)	News	This article summarizes a recent study in the UK by Elliott et al. that found children (5-17 years old) with COVID-19 are less likely to report fever, persistent cough, or appetite loss compared to adults [no p-values given in this report]. Further, researchers found that the most	This article summarizes a recent study in the UK by Elliott et al. that found children (5-17 years old) with COVID-19 are less	Mahase E. Covid-19: Children less likely to report fever, persistent cough, or appetite loss,

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appetite loss, headache, children		or appetite loss, large UK study finds			common symptom reported by this age group is headaches, while muscle ache and appetite loss were the most commonly reported symptoms in people aged 18-54. For the purposes of this study, researchers examined SARS-CoV-2 swab tests and accompanying symptom questionnaires between June 2020 and January 2021 as part of the React-1 study, which includes 150,000 randomly selected people from England monthly. React-1 is ongoing, and researchers hope that these and other results will help inform testing criteria.	likely to report fever, persistent cough, or appetite loss compared to adults. Results published here are part of the ongoing React-1 study, which pairs SARS-CoV-2 swab tests with symptom questionnaires for 150,000 randomly selected people from England monthly. Researchers hope that study results will help inform SARS-CoV-2 testing criteria.	large UK study finds. BMJ. 2021;372:n408. Published 2021 Feb 10. doi:10.1136/bmj.n408
Children, B.1.1.7, disease severity, pediatrics	10-Feb-21	Effect of the New SARS-CoV-2 Variant B.1.1.7 on Children and Young People	The Lancet Child and Adolescent Health	Correspondence	This correspondence addresses the clinical impact of the new SARS-CoV-2 lineage B.1.1.7 on children (aged ≤18 years) in England, specifically regarding acute respiratory COVID-19. The B.1.1.7 variant was estimated to account for 70% of infections in the London region in January, 2021. In the first wave of the pandemic (March 1-May 31, 2020), 20 children positive for SARS-CoV-2 were admitted to King's College Hospital in London. During the second wave (Nov 1, 2020-Jan 19, 2021), 60 children positive for SARS-CoV-2 were admitted. No significant differences were found in age, proportion of patients with comorbidities, proportion of patients from Black, Asian, and minority ethnicity background, or deprivation scores between groups. Disease severity necessitating oxygen therapy or ventilatory support was infrequent in both waves. The author found no evidence of more severe disease having occurred in children and young people during the second wave, suggesting that infection with the B.1.1.7 variant does not result in an appreciably different clinical course to the original strain. The higher incidence of children hospitalized was likely due to the higher prevalence of SARS-CoV-2 within the local community, as the number of adult admissions increased simultaneously. The authors conclude that severe acute respiratory COVID-19 remains an uncommon occurrence in children.	This correspondence addresses the differences between the first wave of the COVID-19 pandemic in England on children aged ≤18 years and the second wave caused primarily by the new SARS-CoV-2 lineage B.1.1.7. Although more children were admitted to King's College Hospital during the second wave, there were no differences in age, proportion of patients with comorbidities, proportion of patients from minority ethnicity background, or deprivation scores between groups. The authors conclude that severe acute respiratory COVID-19 remains an uncommon occurrence in children.	Brookman S, Cook J, Zucherman M, et al. Effect of the new SARS-CoV-2 variant B. 1.1. 7 on children and young people. The Lancet Child Adolesc Health. 2021; doi.org/10.1016/S2352-4642(21)00030-4
COVID-19; epidemiology; neonatology; breast milk	10-Feb-21	SARS-CoV-2 genome and antibodies in breastmilk: a systematic review and meta-analysis	ADC Fetal and Neonatal Edition	Systematic Review	The authors conducted a systematic review and meta-analysis of studies published between January 2019 and October 2020 that included mothers with confirmed COVID-19 whose breastmilk was tested for SARS-CoV-2 by RT-PCR or for anti-SARS-CoV-2 antibodies. 50 articles were included for qualitative analysis and 48 were included for meta-analysis; there were no study design or language restrictions. 12 out of 183 women from 48 studies were positive for SARS-CoV-2 genome in their breastmilk (pooled proportion 5% (95% CI 2% to 15%)). 6 infants (50%) of these 12 mothers tested positive for SARS-CoV-2, with 4 exhibiting symptoms and 1 had co-occurring respiratory syncytial virus requiring respiratory support. 69 out of 89 women from 10 studies had anti-SARS-CoV-2 antibody in their breastmilk (pooled proportion 83% (95% CI 32% to 98%)). The predominant antibody detected was IgA. The authors conclude that	Based on the results of this systematic review and meta-analysis, the authors find that SARS-CoV-2 genome presence in breastmilk is rare in samples obtained from SARS-CoV-2 infected mothers, but anti-SARS-CoV-2 antibodies are much more common. They conclude that breastfeeding should be recommended in mothers with SARS-CoV-2, after counselling and education	Zhu F, Zozaya C, Zhou Q, Det al. SARS-CoV-2 genome and antibodies in breastmilk: a systematic review and meta-analysis [published online, 2021 Feb 10]. Arch Dis Child Fetal Neonatal Ed. 2021;fetalneonatal-2020-321074. doi:10.1136/archdischild-2020-321074

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					SARS-CoV-2 genome presence in breastmilk is uncommon and is associated with mild symptoms in infants. Anti-SARS-CoV-2 antibodies may be a more common finding. According to one estimate, 5%, 10%, 25% or 50% relative reductions in the prevalence of breastfeeding due to the COVID-19 pandemic can result in 16,469, 32,139, 75,455 or 138,398 child deaths, respectively, in low-income and middle-income countries in 1 year. Considering the low proportion of SARS-CoV-2 genome detected in breastmilk, its lower virulence, and the demonstrated impact of withholding breastfeeding on infant health, the authors conclude that breastfeeding should be recommended in mothers with SARS-CoV-2, after counselling and education regarding safe hygiene practices.	regarding safe hygiene practices.	
COVID-19; health literacy; parents; children; access to information	10-Feb-21	"People play it down and tell me it can't kill people, but I know people are dying each day". Children's health literacy relating to a global pandemic (COVID-19); an international cross sectional study	PLOS One	Research Article	The authors surveyed children and parents' access to information and health literacy specific to the COVID-19 pandemic from April 6- June 1, 2020. Children aged 7-12 years were eligible along with parents; 390 children (average age 9 years) and 1230 parents/caregivers (no age range or mean age given) participated in the survey from 6 countries: UK, Australia, Brazil, Spain, Canada, and Sweden. The survey findings were categorized by how COVID-19 information was accessed by children and parents, including how parents choose to facilitate or limit access to the information, and the COVID-19 health literacy of both children and parents. Most children reported parents as their primary source of information (89%, n=347), except in Sweden, where schools remained in session and were the primary source of information (90%, n=45). Most children's access to information was also their preferred method; however, 17% of children in Brazil would prefer information via animation sources. Parents did recognize that they are the main source of information for their children (93%, n=1147). Parents reported that children would like to receive information from other sources; this was not supported by children who preferred to receive information from their parents. Parents did report shielding their child from information (13%, n=160), and even more, reported filtering or limiting information (37%, n=451). Parents said that giving children information made them less worried (65%, n=801). Children's answers to survey questions on what they know of COVID-19 and what else they wanted to know were very similar across all 6 countries despite varying pandemic responses. The authors report the importance of health literacy in families and children.	The authors surveyed children and parents' access to information and health literacy specific to the COVID-19 pandemic in 6 countries: UK, Australia, Brazil, Spain, Canada, and Sweden. Parents in all the countries reported that giving children information made them less worried (65%, n=801).	Bray L, Carter B, Blake L, et al. "People play it down and tell me it can't kill people, but I know people are dying each day". Children's health literacy relating to a global pandemic (COVID-19); an international cross sectional study. <i>PLoS One</i> . 2021;16(2):e0246405. Published 2021 Feb 10. doi:10.1371/journal.pone.0246405
COVID-19; children; congenital heart disease; family functioning; neurodevelopmental	9-Feb-21	Impact of the COVID-19 pandemic on children with and without risk for neurodevelopmental impairments	Acta Paediatrica	Article	This study explored how the COVID-19 pandemic impacts child well-being and family functioning, particularly among children at risk for neurodevelopmental impairments. Families of 73 typically developing children, 54 children born very preterm (VPT) and 73 children with congenital heart disease (CHD) were recruited from 2 prospective cohort studies in Switzerland to assess well-being and family functioning prior to (mean age 10.4±1.2 years) and during (mean age: 12.8±2.0 years) the pandemic (17 April - 10 May, 2020). There was a	This study explored how the COVID-19 pandemic impacts families of typically developing children compared to families with children at risk for neurodevelopmental impairments: children born very preterm (VPT) and children with	Ehrler M, Werninger I, Schneider B, et al. Impact of the COVID-19 pandemic on children with and without risk for neurodevelopmental impairments. <i>Acta Paediatr</i> .

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impairment; preterm birth; well-being		[Free Access to Abstract Only]			1.9 year median interval between the 2 assessments (IQR= 1.1-3 years). Children's psychological well-being and family functioning (both $p<0.001$) decreased significantly during the pandemic, irrespective of group. Children with CHD were reported to be more concerned about becoming infected with SARS-CoV-2 ($p<0.001$) than were others. Child distress due to homeschooling and parents' concerns about children's academic achievements were significantly higher in VPT and CHD children than in typically developing peers (all $p<0.001$). The authors conclude that the additional stress caused by the COVID-19 pandemic substantially impacts families with children at risk for neurodevelopmental impairments. Therefore, they recommend families should receive individualized counseling from healthcare providers regarding any health-related concerns, and schools should ensure continued support to families of children with special needs.	congenital heart disease (CHD). Children's psychological well-being and family functioning decreased significantly during the pandemic, irrespective of group. Children with CHD were reported to be more concerned about becoming infected with SARS-CoV-2 than others, and parents of VPT and CHD children were significantly more concerned about academic achievements.	2021;110(4):1281-1288. doi:10.1111/apa.15775
COVID-19; midwifery; organizational change; Mexico	9-Feb-21	Emergent Change in a Mexican Midwifery Center Organization Amidst the COVID-19 Crisis	Frontiers in Sociology	Article	The authors described the adaptation of existing protocols into clinical practice in a Mexican midwifery center organization during the COVID-19 pandemic. These changes included mask-wearing, eye protection, PPE, screening and scheduling adjustments, distancing, and telehealth. The authors also presented and analyzed the results of qualitative interviews in June-July 2020 with 8 midwives and 8 midwifery clients (who had accessed their services in July 2020) to determine their perspective on the impact of the pandemic. For midwives, navigating the pandemic has meant an increased burden on their work and how they navigate work-life balance. In pregnant women, the pandemic has led to increased stress hormones that impact the perinatal experience. There is also a need to acknowledge and integrate the Midwifery Model of Care and midwives as care providers within the Mexican healthcare system and address the deficiency of the system in placing women at the center of care. These interviews revealed the tremendous stresses both midwives and pregnant and birthing women are experiencing due to the pandemic, their creative adaptations, and the structural flaws, deficiencies, and inequities of the Mexican healthcare system.	The authors described the adaptation of existing protocols into clinical practice in a Mexican midwifery center organization during the COVID-19 pandemic. These changes included masking, eye protection, PPE, screening and scheduling adjustments, distancing, and telehealth. Qualitative interviews also revealed tremendous stresses both midwives and pregnant and birthing women are experiencing due to the pandemic, their creative adaptations, and the structural flaws, deficiencies, and inequities of the Mexican healthcare system.	Alonso C, Storey AS, Fajardo I, et al. Emergent Change in a Mexican Midwifery Center Organization Amidst the COVID-19 Crisis. Front Sociol. 2021;6:611321. doi:10.3389/fsoc.2021.611321.
Children, healthcare workers, transmission, serology, secondary attack rate, pediatrics	9-Feb-21	High Rates of SARS-CoV-2 Family Transmission in Children of Healthcare Workers During the First Pandemic Wave in Madrid, Spain: Serologic Study	Pediatric Infectious Diseases Journal	Original Research	This cross-sectional study was conducted to assess SARS-CoV-2 transmission among children living with healthcare workers at a hospital in Madrid, Spain between March-May 2020. All participants underwent enzyme linked immunosorbent assay (ELISA) for detection of serum IgG antibodies against SARS-CoV-2. Secondary attack rate (SAR) was defined as the proportion of infected children following exposure to a primary symptomatic adult index case, detected with either positive SARS-CoV-2 PCR after exposure or a positive SARS-CoV-2 IgG at least 2–4 weeks after exposure. 113 children from 69 healthcare workers with confirmed SARS-CoV-2 infection were included: 47 tested positive for IgG (41.6%). Mean age was 8.4 years (SD 4.5 years) [range not provided]. Secondary attack rate was 43.7%	The authors assessed SARS-CoV-2 transmission among children living with healthcare workers at a hospital in Madrid, Spain. 113 children from 69 healthcare workers with confirmed SARS-CoV-2 infection were tested for SARS-CoV-2 IgG: 47 tested positive (41.6%). Secondary attack rate (positive PCR or IgG) among children was 43.7% overall, with the rate increasing	Méndez-Echevarría A, Sainz T, de Felipe B, et al. High Rates of SARS-CoV-2 Family Transmission in Children of Healthcare Workers During the First Pandemic Wave in Madrid, Spain: Serologic Study. Pediatr Infect Dis J. 2021; doi:10.1097/INF.0000000000003088

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					overall, with the proportion of infected children increasing depending on whether neither, one parent or both parents were symptomatic (25% if both asymptomatic; 39.5% if one parent symptomatic; 47% when both parents symptomatic). Median age was higher in IgG positive children than IgG negative (9.7 years (6.1–13.2) vs 7.2 (4.2–11.3) p = 0.022). The authors conclude that they observed a high rate of SARS-CoV-2 transmission in children of healthcare workers during the first pandemic wave in Spain, especially when both parents were symptomatic.	if one or both parents were symptomatic. The authors conclude that they observed a high rate of SARS-CoV-2 transmission in children of healthcare workers during the first pandemic wave in Spain.	
MIS-C; mimickers; severe foodborne bacterial infections; children; COVID-19	9-Feb-21	Severe Foodborne Bacterial Infections Mimicking Multisystem Inflammatory Syndrome in Children Associated With COVID-19	The Pediatric Infectious Disease Journal	Letter to the Editor	In this letter, the authors compared their 4 cases of foodborne bacterial infection mimicking MIS-C at a tertiary hospital in Spain between September 2nd and November 18th, 2020 to the children evaluated with suspected MIS-C from an article by Campbell et al. The 4 cases were previously healthy males ages 4 to 15 [mean age: 9.75 years ± 4.79 years] presenting with clinical and laboratory signs compatible with MIS-C. All cases had fever and abdominal pain, 2 cases had vomiting and 1 had diarrhea. All received antibiotics, and 2 started treatment with methylprednisolone and IV immunoglobulin for MIS-C. All 4 children tested negative for SARS-CoV-2 by PCR, and only 1 had SARS-CoV-2-positive IgG antibodies. After a broad diagnostic workup, gastro-intestinal bacterial infection was diagnosed in all patients, and MIS-C was excluded. Salmonella Typhi was isolated in blood culture in 1 case and Campylobacter species were isolated in stool cultures in the remaining 3 cases (Campylobacter jejuni in 2 and Campylobacter coli in 1). Compared to the Campbell study, no patient in the other study was diagnosed with a bacterial infection which may be due to different local epidemiology. Since gastro-intestinal symptoms are common in MIS-C, distinguishing diagnosis with other gastro-intestinal conditions such as acute appendicitis may be difficult. This series of cases show that foodborne bacterial infection should be ruled out when evaluating possible MIS-C, especially if gastrointestinal symptoms are predominant. Despite the increasing concern about inflammatory conditions associated with SARS-CoV-2, clinically stable patients with low suspicion of MIS-C should be assessed for other infectious conditions within the differential diagnosis by obtaining appropriate samples and initiating timely empirical antibiotic treatment before deciding to initiate immunomodulatory treatment.	The authors of this letter compared their 4 cases of foodborne bacterial infection mimicking MIS-C at a tertiary hospital in Spain to the children evaluated with suspected MIS-C from an article by Campbell et al. After a broad diagnostic workup, gastro-intestinal bacterial infection was diagnosed in all patients, and MIS-C was excluded. Despite the increasing concern about inflammatory conditions associated with SARS-CoV-2, clinically stable patients with low suspicion of MIS-C should be assessed for other infectious conditions within the differential diagnosis before deciding to initiate immunomodulatory treatment.	Toledano J, Saavedra-Lozano J, Navarro-Gómez ML, et al. Severe Foodborne Bacterial Infections Mimicking Multisystem Inflammatory Syndrome in Children Associated With COVID-19 [published online, 2021 Feb 9]. <i>Pediatr Infect Dis J</i> . 2021;10.1097/INF.0000000000003093. doi:10.1097/INF.0000000000003093
Children, sex, disease severity, hospitalization, mortality, MIS-C	9-Feb-21	Influence of sex on disease severity in children with COVID-19 and Multisystem Inflammatory Syndrome in Latin America	medRxiv	Preprint (not peer-reviewed)	This study assessed the association between sex and disease severity/outcomes in a cohort of Latin-American children with COVID-19 and MIS-C (N=990, age range 0-17 years). Crude odds ratios (ORs) and 95% confidence intervals (CIs) were assessed, and confounding adjustment was subsequently performed. Among 484 females, 39 (8.1%) had chest X-ray abnormalities, 124 (25.6%) were admitted to the hospital, 20 (4.1%) were admitted to ICUs, 49 (10.1%) received respiratory support, and 2 (0.4%) died. 24 (5%) were diagnosed with MIS-C. Among 506 males, 53 (10.5%) had chest X-ray abnormalities,	The authors assessed the association between sex and disease severity/outcomes of COVID-19 and MIS-C in a large cohort of children from Latin America. They found that a higher percentage of male children developed MIS-C (8.9% vs 5% in females) and died (1.2%	Brizuela M, Lenzi J, Gutierrez RU, et al. Influence of sex on disease severity in children with COVID-19 and Multisystem Inflammatory Syndrome in Latin America. medRxiv. 2021;

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					179 (35.4%) were admitted to the hospital, 27 (5.3%) were admitted to ICUs, 69 (13.6%) received respiratory support, and 6 (1.2%) died. 45 (8.9%) were diagnosed with MIS-C. Although a higher percentage of male children developed MIS-C (8.9% vs 5% in females) and died (1.2% vs 0.4% in females), on multivariate adjusted analyses the only significant difference was found in need of hospitalization, with females less frequently admitted compared with boys (25.6% vs 35.4%, OR = 0.82, p <0.001). The authors conclude that they observed a slightly more severe course of COVID-19 and MIS-C in boys compared with girls in this cohort, however further independent studies are needed to better assess the role of sex in disease severity.	and 0.4% in females), however on multivariate adjusted analyses the only difference was found in need of hospitalization, with girls less frequently admitted compared with boys. The authors conclude that further independent studies are needed to better assess the role of sex in disease severity.	doi.org/10.1101/2021.02.07.21251212
health disparities; children; COVID-19; urban; vaccine distribution; race; income	9-Feb-21	Follow the Money: Childhood Healthcare Disparities Magnified by COVID-19	Pediatric Neurology	Commentary	The authors describe how the COVID-19 pandemic has strained health care systems in the United States, highlighting existing inequalities. They provide an overview of trends in urban healthcare over the last four decades, including poorly-resourced clinics staffed by providers in training, improved reimbursement through Medicaid, and the divide between underfunded facilities providing care for marginally reimbursable conditions and well-resourced hospitals. Lessons learned from the COVID-19 pandemic include the impact of unequal distribution of hospital resources and supplies, the persistent higher infection and death rates among historically marginalized groups, the impact of structural racism on SARS-CoV-2 exposure, and the disproportionate impact of mitigation practices such as closing business, remote school, and telemedicine on poor communities. The failure of political leadership, vaccine distribution disparities, poor education, and distrust in health care are noted as contributing to the disproportionate impact of the COVID-19 pandemic on marginalized communities. The authors suggest that payment for healthcare services be realigned, so it does not contribute to care inequities and for strategic outreach to underserved communities.	This article describes how the COVID-19 pandemic has highlighted existing inequalities in the health care system in the United States. Lessons learned from the COVID-19 pandemic as relates to health disparities are outlined by the authors, who then call for realignment of payments and outreach to underserved communities to address the disparities.	Pavlikis S, Roach ES. Follow the Money: Childhood Health Care Disparities Magnified by COVID-19 [published online, 2021 Feb 9]. <i>Pediatr Neurol.</i> 2021;118:32-34. doi:10.1016/j.pediatrneurol.2021.02.005
breast milk; passive immunity; immunoglobulins; infectious diseases; breastfeeding; polyreactive antibody; β -coronaviruses; α -coronaviruses; neonates	9-Feb-21	Human Milk Antibodies against S1 and S2 Subunits from SARS-CoV-2, HCoV-OC43, and HCoV-229E in Mothers with a Confirmed COVID-19 PCR, Viral Symptoms, and Unexposed Mothers	International Journal of Molecular Science	Original Research	This case-control study in the United States compared the levels of antibodies reactive to SARS-CoV-2 present in the breastmilk of: women with a positive SARS-CoV-2 PCR test (n=7), women with viral symptoms during the COVID-19 pandemic but no testing done (n=20), and 2 control groups of unexposed women from data collected pre-pandemic (n=6 and n=16). Levels of IgG specific to S2 SARS-CoV-2 were 2.8 times higher in the symptomatic and PCR-diagnosed groups' breast milk than in the control groups (p=0.014). HCoV-OC43 IgG specific to S1 and S2 subunits were 4.3 times more prevalent in the PCR-diagnosed group than in the control groups (p=0.002). S1 SARS-CoV-2 IgG positively correlated with presence of S1 and S2 secretory IgA (SIgA)/IgA and secretory IgM (SIgM)/IgM; S2 SARS-CoV-2 IgG did not reflect this association. Levels of HCoV-229E IgG, SIgA/IgA, and SIgM/IgM specific to either S1 or S2 subunits did not significantly differ among the study groups. Researchers conclude that more research must be conducted to find if the SARS-CoV-2-specific	This case-control study found that human milk antibodies specific to SARS-CoV-2 were more prevalent in the breast milk of women diagnosed with COVID-19 via PCR test compared to antibody data collected before the COVID-19 pandemic. However, more research is needed to find if infants can gain passive immunity from consuming this human milk.	Demers-Mathieu V, DaPra C, Mathijssen G, et al. Human Milk Antibodies Against S1 and S2 Subunits from SARS-CoV-2, HCoV-OC43, and HCoV-229E in Mothers with A Confirmed COVID-19 PCR, Viral SYMPTOMS, and Unexposed Mothers. <i>Int J Mol Sci.</i> 2021 Feb 9;22(4):1749. doi: 10.3390/ijms22041749. PMID: 33572480.

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					antibodies have a protective effect for infants consuming the breast milk.		
Child labor, poverty, child development, child health, child abuse, exploitation, COVID-19	9-Feb-21	Prevalence and potential consequences of child labour in India and the possible impact of COVID-19 - a contemporary overview	Medicine, Science, and the Law	Review Article	The authors describe the global phenomenon of child labor, or exploitation through work, including causes, forms, effects, and legal considerations. They then describe child labor in India, including the magnitude of the issue and child labor laws. The effect of the COVID-19 pandemic on child labor is highlighted, including the potential for rates of child labor to increase due to rising poverty associated with the economic downturn and closure of schools. The authors note a decline in child labor interventions in India during the COVID-19 pandemic lockdown, from 2473 in March 2020, to 466 in April 2020, and 734 in May 2020. Reports of trafficking of children for illegal labor and forced marriages following the lockdown in India have also surfaced in Indian newspapers. Overall the authors note that the COVID-19 lockdown exposed gaps in child protection services and policies in India and globally.	The authors highlight the issue of child labor, or exploitation of children through work, in India and the potential for child labor rates to increase in India and globally during the COVID-19 pandemic. Rising poverty due to economic downturn and the closure of schools are noted as potential contributing factors. The authors note the role of the COVID-19 pandemic in exposing gaps in child protection services and policies.	Kaur N, Byard RW. Prevalence and potential consequences of child labour in India and the possible impact of COVID-19 - a contemporary overview [published online, 2021 Feb 9]. Med Sci Law. 2021;25802421993364. doi:10.1177/0025802421993364
Adolescents; Children; COVID-19; Screen time; Sleep; Sleep disturbances	9-Feb-21	Changes in sleep patterns and disturbances in children and adolescents in Italy during the Covid-19 outbreak	Sleep Medicine	Original Article	The aim of the study was to examine the impact of home confinement during the COVID-19 pandemic on the sleep patterns and sleep disturbances in Italian children and adolescents. 4314 participants completed an anonymous online survey from May 7-June 15, 2020 that targeted children and adolescents aged 1-18 years, and caregivers completed a modified version of the Sleep Disturbance Scale for Children (SDSC). 29.3% of participants were 1–3 years, 20.7% were 4–5 years, 42.8% were 6–12 years, and 7.2% were 13–18 years. The authors found a significant delay in bedtime and rise time in all age groups for weekdays and weekends (p<0.0001). Sleep duration on weekdays increased slightly but significantly in the 4–5 (p<0.001), 6–12 (p<0.001), and 13-18 (p<0.005) year-old groups but not in the youngest group. There was an increase in screen time (excluding online lessons) during the COVID-19 lockdown, mainly in older children but also in younger children, and was significant for all age groups (p<0.00001). Sleep disorders increased in all groups but not in adolescents. Confinement due to COVID-19 resulted in a big delay in the sleep/wake schedule of children in all age groups, as well as an increase of sleep disturbances in all groups but adolescents.	The aim of the study was to examine the impact of home confinement during the COVID-19 pandemic on the sleep patterns and sleep disturbances in Italian children and adolescents. Confinement due to COVID-19 resulted in a big delay in the sleep/wake schedule of children in all age groups, as well as an increase of sleep disturbances in all groups but adolescents.	Bruni O, Malorgio E, Doria M, et al. Changes in sleep patterns and disturbances in children and adolescents in Italy during the Covid-19 outbreak [published online 2021 Feb 9]. Sleep Med. 2021;S1389-9457(21)00094-0. doi:10.1016/j.sleep.2021.02.003
breastfeeding; infant mortality; COVID-19; baby-friendly; SARS-CoV-2	9-Feb-21	Maternal and Infant Outcomes Associated with Maternity Practices Related to COVID-19: The COVID Mothers Study	Breastfeeding Medicine	Article	The authors conducted an online survey from May 4- September 30, 2020, of 357 mothers [from 31 countries; no age range given] and their infants <12 months old who had suspected or confirmed SARS-CoV-2 to evaluate the association between skin-to-skin care, feeding, and rooming-in with SARS-CoV-2 outcomes, breastfeeding outcomes, and maternal distress. 36.1% (129/357) of the mothers reported having confirmed or suspected COVID-19 while their infant was ≤30 days old. Among SARS-CoV-2 positive mothers whose infection was ≤3 days of birth, 7.4% (6/81) of their infants tested positive. 6/357 infants (1.7%), all ≥ 1-month-old, had suspected or confirmed COVID-19 while their mother did not; of these, 4 had a positive laboratory test for SARS-CoV-2 (no specific tests mentioned). 11 infants were	The authors conducted an online survey of 357 mothers and their infants who had suspected or confirmed SARS-CoV-2 for the association of skin-to-skin care, feeding, and rooming-in with SARS-CoV-2 outcomes, breastfeeding outcomes, and maternal distress. Results show the odds of exclusively breastfeeding at 3 months was lower in infants	Bartick MC, Valdés V, Giusti A, et al. Maternal and Infant Outcomes Associated with Maternity Practices Related to COVID-19: The COVID Mothers Study. <i>Breastfeed Med</i> . 2021;10.1089/bfm.2020.0353. doi:10.1089/bfm.2020.0353

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					hospitalized overall. However, only 6 had positive SARS-CoV-2 results, and only one required mechanical ventilation. The authors found no statistically significant increase in infants being SARS-CoV-2 positive when comparing neonates that had experienced skin-to-skin contact for ≥ 1 hour to those taken from the mother within the first hour, or neonates who roomed-in at arms-reach versus those separated, or neonates feed by direct breastfeeding versus given human milk by other means. However, there was a non-significant decrease in neonatal hospitalizations for each of the 3 exposures noted. 27.9% of mothers reported a separation due to COVID-19, and 58% of those reported feeling very upset or distressed by this. 29% of the separated mothers, with separations lasting 6-7 days on average, reported being unable to breastfeed once reunited, despite trying. The odds of exclusively breastfeeding at 3 months was lower in infants kept in a separate room than within arms-reach (aOR 0.26, $p=0.001$). The authors suggest that separating mothers and infants could result in adverse outcomes and that medical authorities should examine the risks and benefits of separation.	kept in a separate room than within arm's reach.	
B117 variant, SARS-CoV-2, school reopening, children	9-Feb-21	Covid-19: More young children are being infected in Israel and Italy, emerging data suggest	British Medical Journal (BMJ)	News	This article discusses the increasing number of COVID-19 cases in children in Israel and Italy. More than 50,000 children and teens tested positive for SARS-CoV-2 in January 2021, which was the highest number so far. Since the emergence of the UK variant B1.1.7 SARS-CoV-2 in Israel in mid-December 2020, the proportion of new daily cases accounted for by children under 10 years of age had risen by 23%, indicating that this variant might have caused the rise in pediatric COVID-19 cases. Due to this concern, Cyrille Cohen, the head of the laboratory of Immunotherapy at Israel's Bar-Ilan University and member of the country's national COVID-19 vaccine clinical trial advisory committee, urged that school reopening be planned cautiously. Similar warnings are emerging from Italy after a spike in COVID-19 cases in Corzano, in the northern province of Brescia. On February 3, 2021, 140 patients (10% of the total population in Corzano, Italy) tested positive for SARS-CoV-2, 60% of whom were school-age children. On February 5, 2021, the UK Independent Scientific Advisory Group for Emergencies called for safer schooling to be prioritized and to reopen schools as soon as the transmission level is low enough.	This article discusses the increasing number of COVID-19 cases in children in Israel and Italy, potentially due to the emergence of the UK variant B1.1.7 SARS-CoV-2. Safer schooling should be prioritized, and schools reopened as soon as the transmission level is low enough.	Day M. Covid-19: More young children are being infected in Israel and Italy, emerging data suggest. BMJ. 2021;372:n383. Published 2021 Feb 9. doi:10.1136/bmj.n383
life course framework, COVID-19, children, future, black, hispanic	9-Feb-21	Racial and ethnic disparities in adult COVID-19 and the future impact on child health	Pediatric Research	Comment	This article presents an explanatory framework for the impact of racial and ethnic disparities in adult COVID-19 on health disparities among children in the United States. It is important to note that the racial and ethnic disparities spotlighted by the pandemic are not the result of individual- or community-level decisions. Instead, the extreme pressure of the pandemic on the American healthcare system has further uncovered longstanding and deeply embedded structural inequities. The authors discuss the immediate, intermediate, lasting, and intergenerational impacts of COVID-19 on child health disparities in communities of color. The immediate	The authors explain the immediate, intermediate, lasting, and intergenerational impacts of the COVID-19 pandemic on child health disparities in communities of color. Research, advocacy, and clinical care should focus on current disparities to limit their future impact.	Fraiman YS, Litt JS, Davis JM, et al. Pediatric Policy Council. Racial and ethnic disparities in adult COVID-19 and the future impact on child health [published online, 2021 Feb 9]. Pediatr Res. 2021;1-3. doi:10.1038/s41390-021-01377-x

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					impact, resulting from higher death experiences by Black and Hispanics, brought emotional trauma and loss of community network and support. Intermediate effects of the pandemic include the transmission of socioeconomic disparities to children disproportionately affecting the communities of color. The disproportionate economic burden shouldered by communities of color will create further disparities between white and non-white children. Educational disparities in minorities will also affect health across the lifespan. Lastly, long-term health disparities could result from household dysfunction or adverse childhood experiences with the increased risk of stress, material hardship, and adversity during the pandemic. These conditions have been associated with chronic diseases and could be transmitted across generations. A holistic approach focusing on advocacy, resource procurement, and social determinants of health screening is critical to address current disparities and limit the short- and long-term adverse consequences.		
COVID-19; children; inflammatory bowel disease; malnutrition; nutritional status; overweight	9-Feb-21	The impact of national lockdown on nutritional status of children with inflammatory bowel disease [Free Access to Abstract Only]	Journal of Human Nutrition and Dietetics	Short Report	This report is a retrospective study exploring the COVID-19 pandemic's impact on the nutritional status of children with inflammatory bowel disease (IBD), focusing on the effect of the national lockdown in the UK. 116 children under 18 years old were recruited from November 2019-February 2020 (point 1) and July-November 2020 (point 2). 54% of the cohort were male, and the overall mean age of children at time points 1 and 2 were 13.3±2.9 years and 14.2±2.8 years, respectively. IBD diagnosis in the cohort was subcategorized into Crohn's disease (54%) and ulcerative colitis (46%). Using the WHO criteria of nutritional status, 19% ($n = 22/116$) were mildly malnourished with a body mass index Z score (BMIZ) < -1. In this group, the mean BMIZ was -1.3 ± 0.9 at time point 1 versus -1.9 ± 0.9 at time point 2 ($p = 0.03$). During the lockdown, 27% of malnourished children, 2% of normally nourished children ($BMIZ > -1$ to < 1 , $p \leq 0.0001$), and none of the overweight children ($BMIZ > 1$, $p \leq 0.0001$) had a technology-enabled care services (TECS) nutrition review. The authors concluded that children who were overweight at the start of the first lockdown in March 2020 had a stable BMI; however, malnourished children experienced a decline in their nutritional status. Possible reasons for these findings include reduced healthcare delivery, the psychological impact of COVID-19, normally nourished children's risk of becoming overweight due to poorer food choices and reduced physical activity, and reduced healthcare professional availability. Strategies should be focused on identifying children with nutrition risk and facilitating TECS nutrition support.	This report is a retrospective study exploring the COVID-19 pandemic's impact on the nutritional status of children with inflammatory bowel disease in the UK, during 2 time-points (November 2019-February 2020 and July-November 2020). Dietetic reviews were severely restricted during the lockdown, and malnourished children experienced a decline in their nutritional status. Strategies should be focused on identifying children with nutrition risk and facilitating the technology-enabled care services nutrition support.	Marino LV, Ashton JJ, Beattie RM. The impact of national lockdown on nutritional status of children with inflammatory bowel disease [published online, 2021 Feb 9]. J Hum Nutr Diet. doi:10.1111/jhn.12862
COVID-19, pulmonary fibrosis, pediatrics, respiratory	9-Feb-21	Pulmonary sequelae of pediatric patients after discharge for COVID-19: An	Pediatric Pulmonology	Letter to the Editor	This report is an observational study on the pulmonary sequelae in 14 children with COVID-19 who underwent post-discharge follow-up in China. All patients underwent chest CT-scan and study-specific evaluation 30 days post-discharge between March 15 and April 30, 2020. Chest CT images were independently reviewed by two radiologists and evaluated based on a scoring system described in a	This report is an observational study on the pulmonary sequelae in 14 children with COVID-19 who underwent 30-day post-discharge follow-up in China between March 15 and	Zhang C, Huang L, Tang X, et al. Pulmonary sequelae of pediatric patients after discharge for COVID-19: An observational study [published online, 2021

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infections, SARS-CoV-2		observational study			previous study. CT scores observed during follow-up were significantly improved than those observed at discharge ($p < .05$). Pulmonary sequelae were observed in 7 patients (50%) in the forms of opacities (21%) and fibrosis (29%). However, a complete radiological resolution was observed in the other 7 patients without any potential infection-induced abnormalities during follow-up. CT scores were higher in patients with pulmonary sequelae than in those with complete resolution at discharge and at follow-up ($p < .05$). Additionally, dyspnea grades were evaluated based on the Pediatric Respiratory Assessment Measure and the modified Medical Research Council dyspnea scales. Dyspnea scores were significantly lower on follow-up ($p < 0.05$); however, there was no significant difference between patients with and without pulmonary sequelae. All patients tested negative for SARS-CoV-2 RNA at follow-up, and only 1 patient had a positive IgG result. The 30-day follow-up period was insufficient to determine the long-term pulmonary sequelae in children accurately. Therefore, longer-term monitoring of pulmonary function is necessary to expand the understanding of the effects of COVID-19 in pediatric patients discharged from the hospital, especially in patients with pulmonary fibrosis.	April 30, 2020. Pulmonary sequelae were observed in 7 patients (50%) in the forms of opacities (21%) and fibrosis (29%). It is important to continue monitoring post-discharge pulmonary function in pediatric patients with pulmonary fibrosis.	Feb 9]. <i>Pediatr Pulmonol.</i> doi:10.1002/ppul.25239
vaccine hesitancy, children hospital, survey	9-Feb-21	Coronavirus disease 2019 vaccine hesitancy among children's hospital staff: A single-center survey	Infection Control and Hospital Epidemiology	Research Brief	The authors conducted a single-center survey at a children's hospital in Chicago, the United States, to assess the frequency of COVID-19 vaccine hesitancy, characteristics of those reporting vaccine hesitancy, specific concerns, and communication preferences. A 17-question electronic survey was sent to all clinical (e.g., attending physician, house staff, advanced practice, and ancillary healthcare workers) and non-clinical (e.g., administrative, support, and research) staff from December 21, 2020 to January 13, 2021. Vaccine hesitancy was defined as reporting that an individual will not, probably will not, and has not yet decided to receive the vaccine. Among 4448/7012 (63.4%) of clinical and non-clinical staff who responded to an anonymous electronic survey, COVID-19 vaccine hesitancy was identified among 18.9% of the respondents. Vaccine hesitancy was more prevalent among those who identify as female, Black, and Hispanic/Latino, non-clinical staff, and individuals with the less perceived risk of severe COVID-19. Unexpectedly, vaccine hesitancy was 3 times more prevalent among those with high-risk medical conditions. These data have guided the development of targeted vaccine education and advocacy strategies at the hospital by facilitating active discussions and outreach.	A single-center survey at a children's hospital in the United States revealed that COVID-19 vaccine hesitancy was present among 18.9% of the hospital workforce. Vaccine hesitancy was more prevalent among female, Black, or Hispanic/Latino, non-clinical staff, individuals with high-risk medical conditions, and individuals with the less perceived risk of severe COVID-19.	Kociolek LK, Elhadary J, Jhaveri R, et al. Coronavirus disease 2019 vaccine hesitancy among children's hospital staff: A single-center survey [published online, 2021 Feb 9]. <i>Infect Control Hosp Epidemiol.</i> 2021;1-14. doi:10.1017/ice.2021.58

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acute hepatitis; SARS-CoV-2;	9-Feb-21	SARS-CoV-2 Infection May Present as Acute Hepatitis in Children	Pediatric Infectious Disease Journal	Letter to the Editor	In this letter, the authors describe a new case of a 10-month-old boy who presented to the Emergency Department with a 2-day history of mild fever, rhinitis, and cough. No other symptoms were noted at admission. The patient's mother had been diagnosed with SARS-CoV-2 infection 1 week before hospital admission, and the patient subsequently tested positive for SARS-CoV-2 via nasopharyngeal swab. The next day, the patient's febrile symptoms lessened, but his liver enzyme levels increased. Especially elevated parameters included white blood cell count, aspartate aminotransferase, alanine aminotransferase, ferritin, lactic dehydrogenase, C-Reactive protein, and gamma-glutamyltransferase. The patient was provided supportive therapy and discharged after 6 days without any complications or necessity for respiratory support. At a 2-week follow-up visit, the patient's blood test yielded normal lab values for all parameters. The authors suggest an understudied association between SARS-CoV-2 infection and acute nonicteric hepatitis and recommend that physicians and clinicians closely follow children with SARS-CoV-2 infection and liver abnormalities.	The authors describe the case of a hospitalized 10-month old boy with SARS-CoV-2 infection and liver abnormalities but no other severe symptoms. The patient subsequently recovered with supportive care and was discharged 6 days after admission. The authors recommend that physicians and clinicians closely follow children with SARS-CoV-2 infection and liver abnormalities.	Brisca G, Mallamaci M, Tardini G, et al. SARS-CoV-2 Infection May Present as Acute Hepatitis in Children. <i>Pediatr Infect Dis J.</i> 2021;10.1097/INF.0000000000003098.
SARS-CoV-2, maternal-fetal transmission, early pregnancy, rt-PCR, placenta	9-Feb-21	Investigating the Risk of Maternal-Fetal Transmission of SARS-CoV-2 in Early Pregnancy	Placenta	Original Research	In this prospective study, the authors aimed to explore the risk of maternal-fetal transmission before 24 weeks of gestation through analysis of abortion materials collected from SARS-CoV-2 PCR-positive women with pregnancy loss. The patients who attended the perinatology clinic at Ankara City Hospital in Turkey between September 1 and December 1, 2020, with the diagnosis of pregnancy loss before 24 weeks of gestation, were included in the study. These women were screened for SARS-CoV-2 infections. Vertical transmission in PCR-positive women was assessed through the presence of SARS-CoV-2 RNA in fetal-placental tissues by RT-PCR test. The results showed that 24 of 210 (11.4%) pregnant women participating in the study had positive SARS-CoV-2 RT-PCR results. Placenta and curettage material samples of these PCR-positive patients were analyzed, and all valid test results (21 samples) were negative for SARS-CoV-2 RNA. In three cases, the RT-PCR results were invalid due to failed internal controls. In the literature, the possibility of intrauterine vertical transmission of SARS-CoV-2 is still controversial. The findings of the present study did not reveal any evidence of vertical transmission of SARS-CoV-2 in early pregnancy.	The authors aimed to explore the risk of maternal-fetal transmission before 24 weeks of gestation by analyzing abortion materials collected from SARS-CoV-2 PCR-positive women with pregnancy loss. The findings of this study did not reveal any evidence of vertical transmission of SARS-CoV-2 in early pregnancy.	Halici-Ozturk F, Ocal FD, Aydin S, et al. Investigating the risk of maternal-fetal transmission of SARS-CoV-2 in early pregnancy. <i>Placenta.</i> 2021;106:25-29. doi: https://doi.org/10.1016/j.placenta.2021.02.006 .
Pregnancy, maternal outcomes, perinatal outcomes, neonate, morbidity and mortality, bias	9-Feb-21	Maternal and perinatal outcomes related to COVID-19 and pregnancy: overview of systematic reviews	Acta Obstetrica et Gynecologica Scandinavica	Review Article	This systematic review provides a comprehensive review of current evidence on maternal and perinatal outcomes of COVID-19 and pregnancy. Multiple databases were searched through September 13, 2020 and 52 systematic reviews were included referencing a total of 205 primary studies. Only one review had a low risk of bias, 3 had an unclear risk of bias, and 48 had a high risk of bias. The corrected covered area (CCA), which is a quantitative measure of overlap of primary studies among systematic reviews, was calculated, and the overall CCA was 9.93%, with 64.7% of all possible pairs of systematic reviews showing a very high overlap. Rates of maternal death varied	This systematic review of current evidence on maternal and perinatal outcomes of COVID-19 and pregnancy found high amounts of overlap between the 52 studies included, high risk of bias for most (48) studies, and heterogenous results regarding maternal and perinatal	Vergara-Merino L, Meza N, Couve-Pérez C, et al. Maternal and perinatal outcomes related to COVID-19 and pregnancy: overview of systematic reviews. <i>Acta Obstet Gynecol Scand.</i> 2021; doi:10.1111/aogs.14118

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					from 0% to 11.1%, admission to intensive care from 2.1% to 28.5%, preterm deliveries before 37 weeks from 14.3% to 61.2%, and cesarean delivery from 48.3% to 100%. Regarding neonatal outcomes, neonatal death varied from 0% to 11.7% while the estimated infection status of the newborn varied between 0% and 11.5%. The authors conclude that the high risk of bias, heterogenous results, and the overlap among the included reviews highlights the importance of avoiding duplication of work and the need to conduct new, high quality evidence to guide clinical decisions for pregnant women with COVID-19.	outcomes. The authors conclude that high quality evidence is still needed to guide clinical decisions for pregnant women with COVID-19.	
Nordic, COVID-19, pregnancy, preterm, cesarean delivery	9-Feb-21	COVID-19 in pregnancy – Characteristics and outcomes of pregnant women admitted to hospital because of SARS-CoV-2 infection in the Nordic countries	MedRxiv	Original Research	This retrospective, population-based study examined pregnant women with COVID-19 in the 5 Nordic countries. Pregnant women were included if they were admitted to hospital between March 1 and June 30, 2020 and had a positive SARS-CoV-2 PCR test <14 days prior to admission. 214 pregnant women with a positive test were admitted to hospital, of which 56 women needed hospital care due to COVID-19. The rate of admission due to COVID-19 was 0.4 per 1000 deliveries in Denmark, Finland, and Norway, and 3.8 per 1000 deliveries in Sweden, and the mean maternal age ranged from 29.0 to 33.9 years, depending on the country. The median gestational age range at the first positive SARS-CoV-2 test was 25 weeks 5 days to 35 weeks 2 days. Women hospitalized because of COVID-19 more frequently had a body mass index (BMI) >30 (n=18, P < 0.001) and had migrant background (n=36, P < 0.001), compared to the total population of women who delivered in 2018. 12 women (21.4%) needed intensive care. 48 of the 214 cohort delivered during their admission, of which 12 (25%, P<0.001) had a preterm delivery, and 21 (43.8%, P < 0.001) had a C-section, compared to women who delivered in 2018 (n=16,211, 5.7%, and n=49,031, 17.3% respectively). No maternal deaths, stillbirths, or neonatal deaths were reported.	This retrospective, population-based study evaluated pregnant women admitted to hospital in the Nordic countries due to COVID-19 from March 1 to June 30, 2020. 1/5 of the women required intensive care and there were significantly higher rates of preterm and cesarean deliveries than in 2018. No maternal deaths, stillbirths, or neonatal deaths were reported.	Engjom H, Aabakke A, Klungsoyr K, et al. COVID-19 in pregnancy: characteristics and outcomes of pregnant women admitted to hospital because of SARS-CoV-2 infection in the Nordic countries. 2021. doi:10.1101/2021.02.05.21250672
coronavirus; pregnancy, placenta, vertical transmission	9-Feb-21	Being pregnant in the COVID-19 pandemic: Effects on the placenta in all aspects	Journal of Medical Virology	Review Article	The author reviews current findings regarding COVID-19 and pregnancy. She reports the incidence of SARS-CoV-2 positivity in infants born from mothers with COVID-19 as 0.4-5%, but the mechanisms of COVID-19 transmission are currently unknown. Researchers have identified the presence of the virus in the placenta; ACE2 and TMPRSS2, which facilitate cellular entry for SARS-COV-2, are also found in the placenta. Additionally, COVID-19 causes placental histo-pathological changes. Specifically, studies have reported an increased prevalence of decidual arteriopathy and maternal vascular mal-perfusion due to abnormal or injured maternal vessels, and intervillous thrombi in 3rd trimester placentas. Although vertical transmission of the virus has not been proven, data have shown that the virus can indirectly affect the fetus via such mechanisms as miscarriage and intra-uterine growth restriction. The author states that the pro-inflammatory state of pregnancy can make pregnant women more sensitive to the virus compared to non-	This article is a review on COVID-19 and its effects on the placenta. Vertical transmission of the SARS-CoV-2 virus has not been proven, but data have shown that the virus can indirectly affect the fetus.	Seymen CM. Being pregnant in the COVID-19 pandemic: Effects on the placenta in all aspects [published online ahead of print, 2021 Feb 9]. J Med Virol. 2021;10.1002/jmv.26857. doi:10.1002/jmv.26857

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					pregnant women. Furthermore, because of their anti-viral activities, the use of placental growth factors, cytokines, and chemokines as therapeutic agents in the treatment of COVID-19 should be investigated.		
SARS-CoV-2, screening, OCR, and antibodies, labor, delivery	9-Feb-21	Screening of severe acute respiratory syndrome coronavirus-2 infection during labor and delivery using polymerase chain reaction and immunoglobulin testing	Life Sciences	Original Research	The aim of this article was to assess SARS-CoV-2 infections during labor and delivery with PCR and immunoglobulin G and M testing, in order to investigate correlations with maternal and perinatal outcomes. Pregnant women admitted for labor and delivery from March 31 - September 30, 2020 were screened for SARS-CoV-2 by PCR and serum IgG/IgM antibody testing at 2 Spanish hospitals. 1211 pregnant women were screened, with a laboratory prevalence of 5.4% (n = 65). Positive testing consisted of 22 current infections (median age 29.2 years, range 24.4–35.4), which included 20 asymptomatic cases, and 43 patients with negative PCR testing but positive IgG, indicating previous SARS-CoV-2 exposure (median age 33.0 years, range 27.8–36.7). 1146 women had negative PCR and negative antibody testing (median age 33.5 years, range 29.6–37.3). None of the screened women required hospital admission for COVID-19 before or after delivery. Additionally, no newborns required admittance to the ICU. All newborns whose mothers had positive PCR tests upon admission were PCR negative. The authors concluded that there were no significant differences between the 3 patient groups in maternal or perinatal outcomes, supporting the argument that current or previous SARS-CoV-2 infection at labor and delivery does not have a higher rate of adverse maternal or perinatal outcomes.	The authors of this article tested pregnant women in labor and delivery with SARS-CoV-2 PCR and IgG/IgM serum antibody testing to determine if maternal and perinatal outcomes were correlated with a positive SARS-CoV-2 test. The authors concluded that current or previous SARS-CoV-2 infection at labor and delivery does not carry a higher rate of adverse maternal or perinatal outcomes.	Savirón-Cornudella R, Villalba A, Esteban LM, et al. Screening of severe acute respiratory syndrome coronavirus-2 infection during labor and delivery using polymerase chain reaction and immunoglobulin testing. Life Sci. 2021;271:119200. doi: https://doi.org/10.1016/j.lfs.2021.119200 .
COVID-19; SARS-CoV-2; antibodies; breastfeeding; breastmilk; human milk; neutralizing capacity	9-Feb-21	Characterization of SARS-CoV-2 RNA, Antibodies, and Neutralizing Capacity in Milk Produced by Women with COVID-19	mBio	Original Research	This US study aimed to determine whether SARS-CoV-2 can be detected in milk produced by, and on the breast skin of, women recently diagnosed with COVID-19 (n=18) using RT-qPCR analysis [time period not specified]. The authors also quantified anti-SARS-CoV-2 IgA and IgG in milk and the capacity of milk to neutralize SARS-CoV-2. Because subclinical mastitis has been associated with higher viral loads in milk, they also documented sodium-to-potassium ratios (Na/K) in milk, a biomarker of subclinical mastitis. SARS-COV-2 was not detected in any of the 37 breast milk samples collected from 18 women following COVID-19 diagnosis. Although viral RNA was detected on 8 out of 70 breast skin swabs, only 1 was considered a conclusive positive result. In contrast, 76% of the milk samples collected from women with COVID-19 contained SARS-CoV-2-specific IgA, and 80% had SARS-CoV-2-specific IgG. In addition, 62% of the milk samples were able to neutralize SARS-CoV-2 infectivity in vitro, whereas milk samples collected prior to the COVID-19 pandemic were unable to do so. Taken together, our data do not support mother-to-infant transmission of SARS-CoV-2 via milk. Importantly, milk produced by infected mothers is a beneficial source of anti-SARS-CoV-2 IgA and IgG and neutralizes SARS-CoV-2 activity. These results support recommendations to continue breastfeeding during mild-to-moderate maternal COVID-19 illness.	This study reports that 37 milk samples from 18 women following COVID-19 diagnosis did not contain SARS-CoV-2 RNA; risk of transmission via breast skin should be further evaluated. Samples often showed presence of anti-SARS-CoV-2 IgA and IgG with neutralizing activity. These results support recommendations to continue breastfeeding during mild-to-moderate maternal COVID-19 illness.	Pace RM, Williams JE, Järvinen KM, et al. Characterization of SARS-CoV-2 RNA, Antibodies, and Neutralizing Capacity in Milk Produced by Women with COVID-19. mBio. 2021;12(1):e03192-20. Published 2021 Feb 9. doi:10.1128/mBio.03192-20

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high school; adolescent health; school sports; mental health; anxiety; depression	9-Feb-21	High School Sports During the COVID-19 Pandemic: The Impact of Sport Participation on the Health of Adolescents	medRxiv	Preprint (not peer-reviewed)	This cross-sectional study evaluated the impact of playing high school sports on the physical and mental health of students during the COVID-19 pandemic. The authors recruited 559 high school athletes in Wisconsin, United States, from 44 schools in October 2020, through a convenience sample. The participants had a mean age of 15.7 years and were 44% female. At the time the study was conducted, 31% of athletes played a fall sport (PLY), and 69% did not play (DNP). In addition to demographic variables, mental health was measured using questionnaires designed to assess anxiety, depression, physical activity, and quality of life. PLY group participants were less likely to report moderate to severe symptoms of anxiety (PLY=6.6%, DNP=44.1%, $p<0.001$) and depression (PLY=18.2%, DNP=40.4%, $p<0.001$). Furthermore, PLY athletes reported higher (better) physical activity scores (mean: [95%CI]), (PLY=23.2[22.0,24.5], DNP=16.4[15.0,17.8], $p<0.001$) and higher (better) quality of life total scores (PLY=88.4[85.9,90.9], DNP=79.6[76.8,82.4], $p<0.001$). These findings suggest that high school students who played a sport during the COVID-19 pandemic were less likely to report anxiety and depression symptoms and more likely to report higher physical activity and quality of life than athletes who did not play a sport. These mental and physical health benefits are important to understand and promote adolescent health.	This cross-sectional study evaluated self-reported physical and mental health in 559 high school student-athletes who did and did not play sports in the United States during the COVID-19 pandemic. The authors' findings showed that high school students who played a sport during the COVID-19 pandemic were less likely to report anxiety and depression symptoms and more likely to report higher physical activity and quality of life than athletes who did not play a sport.	McGuine TA, Biese K, Hetzel SJ, et al. High School Sports During the CoVID-19 Pandemic: The Impact of Sport Participation on the Health of Adolescents. <i>medRxiv</i> . 2021,02. https://doi.org/10.1101/2021.02.07.21251314
COVID-19; birthing; infant feeding; post traumatic; postpartum; pregnancy	8-Feb-21	Pregnancy, Birthing, and Postpartum Experiences During COVID-19 in the United States	Frontiers in Sociology	Original Research	This study aimed to understand the impact of the COVID-19 pandemic on pregnancy, birthing, and postpartum experiences in the United States. Data were collected via an online survey in July 2020 and included responses from 34 states within the United States. The majority of the respondents were in the age range of 26-36 years [no mean/median data provided] and was heavily skewed White (88% of total responses). Findings indicate that higher perceived social support predicted higher scores of well-being ($p<0.001$), while higher scores of perceived loneliness insignificantly predicted lower scores of well-being ($p=0.27$), and higher trauma predicted lower well-being ($p=0.01$) measured as satisfaction with life. Their qualitative data supported these findings and also found that there were various sources of stress for respondents during pregnancy, birth, and the postpartum timeframe, particularly in terms of managing work/occupation obligations and childcare. Furthermore, this research fills a gap in understanding infant feeding during emergencies as respondents perceived that early release from the hospital reduced access to lactation support. 75% respondents also reported receiving free samples of infant formula through a variety of sources such as via mail, the hospital, or the pediatrician's office. In light of this, the authors warn of aggressive formula marketing occurring in the United States especially during the COVID-19 pandemic.	This study examined the impact of the COVID-19 pandemic on pregnancy, birthing, and postpartum experiences in the US. Higher perceived social support predicted higher scores of well-being, while higher scores of perceived loneliness predicted lower scores of well-being, and higher trauma predicted lower well-being. Respondents perceived that early release from the hospital reduced access to lactation support and 75% reported receiving infant formula samples.	DeYoung SE, Mangum M. Pregnancy, Birthing, and Postpartum Experiences During COVID-19 in the United States. <i>Front Sociol</i> . 2021; 6:611212. Published 2021 Feb 8. doi:10.3389/fsoc.2021.611212

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
Children, cutaneous, skin, MIS-C, drug reaction	8-Feb-21	Evaluation of cutaneous symptoms in children infected with COVID-19	Pediatric Allergy and Immunology	Letter to the Editor	In this letter, the authors describe their study analyzing the incidence and the types of cutaneous manifestations associated with COVID-19 in pediatric patients in Ankara City Hospital, Turkey. Children who were diagnosed COVID-19 between March 11-September 30, 2020, were evaluated. Of the 5143 children infected with SARS-CoV-2, only 13 (0.25%) developed cutaneous lesions. The median age was 80 months (range 5-160 months). Common cutaneous manifestations included maculopapular exanthema and urticaria: 61.5%(n=8) and 23%(n=3), respectively. One of the patients developed erythema nodosum, 2 presented as severe cutaneous adverse reactions (one as drug rash with eosinophilia and systemic symptoms (DRESS) and one as Stevens-Johnson syndrome) and 2 developed MIS-C. Cutaneous symptoms began before the COVID-19 symptoms (2 days before) in 1 patient, and 10 of the patients presented cutaneous manifestations after the COVID-19 symptoms (median 3 days after). 6 patients had a medication history suspicious for possibly causing a rash. The authors conclude that cutaneous symptoms during COVID-19 may be mild or severe, and it is not clear if patients present the symptoms of a medication administered or SARS-CoV-2 infection. More studies should be conducted to confirm and understand the skin involvement in COVID-19.	In this study, the authors assessed skin manifestations associated with COVID-19 in pediatric patients in Turkey. Of 5143 children with SARS-CoV-2, only 13 (0.25%) developed cutaneous lesions. The most common lesions were maculopapular exanthema and urticaria. 6 patients had a medication history that could have caused a rash. The authors conclude that cutaneous symptoms during COVID-19 may be mild or severe, and it is not clear if patients present the symptoms of a medication administered or SARS-CoV-2 infection.	Metbulut AP, Özkaya Parlakay A, Bayhan Gi, et al. Evaluation of cutaneous symptoms in children infected with COVID-19. <i>Pediatr Allergy Immunol.</i> 2021; doi:10.1111/pai.13467
COVID-19; Epidemiology; Infections; Pediatric	8-Feb-21	Consequences of coronavirus disease-2019 (COVID-19) lockdown on infection-related hospitalizations among the pediatric population in Denmark	European Journal of Pediatrics	Original Research	This study aimed to investigate the rate of infection-related hospitalizations in the Danish pediatric population during the COVID-19 pandemic. The authors conducted a nationwide register-based retrospective cohort study including all children < 18 years in Denmark who were alive at index date (January 2, 2018, January 2, 2019, and January 2, 2020) and were hospitalized due to an infection. In the 2020 study period, 3093 children (median age 1.5 years) were hospitalized with an infection, while the corresponding figures for the 2018 and 2019 study periods were 4824 children (median age 1.6 years) and 3830 children (median age 1.5 years), respectively. There was a decline in infection-related hospitalizations during the 2020 period compared to the 2018/2019 study period before the nationwide lockdown (12.68 (95% CI, 12.22–13.16) vs. 15.49 (95% CI, 15.12–15.86) per 1000 person-years). Furthermore, there were decreased incidence rate ratios in the 2020 period compared the 2018/2019 study period, especially during the lockdown period (week 11: 0.64 (95% CI, 0.55–0.75); week 12: 0.26 (95% CI, 0.21–0.33); week 13: 0.13 (95% CI, 0.10–0.19)). The authors concluded that the rate of pediatric infection-related hospitalizations in Denmark declined during the COVID-19 pandemic in 2020 compared to that in 2018/2019, with a 36% decline during initiation of the nationwide lockdown period. This indicates that although some parents may refrain from seeking medical care due to the fear of contracting SARS-CoV-2 infection, proper hygiene measures and social distancing could have positive secondary consequences on the rate of other infections among the pediatric population.	The study aimed to investigate the rate of infection-related hospitalizations in the Danish pediatric population during the COVID-19 pandemic. The rate of pediatric infection-related hospitalizations in Denmark declined during the COVID-19 pandemic in 2020 compared to that in 2018/2019, with a 36% decline during initiation of the nationwide lockdown period. This indicates that although some parents may refrain from seeking medical care due to the fear of contracting SARS-CoV-2 infection, proper hygiene measures and social distancing could have positive secondary consequences on the rate of other infections among the pediatric population.	Polcwiartek LB, Polcwiartek C, Andersen MP, et al. Consequences of coronavirus disease-2019 (COVID-19) lockdown on infection-related hospitalizations among the pediatric population in Denmark [published online 2021 Feb 8]. <i>Eur J Pediatr.</i> 2021;1-9. doi:10.1007/s00431-021-03934-2

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
COVID-19, Delivery, Obstetric, Pregnancy, SARS-CoV-2 Virus	8-Feb-21	No COVID-19 Cases Detected Between April and September 2020 After Screening All 838 Admissions to a Maternity Unit in Poland	Medical Science Monitor	Original Research	This retrospective study presents the findings from the RT-PCR test for SARS-CoV-2 from 838 women (mean age: 32.2 years \pm 4.9 years) admitted for delivery at the Institute of Mother and Child in Warsaw, Poland between April 20 and September 20, 2020. The study was conducted during a time of low incidence in the general population. All the admitted women were assigned to a low-risk or a high-risk group for COVID-19 (high-risk defined by the presence of body temperature $>38^{\circ}\text{C}$, cough, dyspnea, anosmia, or ageusia) and underwent RT-PCR nasopharyngeal swab tests for SARS-CoV-2. The testing protocol included repeated testing in case of inconclusive results or negative results in the symptomatic patients. The maternal and neonatal data from these cases were collected and analyzed. All of the 838 women tested negative for COVID-19. 2 women (0.24%) were classified as high-risk for COVID-19. For 4 women (0.48%), the initial RT-PCR results were inconclusive but negative when repeated. 181 women (21.5%) presented with comorbidities. The findings from this study show that between April and September 2020, there were no cases of SARS-CoV-2 infections at the maternity unit of a teaching hospital in Warsaw, Poland. The results of their study support that the incidence of COVID-19 in pregnant women is related to its incidence in the general population. However, the infection rates for SARS-CoV-2 across Europe continue to evolve. Efficient testing protocols have been developed and established for all hospital admissions, and it is anticipated that such testing methods will become more rapid and accurate.	This retrospective study presents the findings from the RT-PCR test for SARS-CoV-2 from 838 women admitted for delivery in Warsaw, Poland between April 20 and September 20, 2020. The findings from this study show that there were no cases of SARS-CoV-2 infections at the maternity unit of a teaching hospital in Warsaw, Poland during that time period. Efficient testing protocols have been developed and established for all hospital admissions, and it is anticipated that such testing methods will become more rapid and accurate.	Piekarski P, Sateja M, Maciejewski T, Issat T. No COVID-19 Cases Detected Between April and September 2020 After Screening All 838 Admissions to a Maternity Unit in Poland. Med Sci Monit. 2021;27:e929123. Published 2021 Feb 8. doi:10.12659/MSM.929123
SARS-CoV-2, COVID-19, Mental health, Pregnancy, Pregnant women	8-Feb-21	Perceived Threat, Negative Emotions and Self-efficacy in Relation to Mental Health and Personal Protective Behavior among 4,087 Chinese Pregnant Women during the COVID-19 Period: Results from an Online Survey	Journal of Medical Internet Research	Original Research	The authors of this cross-sectional study aimed to assess the level of perceived threat (susceptibility, severity, impact), negative emotions (fear, worry), and self-efficacy of COVID-19 and examined their association with mental health (depression and anxiety) and personal protective behavior (wearing a mask) among pregnant women in China. A total of 4,087 pregnant women completed a cross-sectional online survey between March 3 and March 10, 2020. The results showed that the prevalence of probable depression and anxiety was 48.7% and 33.0%, respectively. 23.8% of pregnant women reported consistently wearing a face mask when going out. Between 32.1% and 36.4% of participants perceived themselves or their family members susceptible to SARS-CoV-2 infection, and between 78.7% and 86.1% agreed the disease would have various severe consequences. Between 54.7% and 55.7% showed self-efficacy in protecting themselves or their family members from contracting SARS-CoV-2. 31.8% reported a high level of fear of COVID-19, and between 68% and 74.8% showed worries about various aspects of COVID-19. Results from multivariate multinomial logistic regressions showed that perceived severity, impact, fear and worry were risk factors, while self-efficacy was a protective factor for probable depression and anxiety. The results also showed that perceived susceptibility was associated with always wearing a face mask. The	This study aimed to assess the level of perceived threat, negative emotions, and self-efficacy of COVID-19 and examined their association with mental health and personal protective behavior (wearing a mask) among pregnant women in China. The results showed that the prevalence of probable depression and anxiety was 48.7% and 33.0%, respectively, and 23.8% of pregnant women reported consistently wearing a face mask. The authors concluded that pregnant women showed a high level of mental distress but a low level of personal protective behavior during the study period.	Mo PK, Fong VWI, Song B, Di J, Wang Q, Wang L. Perceived threat, negative emotions and self-efficacy in relation to mental health and personal protective behavior among 4,087 Chinese pregnant women during the COVID-19 period: Results from an online survey [published online, 2021 Feb 8]. J Med Internet Res. 2021;10.2196/24053. doi:10.2196/24053

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					authors concluded that pregnant women showed a high level of mental distress but a low level of personal protective behavior during the study period. Interventions are needed to promote their mental health and health behavior.		
mental health; COVID-19; children; adolescents; anxiety; depression	8-Feb-21	Mental Health of Children and Adolescents during the Covid-19 Pandemic	Annals of the Romanian Society of Cell Biology	Review	The authors aim to review data on the risk factors and negative impact of the COVID-19 pandemic on the mental health of children and adolescents. The authors suggest that throughout the pandemic, a great deal of information has fallen on children. Further, adult anxiety can jeopardize their ability to sensitively respond to children's cues or experiences. Additionally, anxiety in children and adolescents can manifest as defiant behavior. Circumstances as a result of the pandemic including separation from family, friends and disruption of normal routine can negatively affect the development of children and adolescents. Quarantine and isolation protocols can also place children at risk with regard to safety and well-being. In children aged 3-7 years, the fear of death is a natural stage in development; however, with unfavorable external conditions, such as the pandemic, children can become more fearful and fixated on it. In older children, aged 7-11 years, the fear of death transforms into a fear of losing their parents. In adolescents, self-isolation can increase confrontational behavior in response to increased control by adults. For teenagers, their sense of security may feel threatened by intensification of arguments with their parents. Quarantine has led to increased levels of depression, anxiety, insomnia, and anger in children and adolescents. Additionally, school closures have changed daily routines and social support for children; further, socialization with peers is more limited. COVID-19 has exacerbated existing mental health disorders and has led to the emergence of new stress disorders necessitating more timely provision of psychological interventions to further prevent the consequences of the pandemic on the mental health of children and adolescents.	The authors reviewed data on the risk factors and negative impact of the COVID-19 pandemic on the mental health of children and adolescents. COVID-19 has exacerbated existing mental health disorders and has led to the emergence of new stress disorders necessitating more timely provision of psychological interventions to further prevent the consequences of the pandemic on the mental health of children and adolescents.	Abdullaeva VK, Suleymanov SR, Rustamova JT, et al. Mental Health of Children and Adolescents during the Covid-19 Pandemic. Annals of R.S.C.B., 25(2), 3781 - 3786.
SARS-CoV-2; IgG; Kenya; antenatal care clinics	8-Feb-21	Sero-surveillance for IgG to SARS-CoV-2 at antenatal care clinics in two Kenyan referral hospital	medRxiv	Preprint (not peer-reviewed)	The authors tested routine blood samples collected during antenatal visits in Kenya at 2 hospitals for antibodies to SARS-CoV-2 to determine the virus's prevalence without participation bias. Samples were collected from Kenyatta National Hospital in Nairobi from July 30-August 25; the women's ages ranged from 17-45 years (mean age 30 years). Samples from this urban hospital had a crude seroprevalence of 46% that did not differ by age, trimester, or population density in their place of residence. 419 samples were collected from Kilifi County Hospital in a rural area of Kenya from September 18-November 24, 2020; no age, trimester, or residence data were available from these samples. The seroprevalence was 0% in September and increased to 10% in November (p=0.0001) in Kilifi. The authors state that the seroprevalence rates found from these antenatal visits suggest that the prevalence of SARS-CoV-2 is much higher than was previously thought throughout Kenya.	The authors tested routine blood samples collected during antenatal visits in Kenya at 2 hospitals for antibodies to SARS-CoV-2 to determine the virus's prevalence without participation bias. Samples from Kenyatta National Hospital had a crude seroprevalence of 46%.	Lucinde R, Mugo D, Bottomley C, et al. Sero-surveillance for IgG to SARS-CoV-2 at antenatal care clinics in two Kenyan referral hospitals. <i>MedRxiv</i> . 2021. https://doi.org/10.1101/2021.02.05.21250735

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
Race; child well-being; COVID-19; poverty; families	8-Feb-21	What the COVID-19 pandemic reveals about racial differences in child welfare and child well-being: An introduction to the Special Issue	Race and Social Problems	Introduction to Special Issue	The author states that the American welfare system has failed to support black and Latino families well before the COVID-19 pandemic. The pandemic has exacerbated socio-economic disparities, with black and Latino families much more likely to experience poverty than white families. Black workers have been less likely to receive unemployment compensation than white workers, and non-citizens (primarily Latino families) have not received stimulus checks. Asian, Latino, and black school children are more likely to be exposed to distance learning, potentially increasing educational gaps. Since the beginning of the pandemic (April-November 2020), 17% of black and Latino families with children have experienced food insufficiency. The CARES Act's passage by the US Congress and the funds' distribution reduced poverty rates in all racial/ethnic groups. Child poverty rates fell from 18.7% in January to 15.5% in April due to the CARES benefits. However, the reductions ended by August 2020 when unemployment supplements expired and the poverty rate for black and Latinos increased to 25%, worse than pre-pandemic levels. The author states that systemic racial injustices have existed before the pandemic, but the COVID-19 pandemic offers an urgency to the problem facing black and Latino families.	The COVID-19 pandemic has exacerbated socio-economic disparities in the US; 17% of black and Latino families with children have experienced food insufficiency during the pandemic.	Parolin Z. What the COVID-19 Pandemic Reveals about Racial Differences in Child Welfare and Child Well-Being: An Introduction to the Special Issue [published online, 2021 Feb 8]. <i>Race Soc Probl.</i> 2021;1-5. doi:10.1007/s12552-021-09319-2
COVID-19; Egypt; school-children; adolescents; awareness	8-Feb-21	Egyptian school children awareness and precautions in COVID 19 pandemic: A cross sectional survey study	Bulletin of the National Research Centre	Research	The authors conducted an online survey of children (6-18 years; mean age not reported) in Egypt from July 1-15, 2020, to assess their level of awareness and attitudes towards COVID-19. 708 students participated (53.4% male and 46.5% female), 576 (81.4%) were from an urban area, and the remaining 132 (18.6%) lived in non-urban areas. The internet as a source of COVID-19 knowledge was significantly greater in urban versus non-urban students (p=0.001). Knowledge of risks, clinical presentation, and prevention of COVID-19 were greater in urban students. Non-urban students were significantly more likely to have a risk score <50 (lower scores show less awareness of risks) as compared to their urban counterparts (p=0.008). Similarly, prevention scores (indicating awareness of how to prevent COVID-19) were more likely to be <50 for non-urban students (p=0.011). Urban students were more often aware of healthy practices, with both handwashing when returning from outside statistically greater in urban students (p<0.001) and following instructions of staying at home (p=0.003). The authors state that the lower levels of awareness in non-urban students must be addressed in other child-friendly ways to overcome the knowledge gap between rural and urban students.	The authors conducted an online survey of children in Egypt to assess their awareness and attitudes towards COVID-19. The internet as a source of COVID-19 knowledge was significantly greater in urban versus non-urban students (p=0.001).	Shehata MA, Adel A, Armaneous AF, et al. Egyptian school children awareness and precautions in Covid19 pandemic: a cross sectional survey study. <i>Bull Natl Res Cent.</i> 2021;45(1):39. doi:10.1186/s42269-021-00495-0
COVID-19; Case report; Dysentery; Pediatric; SARS-CoV-2	8-Feb-21	Dysentery as the only presentation of COVID-19 in a child: a case report	Journal of Medical Case Reports	Case Report	This is a case report of a 27-month-old female with dysentery and COVID-19 in Iran. The patient presented with fever, vomiting, and loose stool for 2 days. Her physical examination indicated dehydration, and laboratory results revealed the presence of white and red blood cells in stools, C-reactive protein (CRP) of 29 mg/L, white blood cells of 3400/uL, 27% lymphocyte, and 52% neutrophil. No enteric bacterial pathogens and parasites were present in her	This is a case report of a 27-month-old female with dysentery and mild COVID-19 in Iran. COVID-19 infection could manifest as dysentery due to SARS-CoV-2's involvement with the ACE-2 receptors in the	Tariverdi M, Farahbakhsh N, Gouklani H, et al. Dysentery as the only presentation of COVID-19 in a child: a case report. <i>J Med Case Rep.</i> 2021;15(1):65. Published

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					stools. The patient received intravenous hydration and Ceftriaxone; however, on the second day, she developed abdominal cramps and bloody diarrhea. Her CRP level was elevated to 69 mg/L, and SARS-CoV-2 RT-PCR from both pharyngeal and stool samples was positive. Her chest X-ray and CT scan were unremarkable. Her condition improved, and she was discharged on day 7. Both nasopharyngeal and stool samples were negative for SARS-CoV-2, 32 days after the onset of symptoms. After ruling out other causes of bloody diarrhea based on physical examination and laboratory results, the authors concluded that dysentery was caused by the SARS-CoV-2-related ACE-2 receptors involvement in the gastrointestinal tract. Long-term isolation should be considered as the viral shedding may last for more than a month.	gastrointestinal tract. Long-term isolation should be considered, as the viral shedding may last for more than a month.	2021 Feb 8. doi:10.1186/s13256-021-02672-1
Pregnancy, maternal outcomes, preterm birth, vertical transmission	8-Feb-21	Impact of SARS-CoV-2 Infection on Pregnancy Outcomes: A Population-Based Study	Clinical Infectious Diseases	Original Research	This prospective population-based study describes the impact of SARS-CoV-2 on pregnancy outcomes in Barcelona, Spain. 2,225 pregnant women [ages not provided] were recruited from March 15-May 31, 2020. 317 (14.2%) tested positive for SARS-CoV-2 antibodies (n=314, 99.1%) and/or RT-PCR (n=36, 11.4%). Among positive women, 217 (68.5%) were asymptomatic, 93 (29.3%) had mild COVID-19 and 7 (2.2%) pneumonia, 3 of whom required ICU admission. The primary outcome was a composite of pregnancy complications: miscarriage, pre-eclampsia, preterm delivery, perinatal death, small-for gestational age, and neonatal admission. The primary outcome occurred in 43 (13.6%) of women with SARS-CoV-2 and 268 (14%) of those without infection [risk difference -0.4%, (95% CI: -4.1% to 4.1)]. Compared with non-infected women, women with symptomatic COVID-19 had increased rates of preterm delivery (7.2% vs. 16.9%, p=0.003) and intrapartum fetal distress (9.1% vs. 19.2%, p=0.004), while asymptomatic women had similar rates to non-infected cases. Among 143 neonates from infected mothers, none had anti-SARS-CoV-2 IgM/IgA in cord blood. The authors conclude that while the overall rate of pregnancy complications in women with SARS-CoV-2 infection was similar to non-infected women, symptomatic COVID-19 was associated with modest increases in preterm delivery and intrapartum fetal distress. They also conclude that vertical transmission is unlikely.	In this prospective population-based study of the impact of SARS-CoV-2 on pregnancy outcomes in Barcelona Spain, the authors found that the overall rate of pregnancy complications in women with SARS-CoV-2 infection was similar to non-infected women, however symptomatic COVID-19 was associated with modest increases in preterm delivery and intrapartum fetal distress. In addition, among 143 neonates from infected mothers, none had anti-SARS-CoV-2 IgM/IgA in cord blood, making vertical transmission unlikely.	Crovetto F, Crispi F, Llubra E, et al. Impact of SARS-CoV-2 Infection on Pregnancy Outcomes: A Population-Based Study. Clin Infect Dis. 2021;ciab104. doi:10.1093/cid/ciab104
Pregnancy, vaccination, breast feeding, infants, vertical transmission	8-Feb-21	Pregnancy, Postpartum Care, and COVID-19 Vaccination in 2021	Journal of the American Medical Association (JAMA) Insights	Editorial	This article summarizes information on SARS-CoV-2 and pregnancy, postpartum care, and vaccination. Universal screening measures identified risk factors for infection during pregnancy including race/ethnicity, insurance status, and issues related to where people live (eg. high-density neighborhoods). A large study from the CDC suggested increased risk of severe complications from SARS-CoV-2 for pregnant individuals. Several studies of pregnancy outcomes also found that preterm birth might occur more often among infants born to individuals with COVID-19, although whether this is due to infection or iatrogenic causes is unknown. Intra-uterine transmission of SARS-CoV-2 appears to be rare, and transmission via breast milk	In this article, the authors summarize information regarding SARS-CoV-2 and pregnancy, postpartum care, and vaccination. Pregnant individuals with SARS-CoV-2 may be at risk for more severe disease and have higher risk for preterm birth. Intra-uterine transmission of SARS-CoV-2 appears rare, and transmission	Rasmussen SA, Jamieson DJ. Pregnancy, Postpartum Care, and COVID-19 Vaccination in 2021. JAMA. Published online February 08, 2021. doi:10.1001/jama.2021.1683

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					appears to be unlikely. Unfortunately, pregnant individuals were excluded from early vaccine clinical trials (Pfizer-BioNTech and Moderna). However, the CDC and major obstetric professional societies (American College of Obstetrics and Gynecology (ACOG) and Society for Maternal-Fetal Medicine (SMFM)) state that pregnant individuals may choose to be vaccinated. There is no evidence that COVID-19 vaccines affect fertility, therefore is not necessary to delay pregnancy after vaccination. Data on the effects of COVID-19 vaccines on the breastfed infant are unavailable. However, the CDC and others (ACOG, SMFM) support initiating or continuing breastfeeding in a recently vaccinated individual, given the benefits of breastfeeding to the infant and what is known about the safety of other vaccines given during lactation. The authors conclude that many questions still remain regarding COVID-19 during pregnancy.	via breast milk appears unlikely. Although there is a lack of data on vaccines for pregnant women, the CDC and major obstetric societies support the option of vaccination in pregnancy and support continuation of breast feeding after vaccination.	
COVID-19; vaccination; children	8-Feb-21	Mandatory Coronavirus Disease 2019 Vaccine for Children?	Journal of the American Medical Association (JAMA) Pediatrics	Comment & Response	In this letter to the editor, the author responds to an article by Opel et al. who had proposed 9 criteria to use when considering whether the COVID-19 vaccine should be mandatory in schools. This author believes 2 of the criteria deserve further reflection. Phase 3 trials in children can begin after 1-year safety data is available in adults, so prelicensure data on 1-year safety and efficacy will not be available until 2023. Then more time will be needed (18 or more months) for post-licensure studies to occur. The 2nd criterion is that the vaccine should have "effectiveness comparable" with other vaccines required for children. The author states that the variability is from 45% for the influenza vaccine to 100% (for an unstated disease), but a vaccine providing greater than 64% efficacy would be advisable. The author states that a safe and effective COVID-19 vaccine might be included in mandatory school immunization programs, but that will not occur before 2024.	Opel et al. had proposed 9 criteria to use when considering whether the COVID-19 vaccine should be mandatory in schools; the author of this letter to the editor believes 2 of the criteria deserve further reflection.	Dal-Ré R. Mandatory Coronavirus Disease 2019 Vaccine for Children? JAMA Pediatr. 2021;10.1001/jamapediatrics.2020.6010. doi:10.1001/jamapediatrics.2020.6010
Obstetrics, pregnancy, perinatal outcomes, preterm birth	8-Feb-21	Disease Severity and Perinatal Outcomes of Pregnant Patients With Coronavirus Disease 2019 (COVID-19)	Obstetrics and Gynecology	Original Research	This observational cohort study evaluated the association between disease severity and perinatal outcomes for pregnant women with SARS-CoV-2. 1,219 pregnant patients with a positive SARS-CoV-2 test who delivered at 1 of 33 participating U.S. hospitals between March 1-July 31, 2020 were included. 579 (47%) were asymptomatic, 326 (27%) had mild illness, 173 (14%) had moderate illness, 98 (8%) had severe illness, and 43 (4%) had critical illness based on National Institutes of Health guidelines. 59 (5%) were admitted to the ICU. Those with more severe illness had older mean age (p=0.006) and higher median body mass index (p<0.001). 4 maternal deaths (0.3%) were attributed to COVID-19. In adjusted analyses, severe-critical COVID-19 was associated with a higher risk of cesarean birth (aRR 1.57, 95% CI 1.30–1.90), postpartum hemorrhage (aRR 2.02, 95% CI 1.18–3.45), hypertensive disorders of pregnancy (aRR 1.61, 95% CI 1.18–2.20), and preterm birth (aRR 3.53, 95% CI 2.42–5.14) compared with asymptomatic patients. Those with severe or critical illness also had increased frequency of venous thrombo-embolism (p<0.001 for trend across severity). 1.0% of neonates tested positive for SARS-CoV-	This article evaluated the association between disease severity and perinatal outcomes for 1,219 pregnant women with SARS-CoV-2. Severe-critical COVID-19 was associated with a higher risk of cesarean birth, postpartum hemorrhage, hypertensive disorders of pregnancy, and preterm birth compared with asymptomatic patients. Those with severe or critical illness also had increased frequency of venous thrombo-embolism. The authors conclude that pregnant patients with severe-critical COVID-19 were	Metz TD, Clifton RG, Hughes BL, et al. Disease Severity and Perinatal Outcomes of Pregnant Patients With Coronavirus Disease 2019 (COVID-19). Obstet Gynecol. 2021; doi:10.1097/AOG.0000000000004339

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					2 before discharge. The authors conclude that pregnant patients with severe–critical COVID-19 were at increased risk of perinatal complications.	at increased risk of perinatal complications.	
COVID-19, Breastmilk, Breastfeeding, SARS-CoV-2, Pandemic	8-Feb-21	Is SARS-CoV-2 Transmitted Through Breastfeeding?	The Indian Journal of Pediatrics	Clinical Brief	This descriptive study aims to address concerns regarding the transmission of SARS-CoV-2 from mother to neonate through breastfeeding during the COVID-19 pandemic in India. The authors studied 3,198 deliveries in a South Indian teaching hospital from April to August 2020. SARS-CoV-2 positivity among delivering mothers was 0.14%, 3.3%, and 7.8% during the months of June, July, and August, respectively. Mothers admitted for delivery were tested for SARS-CoV-2 via RT-PCR swab test. RT-qPCR for SARS-CoV-2 was done in breast milk samples from 30 SARS-CoV-2 positive mothers. Paired oropharyngeal swabs of the same neonates were also sent for RT-PCR at 48 h and on day 5 of life. All the breast milk samples were negative for SARS-CoV-2 except one. A repeat sample of breastmilk from the same mother was also negative when rechecked the next day. All the paired neonate oropharyngeal swabs were also negative for SARS-CoV-2. The mother-neonate dyads were kept together, practiced hygiene precautions and mothers exclusively breastfed their neonates. The authors report that while the SARS-CoV-2 positivity among delivering mothers increased proportionate to that of the general population, their neonates were not affected. Moreover, the authors could not find evidence for transmission of SARS-CoV-2 from mother to neonate through breast milk in the population studied. The authors suggest the breast milk sample which was initially positive could be due to contamination or just evidence of nonreplicating virus.	The authors report that while the SARS-CoV-2 positivity among 3,198 delivering mothers in an Indian hospital in April – August 2020 increased proportionate to that of the general population, their neonates were not affected. The authors could not find evidence for transmission of SARS-CoV-2 from mother to neonate through breastmilk in the population studied.	Thanigainathan S, Kaliyaperumal V, Sivanandan S, Rengaraj S, Dhodapkar R, Bethou A. Is SARS-CoV-2 Transmitted Through Breastfeeding? Indian J Pediatr. 2021 Feb 8:1–2. doi: 10.1007/s12098-021-03681-0. Epub ahead of print. PMID: 33555566; PMCID: PMC7868520.
SARS-CoV-2; seroprevalence; day care centers; France	8-Feb-21	SARS-CoV-2 transmission among children and staff in day care centres during a nationwide lockdown in France: A cross-sectional, multicentre, seroprevalence study	The Lancet Child and Adolescent Health	Article	Between June 4- July 3, 2020, the authors enrolled 327 children (mean age 1.9 years (SD 0.9), range 5 months-4.4 years) and 197-day care staff (mean age 40 years (SD 12)) from daycare centers open during the lockdown in France. The results of positive IgG or IgM of SARS-CoV-2 seroprevalence were then compared to a control group of 164 adults (mean age 42 years (SD 12)). Raw seroprevalence data was found to be 4.3% in children (95%CI 2.6-7.1) and 7.7% in staff (95%CI 4.2-11.6). The authors corrected for imperfect test sensitivity and specificity (assuming a sensitivity of 92% and specificity of 99%). They found a corrected seroprevalence in the children of 3.7% (95% credible interval (CrI) 1.3-6.8), 6.8% in daycare workers (95%CrI 3.2-11.5) and 5.0% in the comparative group (95%CrI 1.6-9.8%). None of 197 nasal swabs or 261 stool swabs tested positive for SARS-CoV-2 by RT-PCR taken from children. Seropositive children were more likely than seronegative children to have at least one seropositive parent (RR 6.1, 95%CI 1.9-19.1). Attending a daycare center with a seropositive worker only slightly increased the risk of being seropositive for the children (RR 1.9, 95%CI 0.7-5.8). There was no increased risk for the daycare staff contracting COVID-19 following exposure to a child with laboratory-confirmed COVID-19. The relative	The authors enrolled 327 children and 197-day care staff from daycare centers open during France's lockdown. They compared the results of positive IgG or IgM of SARS-CoV-2 seroprevalence to a control group of 164 adults. They found seropositivity to be low and considered intrafamily transmission of SARS-CoV-2 more plausible than transmission at daycare.	Lachassinne E, de Pontual L, Caseris M, et al. SARS-CoV-2 transmission among children and staff in daycare centres during a nationwide lockdown in France: a cross-sectional, multicentre, seroprevalence study. <i>The Lancet Child and Adolescent Health</i> . 2021. http://doi.org/10.1016/S2352-4642(21)000024-9

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					risk following contact with an adult COVID-19 case was large (RR 13.1, 95%CI 0.8-222.1). The authors stated that seropositivity was low and that intrafamily transmission of SARS-CoV-2 seemed more plausible than transmission at the daycare centers.		
Postpartum depression, Motherhood, Affective disorder, Edinburgh postnatal depression scale, Covid-19, breastfeeding	8-Feb-21	The need for additional mental health support for women in the postpartum period in the times of epidemic crisis	BioMed Central (BMC) Pregnancy and Childbirth	Original Research	SARS-CoV-2 infection during pregnancy and/or after delivery, restrictions on delivery and hospital stay, a change in postpartum care such as lack of midwife-woman relationship, decreased help with breastfeeding, and loss of social support may affect the mental health of mothers in the postpartum period and ultimately result in postpartum depression (PPD). To study the severity of depressive symptoms during the COVID-19 pandemic, the authors compared the severity of PPD among women during a pre-pandemic time period and during the early wave of the pandemic. Participants were screened via on-line self-assessment with the Edinburgh Postnatal Depression Scale (EPDS). The EPDS has a maximum score of 30, with two common cut-off points: 10-11 points indicate slightly increased severity of PPD whereas 12 or more points indicate a significant increase in PPD symptoms. 139 subjects were enrolled; 61 participants completed the EPDS questionnaire from October 1st - November 10th, 2019 (pre-pandemic time period) and 78 participants completed the questionnaire from February 20th - March 30th, 2020 (the first months of the COVID-19 pandemic). The mean age of subjects was 31.04 +/- 3.70 years and 31.74 +/- 5.06 years for the pre-pandemic and early pandemic periods, respectively. A statistically significant difference (p = 0.025) was observed in the severity of postpartum depression symptoms as noted on the EPDS scale at the beginning of the COVID-19 epidemic in Poland (M = 15.71; SD = 6.23), compared to the pre-epidemic neutral period (M = 13.56; SD = 6.46). These results indicate the increased need for additional support of women's mental health in the postpartum period during the COVID-19 pandemic. Further, these results may be associated with limited access to support sources, such as primary healthcare, lactation consultants/clinics, and midwifery services.	The aim of this retrospective study was to identify and characterize the mental health challenges of women in the postpartum period during the COVID-19 pandemic in Poland. The results indicate the increased need for additional support of women's mental health in the postpartum period during the COVID-19 pandemic.	Chrzan-Dętkoś M, Walczak-Kozłowska T, Lipowska M. The need for additional mental health support for women in the postpartum period in the times of epidemic crisis. BMC Pregnancy Childbirth. 2021 Feb 8;21(1):114. doi: 10.1186/s12884-021-03544-8.
Antibodies; COVID-19; SARS-CoV-2; human milk; infant; neonate; vertical transmission	8-Feb-21	SARS-CoV-2 detection in human milk: a systematic review [Free Access to Abstract Only]	The Journal of Maternal-Fetal and Neonatal Medicine	Systematic Review	This systematic review synthesized current evidence regarding the presence of SARS-CoV-2 RNA in the human milk of mothers with confirmed COVID-19 and its potential role in neonatal SARS-CoV-2 infection. A search was performed in PubMed, EMBASE, and Web of Science for peer-reviewed studies published up to 15 October 2020. Studies without human milk SARS-CoV-2 RT-PCR findings were excluded. 936 records were identified, of which 34 studies (24 case-reports, 10 cohort studies) were eligible for review. Extracted data include detailed methodology, sample used for SARS-CoV-2 confirmation in mothers and neonates, details of SARS-CoV-2 RNA PCR testing in human milk, gestational age, birth weight, feeding details, separation from the mother, and COVID-19 status of the neonates. A total of 116 lactating women with confirmed COVID-19 (88 in cohort and 28 in case-reports) underwent RT-PCR testing of	This systematic review synthesized evidence regarding the presence of SARS-CoV-2 RNA in the breast milk of mothers with confirmed COVID-19. The authors estimated that SARS-CoV-2 RNA is detected in breast milk in 2.16% of cases in which testing occurs but no conclusion can be drawn about its infectivity. Therefore, exclusive breastfeeding should be considered in all cases unless other contra-indications exist.	Kumar J, Meena J, Yadav A, Kumar P. SARS-CoV-2 detection in human milk: a systematic review [published online, 2021 Feb 8]. J Matern Fetal Neonatal Med. 2021;1-8. doi:10.1080/14767058.2021.1882984

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					breast milk, of which 10 (6 in case reports) were detected to have SARS-CoV-2 RNA. The overall pooled proportion (from cohort studies) for SARS-CoV-2 RNA detection in human milk was 2.16% (95% CI: 0.0-8.81%). Only 1 study further investigated the positive sample for infectivity, and they did not find any replication-competent virus. 4 studies (6 patients) also reported the presence of SARS-CoV-2 specific antibodies (along with RT-PCR) in breast milk samples. This limited evidence suggests that SARS-CoV-2 RNA is detected in human milk in an extremely low proportion of cases; however, the authors state no conclusion can be drawn about its infectivity and impact on the infants from current evidence. In concordance with WHO recommendations, exclusive breastfeeding should be considered in all cases unless any other contra-indication exists.		
Children, albumin, laboratory markers, MIS-C, pediatrics	8-Feb-21	Hypoalbuminemia and Clinical Adverse Events in Children with COVID-19	Journal of Medical Virology	Original Research	This study assessed serum albumin in children with mild/moderate COVID-19 and evaluated the association between albumin levels and inflammatory or infective clinical events. The clinical symptoms and laboratory values of 63 children at a hospital in Rome, Italy [date not provided] were assessed. 47 patients (mean age 6.6±5 years, range not provided) had no clinical events, while 16 patients (mean age 8.9±5 years) experienced clinical events defined as follows: 7 had MIS-C, 4 had pneumonia, 3 had myocardial involvement, and 2 had urinary tract infections. Compared to patients who did not experience clinical events, those with clinical events had lower serum albumin (p<0.001). Lower albumin was observed in children with MIS-C compared to children without clinical events (p=0.001) and in children with MIS-C (n=7) compared to children who manifested a non-MIS-C clinical event (n=9) (p=0.04). Finally, compared to children without clinical events, those who experienced non-MIS-C clinical events also had lower serum albumin (p=0.04). Additionally, serum albumin negatively correlated with high-sensitivity C-reactive protein (hs-CRP) levels (R:-0.616, p<0.001). The authors conclude that among children with mild/moderate COVID-19, those with clinical complications had lower albumin serum levels compared to those without clinical events, especially those with MIS-C. Hypoalbuminemia may be a predictor of adverse clinical events for children with COVID-19.	The authors assessed serum albumin levels in children with mild/moderate COVID-19 in Rome, Italy and compared between children who had an inflammatory or infective clinical event and those who did not. Those with clinical events had lower serum albumin, especially those with MIS-C. Serum albumin levels also correlated (negatively) with high-sensitivity C-reactive protein (hs-CRP) levels. The authors conclude that hypoalbuminemia may be a predictor of adverse clinical events.	Loffredo L, Campana A, Olivini N, et al. Hypoalbuminemia and Clinical Adverse Events in Children with COVID-19. J Med Virol. 2021; doi:10.1002/jmv.26856
Anxiety; maternal mental health; psychometric assessment; postpartum	8-Feb-21	A validation of the Postpartum Specific Anxiety Scale 12-item research short-form for use during global crises with five translations	BioMed Central (BMC) Pregnancy and Childbirth	Research Article	The authors report on developing a 12-item short-form of the Postpartum Specific Anxiety Scale (PSAS) adapted for global crises (PSAS-RSF-C) and validated during the current COVID-19 pandemic to identify maternal anxiety. 710 mothers (mean age 31.69± 5.15 years, range 18-46 years) with infants aged birth-12 weeks completed an on-line survey during the United Kingdoms' government lockdown from March 23-May 10, 2020. The new PSAS-RSF-C was statistically significant (p<0.001) for distinguishing between those with and without anxiety. A cut-off score of 26 out of 48 resulted in a sensitivity of 0.62 and specificity of 0.64. The PSAS-RSF-C was translated into Italian, French, Spanish, Chinese, and Dutch and is	he authors report on developing a short form of the Postpartum Specific Anxiety Scale validated during the COVID-19 pandemic. The new scale was statistically significant (p<0.001) for distinguishing between those mothers with and without anxiety.	Silverio SA, Davies SM, Christiansen P, et al. A validation of the Postpartum Specific Anxiety Scale 12-item research short-form for use during global crises with five translations. BMC Pregnancy Childbirth. 2021;21(1):112. Published 2021 Feb 8.

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					currently undergoing validation in all languages. The PSAS-RSF-C demonstrated good reliability and suggested that new-mother anxieties during the pandemic are similar to pre-pandemic. The authors hope healthcare professionals will use this new scale to rapidly identify mothers for problematic anxiety during this pandemic.		doi:10.1186/s12884-021-03597-9
COVID-19, Vaccine, Pregnancy, Breastfeeding	8-Feb-21	COVID-19 Vaccination in Pregnant and Lactating Women	Journal of the American Medical Association (JAMA) Network	Viewpoint	This viewpoint outlines evidence to guide clinician's advice regarding mRNA vaccinations for COVID-19 in pregnant and lactating women in the absence of data for this population from vaccine trials. Preventing COVID-19 is important for both mother and fetus. A major reason neither pregnant nor lactating women were included in COVID-19 vaccine trials is the concern of liability over the potential adverse effects on a fetus. Without strategies to limit litigation, obstetric societies are left without data to guide vaccine use in pregnancy and breastfeeding. These organizations must balance the risk of COVID-19 infection to the pregnant and lactating woman with the potential or theoretical risks from the vaccine to the pregnant woman and her developing fetus or the lactating woman and her newborn. With an understanding of vaccination in pregnancy, the use of other vaccines during pregnancy such as influenza and pertussis, the efficacy and safety of COVID-19 mRNA vaccines in nonpregnant populations, and their mechanism of inducing an immune response, clinicians can outline the benefit of preventing COVID-19, as well as the undefined but possibly limited risk to the fetus, and potential benefit to the neonate. The authors advocate for clinician empathy when discussing the limited available evidence, as well as the tension over the potential benefits of vaccination weighed against the potential risks. As systematic and proactive data on COVID-19 vaccination in pregnant and lactating women are gathered, evidence-based recommendations regarding mRNA vaccination to reduce harms from COVID-19 will replace expert opinion.	The authors highlight existing use of vaccinations for pregnant and lactating women as well as the known efficacy and safety of COVID-19 mRNA vaccines in nonpregnant populations to support advice of clinicians considering vaccination of their pregnant and lactating patients.	Adhikari EH, Spong CY. COVID-19 Vaccination in Pregnant and Lactating Women. JAMA. Published online February 08, 2021. doi:10.1001/jama.2021.1658
COVID-19; Pregnancy; SARS-CoV-2; acute respiratory distress syndrome; leukocyte; lymphocyte; neutrophil	8-Feb-21	Clinical features and risk factors associated with acute respiratory distress syndrome in pregnant women diagnosed with COVID-19: a multi-center case-control study	The Journal of Maternal-Fetal and Neonatal Medicine	Short Report	This retrospective multicenter study in Iran evaluated differences in clinical features and laboratory parameters in pregnant women with COVID-19 and diagnosed with acute respiratory distress syndrome (ARDS) between February 15 - May 1, 2020 compared to pregnant women with moderate and severe COVID-19 but without ARDS (March 15 - April 20, 2020). 15 women with COVID-19 and ARDS were compared to 29 COVID-19 positive and ARDS negative controls (moderate: (n = 26) 89.7% and severe: (n = 3)10.3%). The mean maternal age (35.6 vs. 29.4 years; p = 0.002) and diagnosis of chronic hypertension (20.0% vs. 0%, p = 0.034) were significantly higher in the ARDS group [age ranges not reported]. There was no significant differences between the two groups in their presenting symptoms. The ARDS group had a significantly higher prevalence of tachypnea (66.6% vs. 10.3%, p = 0.042) and blood oxygen saturation (SpO2) <93% (66.6% vs. 10.3%, p = 0.004) at presentation. In the ARDS group, a greater proportion had relative lymphopenia (lymphocyte ratio <	This study in Iran evaluated differences in clinical features and laboratory parameters in pregnant women with COVID-19 and acute respiratory distress syndrome (ARDS) compared to pregnant women with moderate and severe COVID-19 but without ARDS. The authors conclude vital signs and laboratory data might be helpful to predict ARDS in critically ill COVID-19 pregnant patients, but symptom-based strategies are insufficient.	Kazemi Askari S, Norooznejhad AH, Shamshirsaz AA, et al. Clinical features and risk factors associated with acute respiratory distress syndrome in pregnant women diagnosed with COVID-19: a multi-center case-control study [published online, 2021 Feb 8]. J Matern Fetal Neonatal Med. 2021;1-5. doi:10.1080/14767058.2021.1872062

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					10.5%, 66.6% vs. 17.2%, p = 0.002), a lower proportion had high lymphocytes to leukocytes ratio [not specified] (11.3% vs. 17.7%, p = 0.010), and a greater proportion had a neutrophils to lymphocytes ratio >7.5 (73.3% vs. 20.6%, p = 0.001). The authors conclude that symptom-based strategies for identifying critically ill pregnant women with SARS-CoV-2 are insufficient; however, vital signs and laboratory data might be helpful to predict ARDS in critically ill COVID-19 pregnant patients.		
MIS-C; COVID-19; pediatric guidelines; inflammation; cytokine	8-Feb-21	Childhood multisystem inflammatory syndrome associated with COVID-19 (MIS-C): a diagnostic and treatment guidance from the Rheumatology Study Group of the Italian Society of Pediatrics	Italian Journal of Pediatrics	Opinion	The authors propose recommendations for diagnosing and treating children with COVID-19-associated MIS-C, based on clinical experiences in Italy. The authors suggest that, in children, MIS-C diagnosis should be considered in the presence of fever >38 degrees Celsius lasting more than 24 hours, signs of >= 2 organs being involved, and a lab work-up showing increased systemic inflammation with or without lymphopenia. They also note that a positive SARS-CoV-2 test is usually present in such patients and may be sufficient to substantiate a hypothesized MIS-C diagnosis. They then suggest individualized therapeutic approaches that may mimic therapies for Kawasaki disease, including primarily intravenous immunoglobulin (IVIG) and glucocorticoids (methylprednisolone, methylprednisolone, prednisone, and dexamethasone). They recommend biologic treatments (varying dosages of Anakinra) and ancillary treatments (thromboprophylaxis, eculizumab, and acetylsalicylic acid) depending on specific individual reactions during a patient's COVID-19-associated MIS-C. Immunomodulatory treatments are recommended to be carefully timed to avoid interference with the patient's anti-viral response to the viremic phase of their illness. These recommendations are designed to aid clinicians and physicians in adequately diagnosing and treating pediatric patients that often have differing courses & complications related to this post-infectious disease.	The authors provide recommendations on the diagnosis and treatment of COVID-19 associated MIS-C in pediatric patients. Diagnostic criteria include the presence of 24-hour fever >38C, 2 or more organs involvement, and laboratory confirmation of increased systemic inflammation with or without lymphopenia. Therapies used to treat the similar Kawasaki disease have been effective, and the authors suggest these in addition to IVIG, glucocorticoids, and other biologic treatments in children after evaluating their illness on a case-by-case basis.	Cattalini M, Taddio A, Bracaglia C, et al. Childhood multisystem inflammatory syndrome associated with COVID-19 (MIS-C): a diagnostic and treatment guidance from the Rheumatology Study Group of the Italian Society of Pediatrics. <i>Ital J Pediatr.</i> 2021;47(1):24. Published 2021 Feb 8. doi:10.1186/s13052-021-00980-2
COVID-19; infant; Down syndrome; SARS-CoV-2; clinical management	7-Feb-21	Clinical Presentation and Successful Management of an Infant With Down Syndrome and COVID-19 in Riyadh, Saudi Arabia	Cureus	Case Report	The authors report the case of a 4-month-old female with Down Syndrome and an unrepaired atrio-ventricular septal defect in Saudi Arabia, who had a history of neonatal ICU admissions for respiratory distress and cardiac congenital defect. She also had a history of visits to the emergency department for fever, shortness of breath, diarrhea, vomiting, and cough. She presented with respiratory symptoms and was stabilized on nebulizers and discharged with acetaminophen and antibiotics. 2 days later, her health deteriorated with poor medication tolerance, and a positive SARS-CoV-2 test. Eventually, her mother tested positive as well. Upon admission to the pediatric department of a hospital in Riyadh, she had fever, diarrhea, and a mouth rash (suspected to be a fungal infection), which was treated using oral miconazole gel. Her oxygen saturation (initially <94%) improved with oxygen via nasal cannula. A CT scan identified pulmonary edema, attributed to congenital heart disease. Her chest exams indicated bilaterally decreased breath sounds, and laboratory	The authors report the case of a 4-month-old female with Down Syndrome and an atrio-ventricular septal defect, with history of hospital visits for respiratory distress and cardiac congenital defect. She developed SARS-CoV-2 infection with fever, diarrhea, and a mouth rash, and received oxygen via nasal cannula due to lowering oxygen saturation. Her condition improved after treatment with furosemide and captopril, and she was	Alsaahbi I, Alobaidi A, Alahmari AS, et al. Clinical Presentation and Successful Management of an Infant With Down Syndrome and COVID-19 in Riyadh, Saudi Arabia. <i>Cureus.</i> 2021 Feb 7;13(2):e13188. doi: 10.7759/cureus.13188. PMID: 33575158; PMCID: PMC7870114.

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					tests revealed elevated erythrocyte sedimentation rate and C-reactive protein. She was started on IV fluids and acetaminophen, cefuroxime for 5 days, and eventual furosemide and captopril, with improvement in clinical status. She tested negative for SARS-CoV-2 on 2 consecutive swabs and was discharged after 10 days.	discharged after 10 days and 2 negative SARS-CoV-2 tests.	
COVID-19, Kikuchi-Fujimoto disease, SARS-CoV-2	7-Feb-21	COVID-19 associated Kikuchi-Fujimoto disease	British Journal of Haematology	Case Report	This case report details a 17-year-old male presenting to the emergency department [time and location not specified] with Kikuchi-Fujimoto disease (KFD) in the setting of a preceding SARS-CoV-2 infection. KFD, or histiocytic necrotizing lymphadenitis, is a rare condition that presents with flu-like symptoms and cervical lymph node enlargement. Bloodwork of KFD patients reveals neutropenia and elevated inflammatory markers. Imaging is often non-specific other than CT scans often showing multiple affected lymph nodes. Diagnosis remains dependent on lymph node biopsy. The etiology of KFD is unclear. Although multiple viruses have been linked to KFD, none have been found to be consistently linked to the condition. The subject of this case report, an otherwise healthy teenager, had a 3-week history of symptoms leading to a confirmed case of KFD with lymph node biopsy. On direct questioning, the subject reported some preceding loss of smell approximately 2 months previously. Given this information, patient was tested for SARS-CoV-2 [testing method not specified] which was negative, but a serum SARS-CoV-2-IgG antibody test was positive. COVID-19 has been associated with other inflammatory conditions, including MIS-C; however, there is a poor understanding of the mechanism behind this response currently. COVID-19 has also been implicated in immunological complications, such as macrophage activation syndrome and cytokine storm syndrome, which has led to the wider use of anti-inflammatory treatments. The authors suggest that although there is no conclusive proof that KFD was triggered by COVID-19 in this case, although the temporal link suggests an association between the virus and this rare disease.	This case report details a 17-year-old male presenting to the emergency department with Kikuchi-Fujimoto disease (KFD) in the setting of a preceding SARS-CoV-2 infection. The authors suggest that although there is no conclusive proof that KFD was triggered by COVID-19 in this case, although the temporal link suggests an association between the virus and this rare disease.	Stimson L, Stitson R, Bahhadi-Hardo M, Renaudon-Smith E. COVID-19 associated Kikuchi-Fujimoto disease. Br J Haematol. 2020 Dec 1:10.1111/bjh.17292. doi: 10.1111/bjh.17292. PMID: 33289068; PMCID: PMC7753558.
COVID-19; Dental care; child; pandemics; socioeconomic factors	6-Feb-21	What is the association between income loss during the COVID-19 pandemic and children's dental care?	Journal of the American Dental Association	Original Research	The authors examined the association between income loss of parents during the COVID-19 pandemic in the United States and the unmet need for dental care for their children (aged < 18 years). 40% of the caregivers who completed the cross-sectional survey between June 25 - July 2, 2020, experienced a job loss or decrease in household income during the COVID-19 pandemic. Caregivers reported that the greatest unmet child health care need during the COVID-19 pandemic was dental care (16%), followed by medical care for a well visit or vaccination (5%). The authors found a significant association between the probability of unmet child dental care and pandemic-related household job or income loss (P = .022). Losing a job or experiencing a decrease in income due to the COVID-19 pandemic was associated with unmet child dental care (relative risk, 1.77; 95% confidence interval, 1.08 to 2.88). The authors note that as the unmet need for dental care rises, alternative strategies for	The authors examined the association between income loss of parents during the COVID-19 pandemic in the United States and the unmet need for dental care for their children. Caregivers reported that the greatest unmet child health care need during the COVID-19 pandemic was dental care (16%), followed by medical care for a well visit or vaccination (5%). The authors suggest that alternative strategies for delivering dental	Burgette JM, Weyant RJ, Ettinger AK, Miller E, Ray KN. What is the association between income loss during the COVID-19 pandemic and children's dental care? [published online, 2021 Feb 6]. J Am Dent Assoc. 2021;S0002-8177(21)00077-5. doi:10.1016/j.adaj.2021.02.001

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					delivering dental care can be considered to improve access to dental care for children, such as teledentistry and oral health prevention services in primary care settings.	care can be considered to improve access to dental care for children, such as teledentistry and oral health prevention services in primary care settings.	
Obesity; Overweight; COVID-19; Children; Body mass index	6-Feb-21	Impact of the COVID-19 lockdown on weight status and associated factors for obesity among children in Massachusetts	Obesity Medicine	Original Research	This study aimed to evaluate the impact of the COVID-19 lockdown on weight status, obesity, and overweightness among children and to identify associated factors. At a large safety net health system in Massachusetts (USA), anthropometric measurements of 701 children [age range 2 to 18 years; mean/median age not reported] were analyzed before and after the COVID-19 lockdown. Chi-squared and paired t-test were computed for categorical and continuous variables, respectively. Multivariate logistic regression analyses were performed to identify factors associated with obesity and overweightness. Post-lockdown, the overall mean body mass index (BMI) increased from 21.07 to 21.57 kg/m ² (p < 0.001). The overall obesity (23.2% to 27.4%, p < 0.001) and overweightness (41.1% to 44.5%, p < 0.001) burdens increased after the lockdown period. Obesity (40.5% to 46.9%, p < 0.001) was highest among Spanish speakers. The youngest age group (2-5 years) had the greatest obesity rate increase by 26% (19.7% to 24.8%, p < 0.001). Obesity was associated with younger age [odds ratio (OR) = 0.95, 95% CI: (0.91, 1.00)], higher baseline BMI [OR = 1.19, 95% CI: (1.15, 1.23)] and Spanish-speaking children [OR = 2.19, 95% CI: (1.10, 4.33)]. BMI, obesity, and overweightness increased among children during the COVID-19 lockdown, disproportionately affecting disadvantaged subpopulations. Strategies are needed to counteract the impact of the COVID-19 lockdown on unhealthy weight gain and childhood obesity.	This study aimed to evaluate the impact of the COVID-19 lockdown on weight status, obesity, and overweightness among US children and to identify associated risk factors. BMI, obesity, and overweightness increased among children during the COVID-19 lockdown, disproportionately affecting disadvantaged subpopulations. Strategies are needed to counteract the impact of the COVID-19 lockdown on unhealthy weight gain and childhood obesity.	Mulugeta W, Hoque L. Impact of the COVID-19 lockdown on weight status and associated factors for obesity among children in Massachusetts. Obesity Medicine. 2021; 22. doi:10.1016/j.obmed.2021.100325
SARS-CoV-2, COVID-19, Pregnancy, Maternal Outcome, Neonatal Outcome, Vertical Transmission	6-Feb-21	Maternal and Neonatal Outcomes of COVID-19 in Pregnancy: A Single-Center Observational Study	Cureus	Original Research	This study is a retrospective study that aimed to evaluate the clinical presentation of SARS-CoV-2 infection during pregnancy, its course during pregnancy, and its effects on maternal and neonatal outcomes. The study was performed at Tata Main Hospital in Jamshedpur, a tertiary care hospital in Eastern India. The study period was from May 15 to November 15, 2020, and included all SARS-CoV-2 positive pregnant women via PCR testing or rapid antigen testing. A total of 132 pregnant women were included in the study. The results showed that 86 women (65%) were asymptomatic, 45 women (34%) had mild symptoms, and one woman had severe COVID-19. Major comorbidities seen were hypertensive disorders (pre-eclampsia, gestational hypertension, and chronic hypertension) in 18 pregnant women (13.6%) and diabetes (gestational diabetes, diabetes mellitus type 2) in 14 pregnant women (10.6%). The rate of preterm delivery was 28.6% (n=35). Cesarean section was done for 78 women (63.9%), and 44 women (36%) delivered vaginally. The average birth weight was 2.59 kg, and 40 infants (33%) were admitted to the neonatal ICU. 2 infants (1.65%) tested positive for SARS-CoV-2 within 24 hours of	This study is a retrospective study that aimed to evaluate the clinical presentation of SARS-CoV-2 infection during pregnancy, its course during pregnancy, and its effects on maternal and neonatal outcomes. The authors concluded that COVID-19 in pregnancy commonly presents as an asymptomatic or mild disease, is associated with high rates of preterm births and neonatal ICU admissions, and intrauterine and neonatal death rates remain low. Vertical transmission is possible; however, the incidence is low,	Singh V, Choudhary A, Datta MR, Ray A. Maternal and Neonatal Outcomes of COVID-19 in Pregnancy: A Single-Centre Observational Study. Cureus. 2021;13(2):e13184. Published 2021 Feb 6. doi:10.7759/cureus.13184

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					delivery. The authors concluded that COVID-19 in pregnancy commonly presents as an asymptomatic or mild disease, is associated with high rates of preterm births and neonatal ICU admissions, and intrauterine and neonatal death rates remain low. Vertical transmission is possible; however, the incidence is low, and most neonates are asymptomatic.	and most neonates are asymptomatic.	
Coronavirus; Lockdown; Oral health; Preschool children	6-Feb-21	The impact of coronavirus lockdown on oral healthcare and its associated issues of pre-schoolers in China: an online cross-sectional survey	BioMed Central (BMC) Oral health	Original Article	The authors investigated the impacts of the COVID-19 lockdown on oral health and associated issues of pre-school children in Wuhan and other areas in China, and provided guidance for oral healthcare in the future. The authors conducted a national online survey of 4495 pre-school children (age 3-6 years) whose caregivers responded about children's oral health status, care behavior, and caregivers' attitudes from May 1-7, 2020. The authors compared Wuhan residents (n=1601, 35.6%) to other Chinese residents. During Wuhan lockdown, 11.7% of children had oral diseases [not defined]. A total of 60.8%, 35.5%, 18.3%, 5.4%, 12.5%, 1.4% and 5.2% of Wuhan children had self-reported dental caries, toothache, halitosis, gingival bleeding, gingival swelling, tooth trauma, and fillings removal, respectively. There was a significant difference in oral hygiene behavior with respect to place of residence. For brushing teeth, the percentage of Wuhan residents who brushed (96.9%) was higher than that of non-Wuhan residents (95.0%; p=0.002). For brushing frequency, 55.5% of Wuhan residents brushed their teeth twice a day, which was more than other residents (46.4%; p=0.000). Oral health status and associated issues of pre-school children in Wuhan were significantly different from that of other Chinese residents during lockdown of Wuhan city during the COVID-19 pandemic.	The authors investigated the impacts of the COVID-19 lockdown on oral health and associated issues of pre-school children in Wuhan and other areas in China, and provided guidance for oral healthcare in the future. Oral health status and associated issues of pre-school children in Wuhan were significantly different from that of other cities' residents during lockdown of Wuhan city during the COVID-19 pandemic.	Liu C, Zhang S, Zhang C, et al. The impact of coronavirus lockdown on oral healthcare and its associated issues of pre-schoolers in China: an online cross-sectional survey. BMC Oral Health. 2021;21(1):54. Published 2021 Feb 6. doi:10.1186/s12903-021-01410-9
COVID-19; etiology; Kawasaki disease; MIS-C; pathogenesis; treatment; update; United States	6-Feb-21	2021 Update on the Clinical Management and Diagnosis of Kawasaki Disease	Current Infectious Disease Reports	Review	The authors reviewed the clinical management and diagnosis of Kawasaki disease (KD), including potential diagnostic challenges with MIS-C given the ongoing COVID-19 pandemic. The diagnosis and initial treatment of KD with IVIG and aspirin remain unchanged in the most recent 2017 American Heart Association (AHA) treatment guidelines. Prompt treatment with IVIG and aspirin remains the mainstay of treatment. However, attention should be paid to the minor changes in treatment regimens for aspirin (dosing can now be either 80-100 mg/kg/day or 30-50 mg/kg/day), consideration of the use of adjuvant corticosteroid therapy in patients at high risk of IVIG resistance, and the change in steroid regimen for refractory KD (to include both pulse-dose IV methylprednisolone and a longer course of prednisolone with an oral taper). Additionally, the overlap of clinical features of KD with other common pediatric illnesses continues to provide significant diagnostic challenges. This is illustrated in the diagnostic and treatment dilemmas due to the overlap of KD and MIS-C in the ongoing COVID-19 pandemic. Further investigation is warranted to optimize the treatment of these conditions.	The authors reviewed the clinical management and diagnosis of Kawasaki disease (KD) including potential diagnostic challenges with MIS-C given the ongoing COVID-19 pandemic. Prompt treatment with IVIG and aspirin remains the mainstay of treatment. However, attention should be paid to the minor changes in treatment regimens for aspirin, consideration of the use of adjuvant corticosteroid therapy in patients at high risk of IVIG resistance, and the change in steroid regimen for refractory KD.	Zhu F, Ang JY. 2021 Update on the Clinical Management and Diagnosis of Kawasaki Disease. Curr Infect Dis Rep. 2021;23(3):3. doi:10.1007/s11908-021-00746-1.

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COVID-19; Electronic health record; remote; telehealth;	6-Feb-21	A digital approach in the rapid response to COVID-19 – Experience of a paediatric institution	International Journal of Medical Informatics	Article	The authors highlighted the rapid transition to telehealth and the development of a remote "virtual telehealth" strategy for clinicians at a tertiary pediatric institution in Australia during the COVID-19 pandemic, which proved popular and allowed true "working from home". The digital health approach comprised a broad suite of informatics and technology solutions, including optimizing a fully integrated electronic medical record (EMR) and encompassed a broad range of hospital operations. They included patient triage, registration, COVID-19 screening clinic operations, electronic ordering, prescribing and documentation, telehealth, reporting and analytics, and research. Proactive and planned implementation beyond this pandemic of digital health solutions that support clinical care will enable linkage to systematic and sustainable benefits to clinical care. Key stakeholders and enablers should be identified for post-pandemic consideration in future digital health implementation and adoption strategies. Governance, user, and organizational aspects of digital health improvement remain paramount in any future focus on the intersection of digital health and clinical care.	The authors highlighted the rapid transition to telehealth and the development of a remote "virtual telehealth" strategy for clinicians at a tertiary pediatric institution in Australia during the COVID-19 pandemic. Key stakeholders and enablers should be identified for post-pandemic consideration in future digital health implementation and adoption strategies.	Cheng DR, Coote A, South M. A digital approach in the rapid response to COVID-19 - Experience of a paediatric institution. Int J Med Inform. 2021;149:104407. doi:10.1016/j.ijmedinf.2021.104407.
COVID-19; Coronary aneurysm	6-Feb-21	Coronary Artery Dilation in an Asymptomatic Pediatric Patient with COVID19 Antibodies	Pediatric Cardiology	Case Report	This is the case of a 16-year-old male referred to the pediatric cardiology clinic after testing positive for SARS-CoV-2 IgG antibodies at a routine clinic visit in the United States. The patient had a history of fever, mild cough, and diarrhea 5 months earlier, from which he recovered in less than a week. However, due to positive antibody, electrocardiography (ECG) and echocardiography were performed. ECG was normal, and echocardiography revealed a structurally normal heart with normal systolic and diastolic function. The left coronary artery measurements were normal. However, the right coronary artery had a proximal dilation, measuring 0.41 cm (Boston z-score +2.3). Laboratory results showed an elevated creatine kinase of 3,235 U/L. He was given low-dose aspirin. A stress test, spirometry, blood pressure, and heart rate were normal. The association among the degree of inflammation, immunological response, and cardiovascular findings is still unclear. Borderline coronary artery z-score may be caused by unrecognized past episodes of asymptomatic Kawasaki disease. Coronary artery aneurysms are essential to identify and monitor, as they might lead to rupture or myocardial infarction. This case raises the question of whether cardiac screening should be considered for all patients with a history of COVID-19.	This is the case of a 16-year-old male who tested positive for SARS-CoV-2 antibodies and presented with coronary artery dilation (z-score +2.3) in the United States. This case raises the question of whether cardiac screening should be considered for all patients with a history of COVID-19.	Gerber N, Flynn PA, Holzer RJ. Coronary Artery Dilation in an Asymptomatic Pediatric Patient with COVID19 Antibodies [published online, 2021 Feb 6]. Pediatr Cardiol. 2021;1-3. doi:10.1007/s00246-021-02566-5
COVID-19; NRP1; Pregnancy; SARS-CoV-2; Transplacental transmission	6-Feb-21	Transplacental transmission of SARS-CoV-2 infection via NRP1	Travel Medicine and Infectious Disease	Letter to the Editor	This letter to the editor raises concerns about the increasing number of COVID-19 cases in pregnancy and perinatal transmission of SARS-CoV-2. Vertical transmission of SARS-CoV-2 in a 1-day-old neonate and transplacental transmission during the last weeks of pregnancy—causing maternal viremia, placental inflammation, placental infection, and neonatal viremia—were reported in two studies in 2020. Another study showed that SARS-CoV-2 in the placenta could induce placental vasculopathy and fetal growth restriction in mild COVID-19. A recent neuropathological study in mice demonstrated that SARS-CoV-2	This letter to the editor raises concerns about the increasing number of COVID-19 cases in pregnancy and perinatal transmission of SARS-CoV-2. The authors hypothesize that considering the high expression of NRP1 in the placenta, SARS-CoV-2 transmission could occur	El-Arabey AA, Abdalla M. Transplacental transmission of SARS-CoV-2 infection via NRP1 [published online, 2021 Feb 6]. Travel Med Infect Dis. doi:10.1016/j.tmaid.2021.101987

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					infected Neuropilin-1 (NRP1) and Neuropilin-2 (NRP2)-positive cells in the olfactory epithelium and bulb. However, only NRP1 facilitates cell entry and transport into the central nervous system, leading to anosmia and ageusia symptoms. Clinical and preclinical data showed the possibility of neural circuit growth as a priming mechanism for microglia in offspring. The authors utilized the placenta gene set of Harmonizome to investigate ACE-2, TMPRSS2, NRP1, and NRP2 in the placenta's tissue. They found that NRP1 has the highest expression, indicating the possibility of SARS-CoV-2 transmission at any pregnancy stage through placental NRP1. Therefore, antenatal surveillance and routine testing for SARS-CoV-2 during pregnancy are critical. The usefulness of targeting NRP1 in COVID-19 pregnant women should be further investigated.	at any pregnancy stage. The usefulness of targeting NRP1 in COVID-19 pregnant women should be further investigated.	
COVID-19; healthcare worker; maternity service; obstetric doctor	6-Feb-21	COVID-19 changes to maternity care: Experiences of Australian doctors	The Australian and New Zealand Journal of Obstetrics and Gynaecology	Original Research	This was a national, online survey followed by semi-structured interviews, conducted May-June 2020, to describe doctors' experiences of providing maternity care during the first wave of the COVID-19 pandemic in Australia. 86 doctors completed the survey; 8 were interviewed. 95% of doctors reported rapid development of new guidelines and major changes to health service delivery, including 68% moving consultations to telephone or video visits. Doctors obtained information about COVID-19 from sources such as professional colleges (36%) and individual maternity services (17%). Access to reliable and timely information was valued, especially guidelines from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). A key finding of the study for future pandemics or disasters was the need for centralized, evidence-based information. 89% of doctors felt sufficiently informed to care for women with COVID-19. 42% of doctors felt COVID-19-associated changes would be temporary. Doctors described workforce disruptions, with associated personal and professional impacts. Doctors acknowledged that altered models of care had increased pregnant women's anxiety and uncertainty. All doctors described silver linings from sector changes, including less visitors at the hospital, resulting in midwives spending more time with their patients. The authors state that this study provides unique insights into doctors' experiences of providing maternity care during the COVID-19 pandemic in Australia to better prepare for future public health crises.	This study was a national, online survey to describe doctors' experiences of providing maternity care during the COVID-19 pandemic in Australia. A key finding of the study for future pandemics or disasters was the need for centralized, evidence-based information.	Szabo RA, Wilson AN, Homer C, et al. Covid-19 changes to maternity care: Experiences of Australian doctors [published online ahead of print, 2021 Feb 6]. Aust N Z J Obstet Gynaecol. 2021;10.1111/ajo.13307. doi:10.1111/ajo.13307
viral load; disease severity; COVID-19	6-Feb-21	The Association of Viral load and Disease Severity in Children with COVID-19	Journal of Medical Virology	Article	This study aimed to evaluate whether SARS-CoV-2 viral load could predict the clinical course and disease severity in pediatric patients. The medical records of pediatric patients who were tested for SARS-CoV-2 between April 12 and October 25, 2020, at the University of Health Sciences Hospital in Turkey were retrospectively reviewed. The authors evaluated 518 pediatric patients diagnosed with COVID-19 and classified subjects according to disease severity into 4 groups: asymptomatic (25%), mild (42%), moderate (20%), and critical/severe (4%) cases. They analyzed patients in four age groups: <4, 5-9, 10-14,	The authors evaluated the association of viral load and disease severity in 518 pediatric patients diagnosed with COVID-19 at a Turkish hospital. Change in viral load was assessed in patients divided according to age group and disease severity. The authors found that children	Aykac K, Cura Yayla BC, Ozsurekci Y, et al. The Association of Viral load and Disease Severity in Children with COVID-19. <i>J Med Virol.</i> 2021. doi:10.1002/jmv.26853

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					and 15-17 years. Viral load was measured using the surrogate variable of real-time PCR cycle threshold (Ct) values. Compared to a reference Ct value (positive quality control), asymptomatic cases had the greatest change in Ct value (2.4), while mild cases had the lowest value (0). However, the authors found no statistically significant difference in Ct values among age groups, between genders, and among those with and without existing or underlying disease. Children's Ct values were relatively lower in the first 2 days of symptoms compared to other days. This study provides evidence that children with SARS-CoV-2 infection have similar amounts of viral load among all disease severity categories irrespective of age, gender, and underlying disease. Therefore, understanding the COVID-19 course in children requires further study of the host immune response to infection.	with SARS-CoV-2 infection have similar amounts of viral load among all disease severity categories irrespective of age, gender, and underlying disease.	
breastfeeding; childbirth; COVID-19; maternal anxiety; pandemic; postpartum; pregnancy; questionnaires	6-Feb-21	Impact of the COVID-19 Pandemic on Maternal Anxiety in Brazil	Journal of Clinical Medicine	Original Article	The aim of the study was to determine the prevalence of maternal anxiety in late pregnancy in the context of the COVID-19 outbreak in Brazil, and to analyze its association with maternal knowledge and concerns about the pandemic. The authors conducted a cross-sectional study of 1662 women (mean age 28.2 years, SD 6.5) who received care at 10 different hospitals in Brazil from June 1-August 31, 2020. The Beck Anxiety Inventory (BAI) was used to measure maternal anxiety, and anxiety levels are defined as: minimal (0–7 points), mild (8–15), moderate (16–25), and severe (26–63). All women were >36 weeks' gestation at the time of the study. 13.9% of women presented moderate anxiety, and 9.6% of women presented severe maternal anxiety. Moderate or severe maternal anxiety was related to social factors such as secondary education level (aOR 1.66, 95% CI 1.21–2.29, p=0.002), alcohol consumption (aOR 3.5, 95% CI 1.94–6.14, p<0.001), and having a family member diagnosed with COVID-19 (aOR 1.88, 95% CI 1.11–3.16, p=0.019). Moderate or severe maternal anxiety was independently associated with the fear of being unaccompanied at childbirth (aOR 1.12, 95% CI 1.10–1.35, p<0.001). Protective factors were confidence in knowing how to protect oneself from COVID-19 (aOR 0.89, 95% CI 0.82–0.97, p=0.007) and how to safely breastfeed (aOR 0.89, 95% CI 0.83–0.95, p=0.001). The authors concluded that COVID-19 has a significant impact on maternal anxiety, especially with concerns about limitations on companions during childbirth and breastfeeding safety.	The aim of this study was to determine the prevalence of maternal anxiety in late pregnancy in the context of the COVID-19 outbreak in Brazil, and to analyze its association with maternal knowledge and concerns about the pandemic. The authors concluded that COVID-19 has a significant impact on maternal anxiety, especially with concerns about limitations on companions during childbirth and breastfeeding safety.	Nomura R, Tavares I, Ubinha AC, et al. Impact of the COVID-19 Pandemic on Maternal Anxiety in Brazil. J Clin Med. 2021;10(4):620. doi:10.3390/jcm10040620
COVID-19; pediatric; autoinflammatory disease; immunosuppressive treatment; Germany	5-Feb-21	COVID-19 in Autoinflammatory Diseases with Immunosuppressive Treatment	Journal of Clinical Medicine	Case Report	The authors presented a case series of COVID-19 in patients with IL-1-mediated and unclassified autoinflammatory disease (AID) with immunosuppressive therapy (IT) in Germany in March 2020. Patient 1 was a 34-year-old female with an unclassified AID and methotrexate. Patients 2 and 3 (14-year-old female and 12-year-old male, respectively) had a Cryopyrin-Associated Periodic Syndrome (CAPS) treated with canakinumab 150 mg/month for 3 and 5 years, respectively. Patient 4 was a 15-year-old female with familial Mediterranean fever for 3 years treated with canakinumab 150	The authors presented a case series of COVID-19 in patients with IL-1-mediated and unclassified autoinflammatory disease (AID) with immunosuppressive therapy (IT) in Germany in March 2020. The findings indicate that the risk for severe acute COVID-19 was	Welzel T, Samba SD, Klein R, et al. COVID-19 in Autoinflammatory Diseases with Immunosuppressive Treatment. J Clin Med. 2021;10(4):605. doi:10.3390/jcm10040605.

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					mg/month and colchicine. All patients had a mild acute COVID-19 course, particularly the adolescent patients, and none needed admission to the ICU. A few weeks after COVID-19 recovery, both CAPS patients developed increased AID activity, necessitating anti-IL-1-treatment intensification in 1 patient. Although all patients recovered, fatigue was a common long-lasting symptom reported by 75% of patients after acute COVID-19. On day 100, 1 of 4 patients (25%) showed a positive antibody response to SARS-CoV-2. These findings indicate that the risk for severe acute COVID-19 was mild/moderate, but increased AID activity post-COVID-19 was detected. Follow-up data and data combination are needed to expand the understanding of COVID-19 and SARS-CoV-2 immunity in AID and the role of IT.	mild/moderate, but increased AID activity post-COVID-19 was detected. Follow-up data and data combination are needed to expand the understanding of COVID-19 and SARS-CoV-2 immunity in AID and the role of IT.	
SARS-CoV-2; T cell; children; immune response	5-Feb-21	SARS-CoV-2 specific T cell responses are lower in children and increase with age and time after infection	medRxiv	Preprint (not peer-reviewed)	This comparative study in Hong Kong investigated T cell responses against SARS-CoV-2 in infected children (n=34; mean age=8.1±3.9 years, age range: 23 months-13 years) and adults (n=36), contrasted with a negative adult control group. Infected children had significantly lower IFN γ CD4+ and CD8+ T cell responses against viral structural proteins compared to infected adults (p=0.0031), as well as fewer CD8+ T cells against ORF1ab proteins (p=0.0001). Infected children also had lower memory CD4+ and CD8+ T cell responses (p<0.0001) and fewer T effector memory CD4+ T cells (p<0.05) than infected adults. In addition, infected adults had higher levels of β -coronavirus specific antibodies than infected children (p<0.0001), and had higher levels of OC43-specific IgG with increased age (p=0.0002). These results suggest that children have a lesser SARS-CoV-2 T cell response than adults due to differences in their T cell activation threshold, and have a weaker potential for long-term memory immune response. However, the researchers note that the majority of participants had mild or asymptomatic courses of infection. Therefore, the differences in T cell response cannot be directly connected with severity of illness.	This comparative study in Hong Kong investigated T cell responses against SARS-CoV-2 in infected children and adults, contrasted with a negative adult control group. The results suggest that children have a lesser SARS-CoV-2 T cell response than adults due to differences in their T cell activation threshold, and have a weaker potential for long-term memory immune response.	Cohen CA, Li APY, Hachim A, et al. SARS-CoV-2 specific T cell responses are lower in children and increase with age and time after infection. medRxiv. 2021. doi: https://doi.org/10.1101/2021.02.02.21250988
SARS-CoV-2 IgG antibodies, cord blood, newborn, Moderna vaccination, COVID-19	5-Feb-21	Newborn Antibodies to SARS-CoV-2 detected in cord blood after maternal vaccination	medRxiv	Preprint (not peer-reviewed)	This is a case report of the first known infant with SARS-CoV-2 IgG antibodies detectable in cord blood after maternal vaccination. Maternal vaccination was provided to a COVID-19-naïve front-line healthcare worker with the Moderna mRNA COVID-19 vaccine, at gestational age of 36 weeks 3 days [location not stated]. A normal, spontaneous vaginal birth occurred 3 weeks after dose 1 of the Moderna vaccine, resulting with a healthy, full-term girl with normal newborn nursery course and subsequent well-infant evaluation. The mother, who has been breastfeeding exclusively, then received the second dose of the Moderna vaccine during the post-partum period per the normal 28-day vaccination protocol timeline. Cord blood SARS-CoV-2 IgG antibodies were detected at a level of 1.31 U/mL. The authors state that this demonstrates a potential for SARS-CoV-2 protection and infection risk reduction with maternal vaccination, although protective efficacy in newborns and ideal timing of maternal	This case report evaluates the first known infant with SARS-CoV-2 IgG antibodies detectable in cord blood after maternal vaccination. Maternal vaccination was provided to a COVID-19-naïve front-line healthcare worker with the Moderna mRNA COVID-19 vaccine, at gestational age of 36 weeks 3 days. Cord blood SARS-CoV-2 IgG antibodies were detected at a level of 1.31 U/mL.	Gilbert, P., & Rudnick, C. (2021). Newborn Antibodies to SARS-CoV-2 detected in cord blood after maternal vaccination. MedRxiv [preprint]. https://doi.org/10.1101/2021.02.03.21250579

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					vaccination remains unknown. They conclude that further studies are needed to quantify the amount of viral neutralizing antibodies present in infants born to SARS-CoV-2-naïve mothers who are vaccinated prior to delivery. Additionally, the duration of antibody protection in this population is not yet known.		
COVID-19; children; Kawasaki disease; MIS-C; pancreatitis; Sweden	5-Feb-21	Family Transmission of COVID-19 Including a Child with MIS-C and Acute Pancreatitis	International Medical Case Reports Journal	Case Report	The authors describe MIS-C and acalculous acute pancreatitis in a 13-year-old female who was a member of a household in which 4 of 5 members were infected by SARS-CoV-2 from an unknown source on April 4, 2020. The family consisted of 2 healthy parents originally from the Middle East and 3 healthy children born in Sweden. The patient had a two-phase illness over a 4-week period. She was symptomatic during the two periods, with an asymptomatic interval in-between. During the first period for 5 days, she had transient and mild upper respiratory symptoms. This mild illness was followed 4 weeks later by inflammation in multiple organs and signs of MIS-C and a Kawasaki-like disease with skin rash, scalded skin in hands, and conjunctivitis. Myocarditis, bronchopneumonia, pancreatitis, and hepatopathy without encephalopathy were noted, and she required assisted ventilation for 5 days. She tested positive for SARS-CoV-2 RT-PCR in sputum but not in the nasopharynx and was simultaneously positive for SARS-CoV-2 IgG in serum. There were also laboratory signs of disseminated intravascular coagulopathy. The multisystem inflammation was treated with intravenous immunoglobulin, high dose methylprednisolone, low molecular weight heparin, and salicylates for 6 weeks resulting in full clinical recovery. This case report highlights MIS-C and acute pancreatitis as a complication associated with COVID-19 in children.	The authors describe MIS-C and acalculous acute pancreatitis in a 13-year-old female exposed to household contacts with SARS-CoV-2. During an initial period of 5 days, she had transient and mild upper respiratory symptoms, followed 4 weeks later by severe illness requiring assisted ventilation. This case report highlights MIS-C and acute pancreatitis as a complication associated with COVID-19 in children.	Abbas M, Törnåge CJ. Family Transmission of COVID-19 Including a Child with MIS-C and Acute Pancreatitis. Int Med Case Rep J. 2021;14:55-65. doi:10.2147/IMCRJ.S28448 0.
Pediatric vaccine, vaccination rate, USA, Alabama	5-Feb-21	The Impact of COVID-19 on Pediatric Vaccination Rates in Alabama	Preventive Medicine Reports	Discussion	This article discusses the decline in pediatric vaccination rates in Alabama, USA during the COVID-19 pandemic. The most recent data from the department of public health and immunization records were analyzed. Vaccination rates of patients aged 19 months through 18 years from March-May 2019 were compared to vaccination rates for the same age group March-May 2020. The overall vaccination rate for 2020 declined 50.8-59.2%, with the largest rate decrease occurring in those aged 11-13 years (59.2%). Individual vaccines with the largest decreases in one age group were Tdap (64.1% decrease, 11-13 years), Hepatitis B (62.9% decrease, 19 months-6 years), Varicella (53.4% decrease, 19 months-6 years), and MMR (54.7% decrease, 19 months-6 years). The authors argue that the main reason for this decline is under-estimation of the pandemic's longevity, despite resumption of elective procedures in May/June 2020. The public view of what is "non-essential" has come to include routine vaccination and well-visits, and as the pandemic continues, it is increasingly difficult to catch up. The authors urge providers to identify patients who have missed routine vaccinations, and alleviate patient concerns around safety during their visits. They note that immediate COVID-19 risks must be balanced with long-term health.	This article discusses the decline in pediatric (19 months-18 years) vaccination rates in Alabama, USA during the COVID-19 pandemic. Overall pediatric vaccinations from March-May 2020 compared to the same time period in 2019 have declined 50.8-59.2%. Authors argue that, although immediate pandemic safety risks must be weighed, the health system cannot sacrifice long-term health by allowing routine vaccination visits to decline.	Brooks HE, McLendon LA, Daniel CL. The Impact of COVID-19 on Pediatric Vaccination Rates in Alabama. Prev Med Rep. 2021;22:101320. doi:10.1016/j.pmedr.2021.101320

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blood lead level testing; well-child visits; COVID-19; United States	5-Feb-21	Decreases in Young Children Who Received Blood Lead Level Testing During COVID-19 - 34 Jurisdictions, January-May 2020	Morbidity and Mortality Weekly Report (MMWR)	Report	Exposure to lead can cause decreased ability to learn, permanent neurologic damage, organ failure, and death in children. To describe trends in routine blood lead level (BLL) testing during the COVID-19 pandemic, the US Centers for Disease Control and Prevention (CDC) analyzed data from 34 state and local health departments about BLL testing among children aged <6 years conducted during January-May 2019 and January-May 2020. Despite geographic variability, all health departments reported fewer children tested for BLL after the national COVID-19 emergency declaration (March-May 2020), with the largest overall proportional decrease (66.4%) occurring in April 2020. Compared with testing in 2019, testing during January-May 2020 decreased by 34%, with 480,172 fewer children tested. This may have resulted in an estimated 9,603 children with elevated BLL being overlooked during this time period. Furthermore, staffing shortages associated with the pandemic and constraints on home visits have made it difficult to conduct medical follow-up and environmental investigations for children with elevated BLLs. The authors recommend state and local childhood lead poisoning prevention programs examine data from blood surveillance and Medicaid to identify children in need of lead testing. Collaborations between local health departments, Special Supplementation Nutrition Program for Women, Infants, and Children programs, immunization programs, Medicaid, refugee health organizations, and other health service providers can ensure adequate outreach to families of children in need of BLL testing and other health assessments.	This report describes trends in routine blood lead level (BLL) testing of children <6 years old in the US during the early months of the COVID-19 pandemic, in comparison to the same time period in 2019. Results show an overall decrease in BLL testing of 34% compared to the previous year, resulting in an estimated 9,603 children with elevated BLL to be overlooked.	Courtney JG, Chuks SO, Dyke K, et al. Decreases in Young Children Who Received Blood Lead Level Testing During COVID-19 - 34 Jurisdictions, January-May 2020. MMWR Morb Mortal Wkly Rep. 2021;70(5):155-161. Published 2021 Feb 5. doi:10.15585/mmwr.mm7005a2
COVID-19, SARS-CoV-2, PIMS-TS, Kawasaki, Toxic Shock Syndrome	5-Feb-21	Cardiac Manifestations, Treatment Characteristics, and Outcomes of Paediatric Inflammatory Multisystem Syndrome Temporally Associated with Severe Acute Respiratory Syndrome Coronavirus-2: Systematic review of case reports and case series	Progress in Pediatric Cardiology	Review Article	This literature review compiled 26 studies covering cardiac manifestations, treatment, and outcomes of pediatric inflammatory multi-system syndrome (PIMS) associated with SARS-CoV-2. 1288 patients across the studies had cardiac manifestations of PIMS. 53.49% were male (mean age = 8.6 years), and of patients that reported ethnicity (n=1063), 31.14% were Black and 22.11% were Hispanic. Of those that reported comorbidities (n=1117), the most common were obesity, chronic lung disease, and being overweight. Cardiogenic or vasoplegic shock was observed in 50.62% of patients, and 74.6% had elevated troponin I levels (a sign of cardiac injury). Over 90% of patients were given antibiotics, and treatment with vasopressors and fluid resuscitation was commonly used; extracorporeal membrane oxygenation (ECMO) was used rarely. 834 patients were admitted to the ICU or pediatric ICU (mean length of stay = 6.02 days, sd = 2.93 days). 25 patients died. Patients with PIMS associated with SARS-CoV-2 had a high prevalence of myocarditis and acute myocardial dysfunction. The authors suggest that further long-term research is needed to understand how cardiac manifestations of PIMS may continue to affect patients throughout their lifetime.	This literature review compiled information on patients with cardiac manifestations of pediatric inflammatory multi-system syndrome (PIMS) associated with SARS-CoV-2. Authors supply demographic, treatment, and outcome trends among this population, and suggest long-term research as a next step.	Henrina J, Putra ICS, Lawrensia S, et al., Cardiac Manifestations, Treatment Characteristics, and Outcomes of Paediatric Inflammatory Multisystem Syndrome Temporally Associated with Severe Acute Respiratory Syndrome Coronavirus-2: systematic review of case reports and case series, Progress in Pediatric Cardiology (2021), https://doi.org/10.1016/j.ppedcard.2021.101365

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
Asthma, COVID-19, Exacerbations, Emergency Department Visits, Hospitalizations, Fall Season	5-Feb-21	Pediatric Asthma Exacerbations during the COVID-19 Pandemic: Absence of the Typical Fall Seasonal Spike in Washington, DC	The Journal of Allergy and Clinical Immunology: In Practice	Original Research	This study compares pediatric (ages 2-17 years; mean ages not reported) asthma exacerbations in Washington DC (USA) between the 2020 fall season (pandemic) and combined previous fall seasons (pre-pandemic, 2016-2019) through analysis of an electronic data warehouse maintained at Children’s National Hospital. For each fall month (September, October, November), the authors calculated the total number of asthma-related emergency department (ED) visits, hospitalizations, and pediatric ICU (PICU) admissions, the ratio of asthma-related hospitalizations to ED visits, and the ratio of asthma-related PICU admissions to ED visits. T-tests were used to compare the means of each outcome variable between the 2020 fall season (pandemic) and combined previous fall seasons (pre-pandemic, 2016-2019). The monthly mean number of these events in fall 2020 were significantly less than previous fall seasons [mean (±SD) = 125 (±23) vs. 421 (±29) ED visits/month, P<0.001; 36(±11) vs. 79 (±17) hospitalizations/month, P=0.001; 6 (±3) vs. 13(±4) PICU admissions/month, P=0.009]. However, the ratio of hospitalizations to ED visits was higher during the pandemic fall season as compared to pre-pandemic years [monthly means (±SD) = 0.29 (±0.06) vs. 0.19 (±0.04); p=0.004]. A similar significant increase was seen for the ratio of PICU admissions to ED visits [monthly means (±SD) = 0.05 (±0.01) vs. 0.03 (±0.01); p=0.035]. The authors discuss possible pandemic triggered issues resulting in the absence of the typical fall season spike in asthma exacerbations with the observed decrease in asthma related ED visits, yet increase in overall acuity of asthma exacerbations.	This study compares pediatric asthma exacerbations in Washington DC (USA) between the 2020 fall season (pandemic) and combined previous fall seasons (pre-pandemic, 2016-2019). The authors observed a significant decrease in overall asthma-related visits, hospitalizations and pediatric ICU admissions in the pandemic vs pre-pandemic seasons yet an increase in the overall severity of exacerbations in the pandemic season.	Sheehan WJ, Patel SJ, Margolis RHF, Fox ER, et al. Pediatric Asthma Exacerbations during the COVID-19 Pandemic: Absence of the Typical Fall Seasonal Spike in Washington, DC, The Journal of Allergy and Clinical Immunology: In Practice (2021), doi.org/10.1016/j.jaip.2021.02.008.
COVID-19, SARS-CoV-2, Pregnancy, Birth, Venous thrombosis, Arterial thrombosis, Coagulopathy, Disseminated intravascular coagulopathy, Hematological complications	5-Feb-21	Haemostatic and thrombo-embolic complications in pregnant women with COVID-19: a systematic review and critical analysis	BioMed Central (BMC) Pregnancy and Childbirth	Systematic Review	In this systematic review, the authors aim to evaluate both the rate of arterial or venous thrombosis and the rate of acquired coagulopathy, such as disseminated intravascular coagulation (DIC), in pregnant women with confirmed or suspected COVID-19. Scientific case reports and case series of confirmed or suspected maternal COVID-19 in pregnant women were identified between March 22 - June 23, 2020. The DIC in pregnancy score was utilized if hematologic results were given; this score uses the prothrombin time, platelet level and fibrinogen to determine the result. 69 papers met the inclusion criteria to be included in the study (excluded papers with presumed/confirmed overlap in reporting, nil confirmed cases, nil credible sources and nil case-specific details of maternal/pregnancy outcomes). 1,063 women met the inclusion criteria (no age data included). Of these, 3 (0.28, 95% CI 0.0 to 0.6) had arterial and/or venous thrombosis, 7 (0.66, 95% CI 0.17 to 1.1) had DIC, and 3 (0.28, 95% CI 0.0 to 0.6) had coagulopathy without meeting the definition of DIC. 537 women (56%) had been reported as having given birth and 426 (40%) as having an ongoing pregnancy. There were 17 (1.6, 95% CI 0.85 to 2.3) maternal deaths in which DIC was reported as a factor in two (12%). The authors concluded that these findings suggest hematologic complications are more commonly observed in pregnant	This systematic review evaluated both the rate of arterial or venous thrombosis and the rate of acquired coagulopathy in pregnant women with confirmed or suspected COVID-19. The authors concluded that hematologic complications are more commonly observed in pregnant women with COVID-19 (1.26%) than in pregnant women without (0.45%).	Servante J, Swallow G, Thornton JG, et al. Haemostatic and thrombo-embolic complications in pregnant women with COVID-19: a systematic review and critical analysis. BMC Pregnancy Childbirth. 2021 Feb 5;21(1):108. doi: 10.1186/s12884-021-03568-0. PMID: 33546624; PMCID: PMC7863033.

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					women with COVID-19 (1.26%) than in pregnant women without (0.45%); this supports recommendations that pregnant women admitted with confirmed or suspected COVID-19 receive prophylactic anticoagulation.		
COVID-19, lockdown, depression, anxiety, school, students, China	5-Feb-21	Associations between feelings/behaviors during COVID-19 pandemic lockdown and depression/anxiety after lockdown in a sample of Chinese children and adolescents	Journal of Affective Disorders	Research Paper	This report aims to identify correlated factors for depression/anxiety among children and adolescents after the COVID-19 pandemic lockdown. An online cross-sectional study in children and adolescents (9-18 years, mean age=13.37, n=5331) in 5 cities and counties in Shangdong Province, China, was conducted to assess students' self-reported level of depression and anxiety. These students were on lockdown from February 10 -April 15, 2020, and the survey was conducted from June 9-Jun 28, 2020. The most predominant feelings during the lockdown were psychological pressure (41.51%), scare (27.86%), depressed mood (26.01%), anxious mood (23.65%), and unhappiness (20.19%). The most predominant behaviors included inattention during online learning (21.93%), not getting up on time (19.86%), not eating on time (8.33%), quarreling with parents (6.63%), and insomnia (6.24%). The prevalence of depression and anxiety in children and adolescents after the lockdown was 12.33% and 6.26%, respectively. Suicidal ideation, quarreling with parents, insomnia, difficulty concentrating during online learning, and anxious and depressed mood during the lockdown were positively associated with depression and anxiety after the lockdown. The authors concluded that despite the school re-opening, a significant proportion of children and adolescents have depression and anxiety, which may be related to their experiences during the school closure. The authors suggest that educators, parents, and policy-makers should pay more attention to modifiable factors of psychological well-being in children and adolescents during subsequent lockdowns.	This study aims to identify correlated factors for depression/anxiety among children and adolescents (9-18 years) in China after the COVID-19 lockdown. Suicidal ideation, quarreling with parents, insomnia, difficulty concentrating during online learning, and anxious and depressed mood during the lockdown were positively associated with depression and anxiety after the lockdown. The authors suggest that educators, parents, and policy-makers should pay more attention to modifiable factors of psychological well-being in children and adolescents during subsequent lockdowns.	Liu Y, Yue S, Hu X, et al. Associations between feelings/behaviors during COVID-19 pandemic lockdown and depression/anxiety after lockdown in a sample of Chinese children and adolescents. Journal of Affective Disorders. February 2021. doi:10.1016/j.jad.2021.02.001
COVID-19, SARS-CoV-2, neonates, low-middle-income setting	5-Feb-21	A single-center observational study on clinical features and outcomes of 21 SARS-CoV-2-infected neonates from India	European Journal of Pediatrics	Original Research	This retrospective, single-center, observational study describes the clinical characteristics, laboratory findings, management, and outcomes of SARS-CoV-2-infected neonates. The study included 198 neonates at a level IIIb neonatal ICU (NICU) in Maharashtra, India, a low-middle-income setting, with suspected SARS-CoV-2 infection, due to exposure or symptoms, from 15 April to 31 July 2020. 21 (10.6%) neonates tested positive for SARS-CoV-2 through a nasopharyngeal swab. 7 of these neonates developed COVID-19 symptoms (33.3%), many of which were respiratory or gastro-intestinal. 3 preterm neonates had respiratory distress syndrome, of which 2 required non-invasive ventilation and 1 required invasive ventilation. All 21 SARS-CoV-2-infected neonates improved and were discharged. 19.1% of infected neonates were born preterm, and 42.9% were born at low birth weight. Raised inflammatory markers in >2/3 of cases suggested a systemic inflammatory response. A majority of neonates roomed-in with their mothers and were exclusively breastfed, making horizontal, rather than vertical, transmission likely. The authors state that the benefits of breastfeeding outweigh the risk of viral transmission,	This retrospective, observational, single-center study evaluated 21 SARS-CoV-2-infected neonates in Maharashtra, India. Most SARS-CoV-2-infected neonates showed a mild clinical profile, though a subset required ventilation, and all recovered. A majority of neonates roomed-in with their mothers and were exclusively breastfed, and the authors assert this makes horizontal, rather than vertical, transmission likely.	Nanavati R, Mascarenhas D, Goyal M, et al. A single-center observational study on clinical features and outcomes of 21 SARS-CoV-2-infected neonates from India. Eur J Pediatr. 2021 Feb 5:1–12. doi: 10.1007/s00431-021-03967-7

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					especially in developing countries where artificial feedings have been associated with significant morbidity and mortality, but concerns arise from the detection of viral RNA in breast milk. This study is limited by its retrospective design and no SARS-CoV-2 results from amniotic fluid, placental membrane, and breast milk sources. The authors summarize that most SARS-CoV-2-infected neonates showed a mild clinical profile, though a subset required ventilation.		
Canada, maternity care, pandemic (COVID-19), midwifery, gender, health	4-Feb-21	Pregnancy During the Global COVID-19 Pandemic: Canadian Experiences of Care	Frontiers in Sociology	Original Research	This qualitative study explored the experiences of pregnant people during early stages of the COVID-19 pandemic in Canada. Participants (n=24; age range: 21-40 years, mean: 32 years) completed 4 or more journal entries in response to given prompts between April-July 2020. Common themes for challenges during prenatal care were: difficulty accessing allied health care services, switching providers, moving to virtual appointments, gaps in care, and traveling for care. When planning their labor, many participants were concerned with the location (home vs. hospital), permitted support persons, and fears over labor without family support. First-time parents were more worried about the postpartum period than those who had given birth before. Many participants purchased equipment (i.e., scales for weighing the infant) for the home to cope with less access to clinical care. The author concludes that communication and continuity of care must be prioritized for prenatal care during the COVID-19 pandemic, and emphasizes that the health system should not limit choice or autonomy of care for patients.	This qualitative study explored the experiences of pregnant people during early stages of the COVID-19 pandemic in Canada. The author concludes that communication and continuity of care must be prioritized for prenatal care during the COVID-19 pandemic, and emphasizes that the health system should not limit choice or autonomy of care for patients.	Rudrum S. Pregnancy During the Global COVID-19 Pandemic: Canadian Experiences of Care. <i>Front Sociol.</i> 2021;6:611324. Published 2021 Feb 4. doi:10.3389/fsoc.2021.611324
COVID-19; children; family cluster; transmission; Italy	4-Feb-21	Serological Profile of Children and Young Adults with at Least One SARS-CoV-2 Positive Cohabitant: An Observational Study	International Journal of Environmental Research and Public Health	Article	This study evaluated the serological profile of children and young adults aged 4-16 years to assess the transmission patterns of COVID-19 between cohabitants in Italy from June-August 2020. The subjects lived with at least one cohabitant who tested positive for SARS-CoV-2 using a nasopharyngeal swab. Families were interviewed by telephone and included questions about age, sex, number of cohabitants, symptoms, risk exposure during the lockdown, swab results of other cohabitants (when performed), the course of the disease in the positive subject, drug therapy, and any chronic illness in the child. 49 children and adolescents (mean age=11 ± 3.5 years; 44.1% male) were subjected to a rapid lateral flow chromatographic test to detect IgM and IgG antibodies to SARS-CoV-2. The results showed that of the 49 children tested, 7 (14.3% CI95% 5.9%–27.2%) were IgG-positive, while 4 (8.2% CI95% 2.3%–19.6%) were IgM-positive. A total of 8 children were found to be positive using the serological test (16.3%): 5 females and 3 males. This may confirm the lower vulnerability of children to SARS-CoV-2, despite the small sample size. The duration between the negativization of the positive cohabitant and the child's serological test may have influenced the results, with a larger duration associated with a lower probability of receiving a positive result (p=0.059), suggesting that the antibody	This study evaluated the serological profile of children and young adults aged 4-16 years to assess the transmission patterns of COVID-19 between cohabitants in Italy from June-August 2020. A total of 8 children (16.3%) were found to be positive using the serological test (16.3%). The findings suggest that children may be less vulnerable to COVID-19.	Farronato M, Dolci C, Boccalari E, et al. Serological Profile of Children and Young Adults with at Least One SARS-CoV-2 Positive Cohabitant: An Observational Study. <i>Int J Environ Res Public Health.</i> 2021;18(4):1488. doi:10.3390/ijerph18041488.

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					titer could become undetectable over time. Overall, the findings suggest that children may be less vulnerable to COVID-19.		
COVID-19, capacity building, system level intervention, child and adolescent mental health, teleconsultation	4-Feb-21	Identification and Management of COVID-19 Related Child and Adolescent Mental Health Problems: A Multi-Tier Intervention Model	Frontiers in Public Health	Brief Report	The authors describe a multi-tiered intervention model implemented to assist with child and adolescent mental health (CAMH) problems during the COVID-19 pandemic in Nepal. During phase one, an initial manual was drafted to guide training dealing with CAMH related to COVID-19. The manual was shaped through online trial sessions with teachers, professional input, and a test run with 80 teachers and 600 students in Kathmandu. Phase two consisted of Training of Trainers (TOT) sessions, in which psychiatrists and clinical psychologists who specialized in CAMH trained non-specialized mental health professionals. Sessions were hosted online and consisted of 6 hours of training spread over 2 days. During phase three, TOT recipients taught sessions (either 1 hour or 30 minutes long) to parents, teachers, and students. Participants were contacted through school, child care services, and community organizations. TOT recipients were expected to teach approximately 20 sessions in total. The intervention began in June 2020 and has since completed TOT sessions for 100 mental health professionals, who had conducted 1,415 sessions with 28,597 total individuals by the end of November 2020. The researchers note that limitations to this intervention are the additional burden training sessions may place on parents, teachers, and caregivers during an already hectic time. Also, stigma against mental health problems may impede the progress of the intervention.	The authors describe a multi-tiered intervention model implemented to assist with child and adolescent mental health problems during the COVID-19 pandemic in Nepal. They discuss limitations to this intervention, including the additional burden of training sessions on parents, teachers, and caregivers during an already hectic time and stigma against mental health problems, which may impede the intervention's progress.	Dhonju G, Kunwar AR, Karki U, et al. Identification and Management of COVID-19 Related Child and Adolescent Mental Health Problems: A Multi-Tier Intervention Model. <i>Front Public Health</i> . 2021;8:590002. Published 2021 Feb 4. doi:10.3389/fpubh.2020.590002
SARS-CoV-2; children; population; ethnicity; COVID-19; hospitalization	4-Feb-21	Impact of Ethnicity on COVID-19 related hospitalizations in children during the first pandemic wave in Northern Italy	Frontiers in Pediatrics	Brief Research Report	The authors conducted a retrospective study of children (<16 years) positive for SARS-CoV-2 by RT-PCR testing in 5 Italian hospitals from February 24-July 10, 2020, to show if and how ethnicity may affect COVID-19 incidence and severity. The odds of being hospitalized for COVID-19 was 2.76 times (95% CI: 1.56-4.87) higher for African children than other foreign ethnicities and Italian children. There was no significant difference in lengths of stay for COVID-19 between ethnic groups nor for weight-for-age. And only slight, non-statistically significant differences in comorbidities existed between the ethnicities. The authors state that due to the Italian policy of equal and free healthcare for all children, access to healthcare was not the driver of the increased odds risk for African children. However, socio-economic status could be, and more research is needed to determine the underlying reasons that some children have worse COVID-19.	The authors conducted a retrospective study of children positive for SARS-CoV-2 in 5 Italian hospitals to show if and how ethnicity may affect COVID-19 incidence and severity. The odds of being hospitalized for COVID-19 was 2.76 times higher for African children than other foreign ethnicities and Italian children.	Baronio R, Savaré L, Ruggiero J, et al. Impact of Ethnicity on COVID-19 Related Hospitalizations in Children During the First Pandemic Wave in Northern Italy. <i>Front Pediatr</i> . 2021;9:625398. Published 2021 Feb 4. doi:10.3389/fped.2021.625398
COVID-19; Perinatal depression; Perinatal mental health; Pregnancy	4-Feb-21	The Crisis of Perinatal Mental Health in the Age of Covid-19	Maternal Child Health Journal	Editorial	In this commentary, the authors detail how the COVID-19 pandemic is negatively impacting pregnant women's mental health. Pregnant women are unable to avoid healthcare facilities, which have become high-risk areas for infection. In addition, it has been more difficult for women to access support during labor and delivery, and many had to experience being separated from their newborns under early guidelines to prevent infection. Pregnant women with no pre-existing health problems, especially women of color, can find this healthcare	In this commentary, the authors present the current risks to pregnant women's mental health during the COVID-19 pandemic, and suggest ways in which newly-available resources can better serve these women.	Osborne LM, Kimmel MC, Surkan PJ. The Crisis of Perinatal Mental Health in the Age of Covid-19. <i>Matern Child Health J</i> . 2021 Feb 4:1-4. doi:10.1007/s10995-020-03114-y

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					environment stressful and debilitating. The COVID-19 pandemic has also led many women to feel isolated at home due to poor internet connection or little social support; their lack of access to treatment or support is associated with pregnancy risks. Hospitals and healthcare providers must be creative when ensuring that their pregnant patients are safe and healthy, even when regulatory requirements for telehealth visits have been loosened. The new capacity for remote access to resources must be used to better contact populations of women less likely to visit the hospital in person, both during the COVID-19 pandemic and after.		
Neonatal Covid-19 infection; Perinatal transmission; COVID-19; SARS-CoV-2	4-Feb-21	Prevalence and Risk Factors of Neonatal COVID-19 Infection: A Single-Centre Observational Study	Journal of Obstetrics and Gynaecology India	Original Research	The aim of the study was to estimate the prevalence and determine the risk factors for neonatal SARS-CoV-2 infection. The authors conducted a retrospective analysis of 223 deliveries of SARS-CoV-2-infected mothers in a tertiary care center in North Kerala, India from April 15-October 15, 2020. Of the 223 deliveries, 2 were intra-uterine fetal demises, and 14.47% of newborns were positive for SARS-CoV-2 infection. The risk of neonatal SARS-CoV-2 infection in the vaginal delivery group was higher than the risk in the caesarean group (OR 1.389 [no CIs or p-values given]). There was a similar risk of neonatal SARS-CoV-2 infection between mothers who delivered while positive and after testing negative (OR 0.9688). 16.28% (14/86) of infants delivered within 7 days of mothers testing negative became positive, compared to 8.7% (2/23) of infants delivered between 7-14 days of negative result (OR 2.04). None of the infants delivered 14 days after mother's negative result were positive. The breastfeeding and rooming-in group (18.79%) had more infection than those infants who were not breastfed and separated from mother (1.78%) (OR 12.72). The authors concluded that neonatal SARS-CoV-2 infection was not rare, and that neonates delivered vaginally and who are breastfed and allowed to stay with mothers are at higher risk of SARS-CoV-2 infection.	The aim of the study was to estimate the prevalence and determine the risk factors for neonatal SARS-CoV-2 infection in India. The authors concluded that neonatal SARS-CoV-2 infection was not rare and that neonates delivered vaginally (OR 1.389) and who are breastfed and allowed to stay with mothers (OR 12.72) are at higher risk of SARS-CoV-2 infection.	Ajith S, Reshmi VP, Nambiar S, et al. Prevalence and Risk Factors of Neonatal Covid-19 Infection: A Single-Centre Observational Study. J Obstet Gynaecol India. 2021;1-4. doi:10.1007/s13224-021-01436-7
Breastfeeding, vaccination, breast milk, safety, trials, infants	4-Feb-21	Breastfeed or be vaccinated—an unreasonable default recommendation	The Lancet	Correspondence	The authors of this correspondence fear that given the lack of COVID-19 vaccines trialed in breastfeeding women, many clinicians will recommend against taking the vaccine when breastfeeding. Those most immediately impacted by this advice are breastfeeding women working as front-line health care providers and caregivers, who might be required to choose between their own health, their infant's health, and potentially their job. The authors then highlight that human milk is not a vector for SARS-CoV-2. Moreover, breast milk contains antibodies that could potentially protect the breastfed infant from COVID-19. Although there is a need for research to determine whether the vaccines enter the milk and transfer to the infant, the authors state that even if they do, there is still not a plausible reason to recommend against vaccination for breastfeeding women. Antibodies generated in response to the vaccine should protect the breastfeeding women and the breastfed infants. The American College of Obstetricians and Gynecologists stated that "COVID-19	The authors of this correspondence express their fear that given the lack of COVID-19 vaccines trialed in breastfeeding women, many clinicians will recommend against taking the vaccine when breastfeeding, despite the potential maternal and infant benefits of vaccination. Antibodies generated in response to the vaccine should protect the breastfeeding women and the breastfed infants. They conclude that vaccine safety in breastfeeding	Merewood A, Bode L, Davanzo R, Perez-Escamilla R. Breastfeed or be vaccinated—an unreasonable default recommendation. Lancet. 2021; doi.org/10.1016/S0140-6736(21)00197-5

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					vaccines be offered to lactating individuals similar to non-lactating individuals when they meet criteria for receipt of the vaccine". The authors conclude that vaccine manufacturers and regulators must work closely with lactation scientists, infectious disease specialists, and public health experts to assess vaccine safety in breastfeeding women at early stages of product development.	women should be assessed at early stages of product development.	
COVID-19, neonatology, spontaneous intestinal perforation	4-Feb-21	Spontaneous ileum Perforation in a premature twin with Coronavirus-19 positive mother	Journal of Pediatric Surgery Case Reports	Case Report	This is a case report of a male (monochorionic diamniotic twin) neonate who was delivered at 32 weeks gestation to a SARS-CoV-2-positive mother (age 31 years) with severe preeclampsia and pneumonia. The neonate presented with weakness, vomiting, abdominal distension, and no defecation was noted 24 hours after birth. He was immediately treated with fasting, total parenteral nutrition and albumin administration. On hospital day 2, his abdominal X-ray confirmed pneumoperitoneum and he subsequently underwent surgery for intestinal perforation. Spontaneous idiopathic perforation of terminal ileum (SIP) is relatively rare, and usually occurs approximately 7 days after birth, but in this case, perforation occurred two days after delivery, prompting surgical intervention. The neonate and his twin (who did not have SIP) both tested negative for SARS-CoV-2 via RT-PCR swab test. The etiology and pathogenesis of SIP are largely unknown, but significant risk factors include prematurity, and perinatal risk factors such as positive pressure ventilation measures, low APGAR score, CPAP, umbilical catheter, and tube feeding. The associations between SIP and SARS-CoV-2 infection have not been proven in this case, but the authors suggest that viral pneumonia due to COVID-19 in pregnancy may be associated with preterm delivery, which increases SIP likelihood. Early diagnosis, immediate surgery, and appropriate postoperative care are crucial in SIP management.	This case report is of a male neonate who was delivered with spontaneous idiopathic perforation of the terminal ileum (SIP) to a mother who was positive for SARS-CoV-2. The authors do not assume a correlation between COVID-19 and SIP, but argue that pre-term delivery in mothers with COVID-19 might be a risk factor for SIP.	Harahap A, Harianto A, Etika R, et al. Spontaneous ileum Perforation in a premature twin with Coronavirus-19 positive mother. Journal of Pediatric Surgery Case Reports. February 2021:101807. doi:10.1016/j.epsc.2021.101807
COVID-19; obstetric care; ECMO; third trimester	4-Feb-21	Successful management of severe acute respiratory distress syndrome due to COVID-19 with extracorporeal membrane oxygenation during mid-trimester of pregnancy	British Medical Journal (BMJ) Case Reports	Case Report	This article details the case of a 29-year-old pregnant woman with COVID-19 who presented at 26 weeks of gestation to a hospital in the United Arab Emirates [date unknown] with fever and cough for 4 days. On admission, her nasopharyngeal swab confirmed SARS-CoV-2 by RT-PCR. As her respiratory distress worsened, she was transferred to the ICU. Since the patient was unable to maintain oxygen saturation even on high settings of mechanical ventilation, she underwent venovenous extracorporeal membrane oxygenation (VV-ECMO) and was monitored in the surgical ICU by a multidisciplinary team. The obstetrical team was on standby to perform urgent delivery if needed. Her condition improved, and she was weaned off after 5 days on VV-ECMO. She was observed in the antenatal ward for another week and discharged home with the mother and fetus in good condition. Acute respiratory distress in the obstetrical population due to viral pneumonia requiring ECMO during the mid-trimester of pregnancy is rare, but during the COVID-19 pandemic is a	This article details the case of a 29-year-old pregnant woman with COVID-19 at 26 weeks' gestation whose condition improved after 5 days of venovenous extracorporeal membrane oxygenation.	Tambawala ZY, Hakim ZT, Hamza LK, Al Rayes M. Successful management of severe acute respiratory distress syndrome due to COVID-19 with extracorporeal membrane oxygenation during mid-trimester of pregnancy. BMJ Case Rep. 2021;14(2):e240823. Published 2021 Feb 4. doi:10.1136/bcr-2020-240823

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					more common occurrence. A review of the literature showed that up until 2016, only 45 cases of ECMO in pregnancy were reported the world over, mostly during the H1N1 pandemic. Similar to this patient, most patients reported were in the mid-trimester (26.5 weeks average) and had an average ECMO run for 12.2 days. This patient recovered in 5 days. The authors conclude that VV-ECMO can be considered as rescue therapy for pregnant women with refractory hypoxemia of severe respiratory failure due to COVID-19.		
COVID-19; pediatric; cancer; stem cell transplant;	3-Feb-21	COVID-19 infection in children with cancer and stem cell transplant recipients in Turkey: A nationwide study	Pediatric Blood and Cancer	Letter to the Editor	The authors conducted a retrospective, multicenter, cross-sectional study to analyze the characteristics of COVID-19 in all pediatric patients with cancer and stem cell transplant (SCT) recipients in 24 centers in Turkey from March 11 - May 31, 2020. Among 51 patients with cancer (median age=6 years, age range=0.3-17.8 years; 64.7% male), 6 (n=4 leukemia/lymphomas, n=2 solid tumors) had undergone SCT. Chemotherapy courses were interrupted in 62.7% of patients and delayed with a median of 15 (3-45) days. The most common presenting signs were fever and cough. 17 patients had asymptomatic/mild disease, 17 had moderate/severe disease, and 9 had critical disease. COVID-19 pneumonia was detected in 50.9% of patients. 38 patients were hospitalized and treated according to the severity of illness, and 9 required ICU admission. The incidence of critical disease and need for ICU care were found to be higher in patients with hematologic malignancies (p=0.012), patients post SCT (p=0.001), patients with other infections (p=0.005), and patients with abnormal findings on chest CT scan (p=0.004). Treatment consisted of hydroxychloroquine, azithromycin, or antivirals, and convalescent plasma was used in 3 patients. All patients, but one, fully recovered, and the PCR tests became negative at a median of 7 (2-17) days. 1 patient who had received allogeneic SCT for relapsed leukemia/lymphoma and had progressive disease and fungal infection died due to COVID-19. This study provides a better understanding of COVID-19, treatment, and risk factors in children with cancer/SCT.	The authors conducted a retrospective, multicenter, cross-sectional study to analyze the characteristics of COVID-19 in all pediatric patients with cancer and stem cell transplant (SCT) recipients in 24 centers in Turkey. The incidence of critical disease and need for ICU care were significantly higher in patients with hematologic malignancies, patients post-SCT, patients with other infections, and patients with abnormal findings on chest CT scan. This study provides a better understanding of COVID-19, treatment, and risk factors in children with cancer/SCT.	Kebudi R, Kurucu N, Tuğcu D, et al. COVID-19 infection in children with cancer and stem cell transplant recipients in Turkey: A nationwide study. <i>Pediatr Blood Cancer</i> . 2021:e28915. doi:10.1002/pbc.28915.
COVID-19; cancer; febrile neutropenia; home-based care; low risk	3-Feb-21	Managing low-risk febrile neutropenia in children in the time of COVID-19: What matters to parents and clinicians	Journal of Paediatrics and Child Health	Research	This study examines the impact of the COVID-19 pandemic on the Australian 'There is no place like home' project, a pediatric low-risk febrile neutropenia (FN) program across 8 pediatric hospitals. Pediatric oncology, infectious diseases and emergency medicine health-care workers and parent/caregivers were surveyed from June 12 – July 17, 2020 in Australia to explore the impact of the COVID-19 pandemic on home-based FN care. Surveys were completed by 78 health-care workers (53.8% oncologists) and 32 parents/caregivers. Overall, 95% of health-care workers had confidence in the safety of home-based FN care. Compared to pre-pandemic, >50% of parent/caregivers were now more worried about attending the hospital with their child and >80% were interested in receiving home-based FN care. Among both groups, increased telehealth access and acceptance of home-based care, improved patient quality of life and reduced risk of nosocomial infection were identified as program	This study examines the impact of the COVID-19 pandemic on the Australian 'There is no place like home' project, a pediatric low-risk home-based febrile neutropenia program. The authors conclude that behaviors and health-care system changes adopted during the pandemic may strengthen longer term acceptance of alternative models of care.	Haeusler GM, De Abreu Lourenco R, Bakos C, et al. Managing low-risk febrile neutropenia in children in the time of COVID-19: What matters to parents and clinicians [published online ahead of print, 2021 Feb 3]. <i>J Paediatr Child Health</i> . 2021;10.1111/jpc.15330. doi:10.1111/jpc.15330

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					enablers, while re-direction of resources due to COVID-19 and challenges in implementing change during a crisis were potential barriers. There is strong clinician and parent/caregiver support for home-based management of low-risk FN across Australia. The authors conclude that behaviors and health-care system changes adopted during the pandemic may strengthen longer term acceptance of alternative models of care.		
COVID-19, pregnancy, placenta, immune cells, recovery	3-Feb-21	An Immunological Perspective: What Happened to Pregnant Women After Recovering From COVID-19?	Frontiers in Immunology	Original Research	This case-control study in China compared the placentas of women who gave birth about 3 months after having COVID-19 (n=5) with those from a control population at first trimester (n=10), second trimester (n=10), and normal-term birth (n=5). Peripheral blood samples from the population with COVID-19 were also compared to those of the control population at normal-term birth. Placentas from women recovering from COVID-19 had increased CD68+ cells and syncytial knots compared to those without the disease (p = 0.0007), which was thought to be inflammatory damage related to the anti-viral response. Peripheral blood from pregnant women recovering from COVID-19 had lower levels of type 2 CD8(+) cells (Tc2) (p < 0.05), T follicular helper (Tfh)17 cells (p = 0.0045), memory B cells (p < 0.05), and virus-specific natural killer (NK) cells (p < 0.05). NKP46 is a receptor involved in defense against virus-infected cells, and its depletion may indicate that it helps to regain homeostasis during SARS-CoV-2 infection. In addition, the enzyme TMPRSS2 (co-expressed with ACE2) was not detected in placentas at any stage of pregnancy. This suggests that SARS-CoV-2 is unable to infect the fetus through this route. The researchers suggest that future research should investigate these results with larger sample sizes.	This case-control study in China found that women who gave birth while in late-stage recovery from COVID-19 had inflammatory damage to the placental tissue and abnormal levels of immune-related cells and enzymes, compared to samples from women without COVID-19.	Zhao S, Xie T, Shen L, et al. An Immunological Perspective: What Happened to Pregnant Women After Recovering From COVID-19?. <i>Front Immunol.</i> 2021;12:631044. Published 2021 Feb 3. doi:10.3389/fimmu.2021.631044
COVID-19; pregnancy; fitness; sleep	3-Feb-21	Pregnant women's daily patterns of well-being before and during the COVID-19 pandemic in Finland: Longitudinal monitoring through smartwatch technology	PLOS ONE	Original Research	In this longitudinal study, the authors studied 38 pregnant women's daily patterns of well-being between February and April 2020 in Finland. The study participants used a smartwatch to collect data on heart rate variability, physical activity, and sleep. Data between February 12 to April 8, 2020, were included to cover 2 four-week periods before and during the national COVID-19 pandemic restrictions. A smartphone application developed for the study also collected additional data on subjective stress, activity, and sleep. The COVID-19 pandemic-related restrictions were significantly associated with increases in heart rate variability (p=0.034), increased stress levels (p=0.008), and lower physical activity (p=0.014). Although pregnant women slept and awoke later after the onset of the COVID-19 pandemic, the association between pandemic-related restrictions and sleep was not statistically significant. Overall, the study participants' changes in stress, physical activity, and heart rate variability were moderate and generally followed pregnancy trends. The authors suggest that smart device monitoring of pregnant women's health status provides an efficient and useful way to promote health and well-being in this population.	The authors used smartphone and smartwatch monitoring to assess daily patterns of well-being in 38 pregnant women in Finland before and after the COVID-19 pandemic-related restrictions. The COVID-19 pandemic-related restrictions were significantly associated with moderate increases in heart rate variability, increased stress levels, and lower physical activity. The authors suggest that smart device monitoring of pregnant women's health status provides an efficient and useful way to promote health and well-being in this population.	Niela-Vilén H, Auxier J, Ekholm E, et al. Pregnant women's daily patterns of well-being before and during the COVID-19 pandemic in Finland: Longitudinal monitoring through smartwatch technology. <i>PLoS One.</i> 2021;16(2):e0246494. Published 2021 Feb 3. doi:10.1371/journal.pone.0246494

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breastfeeding; donor human milk; SARS-CoV-2; skin-to-skin contact; neonates	3-Feb-21	Promoting and Protecting Human Milk and Breastfeeding in a COVID-19 World	Frontiers in Pediatrics	Review Article	This review summarizes the impact of the COVID-19 pandemic on breastfeeding and access to donor human milk. Despite recommendations from the WHO to promote early, direct breastfeeding and skin-to-skin contact, these recommendations are not being followed in the clinical setting. For example, some hospitals have limited or no parental visitation to infants in the neonatal ICU, while others are discharging mothers and their newborns as early as 24 hours post-birth, limiting the amount of time to receive lactation care, education, and technical assistance. Guidelines on post-partum practices (such as skin-to-skin contact) for mothers with SARS-CoV-2 infection are highly variable and confusing. A study from Italy reported that among 146 mothers with COVID-19, 73% were breastfeeding but only 15% practiced skin-to-skin contact. The authors recommend mothers with COVID-19 practice exclusive breastfeeding and skin-to-skin contact, wearing a mask, avoiding coughing, and washing their hands and breast with soap and water prior to feeding. If a mother is too unwell to breastfeed directly, an alternate caregiver can feed with expressed milk; instructions for pump hygiene are provided. If the mother cannot breastfeed and expressed maternal milk is not available, pasteurized donor human milk (PDHM) is a better choice than infant formula whenever it is available. When quantities are limited, PDHM should be prioritized for very low birth weight infants. To address disruptions to PDHM supply, the authors suggest policy leaders prioritize human milk nutrition for vulnerable neonates during emergencies, fund research to improve human milk bank systems' response to infectious threats, invest in innovation of milk banking processes, and integrate these innovations into emergency response planning. Globally, only 41% of newborns receive breastmilk in the first 6 months of life; the authors suggest using the pandemic to underscore the importance of human milk and breastfeeding as a lifesaving medical intervention.	This review summarizes the impact of the COVID-19 pandemic on breastfeeding, and presents a call to action to protect breastfeeding and access to donor human milk. The authors recommend mothers with COVID-19 practice exclusive breastfeeding and skin-to-skin contact. Strategies for protecting the supply of donor human milk are also discussed.	Spatz DL, Davanzo R, Müller JA, et al. Promoting and protecting human milk and breastfeeding in a COVID-19 world. <i>Frontiers in Pediatrics</i> . 2021;8:1000. https://www.frontiersin.org/article/10.3389/fped.2020.633700 .
COVID-19, pandemic, pediatric, asthma	3-Feb-21	The Impact of the SARS-CoV-2 Pandemic on the Emergency Department and Management of the Pediatric Asthmatic Patient	Journal of Asthma and Allergy	Original Research	In this article, the authors analyzed the impact of the COVID-19 pandemic and lockdown measures on the emergency department for the pediatric asthmatic patient. Pediatric patients admitted to the Pediatric Emergency Service in Spain from March 14 - April 15, 2020 for wheezing episodes (n = 30; average age = 4.1 years, range 1.7–8.7 years) were included in the retrospective observational study, and compared to a cohort from the same time period in 2019. Results indicated that patient visits decreased by 82% in 2020 when compared to the 2019 frequency. There were no statistically significant differences in age, sex, fever status, oxygen saturation, or number of severe bronchospasm episodes between the 2 samples. The median time spent in the emergency department decreased from 180 minutes in 2019 to 85 minutes in 2020 (p<0.001). Additionally, no patient requiring hospitalization was positive for SARS-CoV-2. The authors concluded that the lockdown measures were directly related to the reduction in emergency visits to the pediatric service.	The authors analyzed the association between pandemic lockdown measures and pediatric emergency department visits for asthma in Spain. They found a 82% reduction in the number of pediatric asthmatic emergency visits, and concluded that the lockdown measures had a direct effect.	Bover-Bauza C, Rosselló Gomila MA, Díaz Pérez D, et al. The Impact of the SARS-CoV-2 Pandemic on the Emergency Department and Management of the Pediatric Asthmatic Patient. <i>J Asthma Allergy</i> . 2021 Feb 3;14:101-108. doi: 10.2147/JAA.S284813.

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COVID-19; SARS-CoV-2; children; pediatric; Peru	3-Feb-21	Clinical and epidemiological characteristics of children with COVID-19 in a pediatric hospital in Peru	Revista Peruana de Medicina Experimental y Salud Publica	Original Research	The aim of the study was to describe the clinical and epidemiological characteristics of children with COVID-19 in Peru. The authors conducted a retrospective study of 33 patients (median age 4.8 years, range 2 months-17 years) diagnosed with COVID-19 and treated from March-May 2020 in a hospital in Peru. 60.6% of patients had comorbidities, the median number of comorbidities was 1 (range: 0-5) and neurological comorbidities were the most frequent. 81.8% of patients had contact with a person with COVID-19, and most contact occurred within the household. The median incubation period was 7 days (IQR: 4-15 days). 93.9% of patients were symptomatic, and the most common symptoms were fever (78.8%) and cough (57.6%). Abnormal imaging was found in 68.8% (11/16) of patients; the most frequent was limited lung involvement. Only 3 patients had extensive involvement, with consolidation and involvement of more than 75% of both lung fields. The treatment was mainly supportive for all cases. For fever or pain, oral paracetamol was used, and only 2 patients needed supplemental oxygen. During the study, no patients with COVID-19 were admitted to the ICU. 1 patient died from complications of endo-cranial hypertension due to advanced brain tumor. The authors conclude that children with COVID-19 have mild symptoms in most cases, and treatment should be mainly symptomatic and supportive.	The aim of the study was to describe the clinical and epidemiological characteristics of children with COVID-19 in Peru. 81.8% of the children had contact with a positive COVID-19 case, 60.6% had concomitant diseases, 93.9% had symptoms (mainly fever and cough), and the median incubation period was 7 days. The authors conclude that children with COVID-19 have mild symptoms in most cases, and treatment should be mainly symptomatic and supportive.	Llaque-Quiroz P, Prudencio-Gamio R, Echevarría-Lopez S, et al. Clinical and epidemiological characteristics of children with COVID-19 in a pediatric hospital in Peru. Características clínicas y epidemiológicas de niños con COVID-19 en un hospital pediátrico del Perú. Rev Peru Med Exp Salud Publica. 2020;37(4):689-693. doi:10.17843/rpmesp.2020.374.6198
COVID-19, face masks, gas exchange, pandemic	3-Feb-21	The impact of face masks on children - a mini review	Acta Paediatrica	Narrative Review	The aim of this narrative review was to describe the existing knowledge regarding children wearing face masks. During the COVID-19 pandemic, there has been a lack of clarity regarding the role of face masks in children. Parents have expressed some concern regarding reports on social media that masks may be harmful in children. The authors found only 2 studies performed in children which both assessed wearability of N95 respirators. In one randomized crossover study, performed by Goh et al in 2019, 106 children, aged 7-14 years, wore an N95 respirator both while walking and at rest. No differences in respiratory rate, heart rate, and oxygen saturation were observed. A marginal increase in end-tidal carbon dioxide and fractional concentration of inspired CO2 was noted and 7% of participants reported some discomfort. In another randomized, crossover, pediatric study, 24 children wore N95 respirators on exertion and at rest. No physiologic parameters were measured; while discomfort and a strong breathing impairment was not noted, some participants complained of feeling overheated. Due to a limited number of pediatric studies, the authors also reviewed 8 studies conducted with adult subjects. Overall, these studies did not show any harmful effects when wearing surgical or cotton masks. At the peak of the power exertion test, there were no crucial differences noted in gas exchange parameters; however, there was a decrease in maximum achievable power observed when the participants used an N95 respirator. Information about the influence of commonly used face masks in children is limited. More information is needed as using	The aim of this narrative review was to describe the existing knowledge about children wearing face masks. Given the use as a preventive measure during the COVID-19 era, more data is needed to assess the safety of face masks in children.	Martin E, Stefan O, Reinhold K. The impact of face masks on children - a mini review. Acta Paediatr. 2021 Feb 3. doi: 10.1111/apa.15784. Epub ahead of print. PMID: 33533522.

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					face masks is important as a long-term preventive measure in the COVID-19 era.		
stress; mental health; COVID-19; lockdown; parental stress; overreactivity	3-Feb-21	Perceived stress as mediator for longitudinal effects of the COVID-19 lockdown on wellbeing of parents and children	Nature Scientific Reports	Report	Using a longitudinal study design, the authors investigated how perceived stress influenced COVID-19 lockdown-induced changes in the wellbeing of parents and children in the Netherlands. A total of 106 parents and 151 children (10–13-year-olds) completed questionnaires during the lockdown (April 2020), and data were combined with data of previous years (2015–2016). On average, children had higher reported levels of stress and over-reactivity than parents during the COVID-19 lockdown. The authors report a marked increase in parental negative feelings (anxiety, depression, hostility, and interpersonal sensitivity). Longitudinal child measures showed a gradual decrease in internalizing and externalizing behavior, and this decrease seemed to be slowed by the COVID-19 lockdown. Changes in parental negative feelings and children’s externalizing behavior were mediated by perceived stress: higher scores on a stress questionnaire before the lockdown were related to more stress during the lockdown. Increased parental and child stress was further associated with increased parental negative feelings and children’s externalizing behavior. Perceived stress in parents and children was also associated with negative coping strategies, and children’s stress levels were influenced by prior and current parental over-reactivity. These results suggest that children in families with negative coping strategies and present or past parental over-reactivity might be at risk for negative mental health consequences due to the lockdown.	The authors created a longitudinal study to understand the mental health impacts of the COVID-19-related lockdown among 106 parents and 151 children in the Netherlands in April 2020, compared to previous metrics taken in 2015–2016. On average, children had higher reported levels of stress and over-reactivity than parents during the COVID-19 lockdown. Changes in parental negative feelings and children’s externalizing behavior were mediated by perceived stress: higher scores on a stress questionnaire and history of parental over-reactivity before the lockdown were related to more stress during the lockdown.	Achterberg M, Dobbelaar S, Boer OD, Crone EA. Perceived stress as mediator for longitudinal effects of the COVID-19 lockdown on wellbeing of parents and children. <i>Sci Rep.</i> 2021;11(1):2971. Published 2021 Feb 3. doi:10.1038/s41598-021-81720-8
COVID-19; SARS-CoV-2; St. Louis; serology; seroprevalence	3-Feb-21	Seroprevalence of SARS-CoV-2 Antibodies in Children and Adults in St. Louis, Missouri, USA	mSphere	Original Research	This study aimed to determine the extent of SARS-CoV-2 infection in adult and pediatric cohorts from the St. Louis, USA metropolitan area early in the COVID-19 pandemic. The authors conducted a sero-survey to estimate the seroprevalence of IgG antibodies against SARS-CoV-2 in 503 adults and 555 pediatric patients between April 14–May 12, 2020. Overall IgG seropositivity was estimated to be 1.71% (95% CI, 0.04%–3.38%) in pediatric samples and 3.11% (95% CI, 0.92%–5.32%) in adult samples. Seropositivity was significantly lower in children <5 years of age than in adults, but rates between adults and children aged ≥5 years were similar. By 5 years of age, children were infected to an extent similar to that of adults. Of the 176 samples tested from children <4 years of age, none were positive. The authors suggest that these results were consistent with a growing body of evidence that young children may be infected by SARS-CoV-2 at a lower rate than adults. The authors conclude that both children and adults are susceptible to SARS-CoV-2 infection and develop antibody responses.	This study determined the percentages of both children and adult samples from the greater St. Louis, USA metropolitan area who had antibodies to SARS-CoV-2 in late April to early May 2020. Overall, IgG seropositivity was estimated to be 1.71% in pediatric samples and 3.11% in adult samples. By 5 years of age, children were infected to an extent similar to that of adults.	Smith BK, Janowski AB, Danis JE, et al. Seroprevalence of SARS-CoV-2 Antibodies in Children and Adults in St. Louis, Missouri, USA. <i>mSphere.</i> 2021;6(1):e01207-20. Published 2021 Feb 3. doi:10.1128/mSphere.01207-20
SARS-CoV-2; COVID-19; pregnant women; pregnancy	3-Feb-21	Seroprevalence of SARS-CoV-2 during pregnancy and associated outcomes: results	medRxiv	Preprint (not peer-reviewed)	This study aimed to understand the effects of SARS-CoV-2 infection during pregnancy on maternal and neonatal outcomes by using serological tests to measure IgG antibody levels. The authors conducted a study of 708 pregnant women who gave birth between April 20–August 15, 2020, in New York City, USA, as part of the	This study aimed to understand the effects of SARS-CoV-2 infection during pregnancy on maternal and neonatal outcomes by using serological	Molenaar NM, Rommel AS, de Witte L, et al. Seroprevalence of SARS-CoV-2 during pregnancy and associated outcomes:

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		from an ongoing prospective cohort study, New York City			Generation C Study, an ongoing prospective cohort study to assess seroprevalence throughout pregnancy. The overall SARS-CoV-2 seroprevalence based on IgG measurement was 16.4%. 12 women were SARS-CoV-2 RT-PCR positive at delivery, and 11 of these women were seropositive. Seropositive women were generally younger, more often black or Hispanic, and more often had public insurance and higher pre-pregnancy BMI compared with seronegative women. SARS-CoV-2 seropositivity without RT-PCR positivity at delivery was associated with decreased odds of cesarean delivery (adjusted OR 0.48, 95%CI 0.27;0.84) compared with seronegative women without RT-PCR positivity at delivery. Stratified by race/ethnicity, the association between seropositivity and decreased odds of cesarean delivery remained for non-Hispanic black/African-American and Hispanic women, but not for non-Hispanic white women. No other pregnancy outcomes differed by seropositivity, overall or stratified by race/ethnicity. Seropositivity for SARS-CoV-2 without RT-PCR positivity at delivery, suggesting that infection occurred earlier during pregnancy, was not associated with adverse maternal or neonatal outcomes. While non-Hispanic black and Latina women had a higher SARS-CoV-2 seropositivity rate than non-Hispanic white women, the authors found no increase in adverse maternal or neonatal outcomes among these groups due to infection.	tests to measure IgG antibody levels. Seropositivity for SARS-CoV-2 without RT-PCR positivity at delivery was not associated with adverse maternal or neonatal outcomes among live births in a cohort sample of women from New York City, USA. While non-Hispanic black and Latina women had a higher SARS-CoV-2 seropositivity rate than non-Hispanic white women, the authors found no increase in adverse maternal or neonatal outcomes among these groups due to infection.	results from an ongoing prospective cohort study, New York City. <i>medRxiv</i> . 2021. doi: 10.1101/2021.02.01.21250943
COVID-19; pregnancy; fetus; neonate; immune response	2-Feb-21	Respiratory viral infections during pregnancy: effects of SARS-CoV-2 and other related viruses over the offspring [Free Access to Abstract Only]	Journal of Developmental Origins of Health and Disease	Article	The authors analyzed the effects of viral infections, like SARS-CoV-2 and other related viruses during pregnancy for the mother and the consequences for the fetus. Immune response during pregnancy is a very well-controlled process that is in constant adaptation due to environmental changes. Arboviruses like dengue, chikungunya, Zika, and respiratory viruses such as human respiratory syncytial virus and coronavirus can use mechanisms at the maternal-fetal interface such as direct fusion with the cell plasma membrane of the vascular endothelium or trough and internalization using endosomes with further release in the cytoplasm. Thus they can affect the function of key components of the maternal-fetal interface. The viral entrance process is not completely understood yet, but it can have diverse sequelae for the fetus, such as fetal abnormalities, intrauterine death, or persistent postnatal infection. Even though SARS-CoV-2 and other viruses may or may not be vertically transmitted, it is important to trace pregnant women and neonates, given that the illness induced by the infection could have detrimental effects for both. For this reason, it is important to understand the mechanisms underlying viral infections to develop strategies that can prevent mother-fetal damage.	The authors analyzed the effects of viral infections, like SARS-CoV-2 and other related viruses during pregnancy for the mother and the consequences for the fetus. Even though SARS-CoV-2 and other viruses may or may not be vertically transmitted, it is important to trace pregnant women and neonates, given that the illness induced by the infection could have detrimental effects for both. For this reason, it is important to understand the mechanisms underlying viral infections to develop strategies that can prevent mother-fetal damage.	Riedel C, Rivera JC, Canedo-Marroquin G, et al. Respiratory viral infections during pregnancy: effects of SARS-CoV-2 and other related viruses over the offspring. <i>J Dev Orig Health Dis</i> . 2021:1-6. doi:10.1017/S2040174420001373.
COVID-19; Qualitative research; WIC; WIC clinic	2-Feb-21	A Qualitative Exploration of Predominantly White Non-Hispanic	Journal of the Academy of Nutrition and Dietetics	Original Research	COVID-19 has widened existing nutrition disparities in the US; in response, federal nutrition assistance programs have introduced flexibility waivers in programs, including the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), to rapidly respond to support the nutritional health status of income-eligible	This qualitative study described the experiences of 24 US families enrolled in the Special Supplemental Nutrition Program for Women, Infants, and	McElrone M, Zimmer MC, Anderson Steeves ET. A Qualitative Exploration of Predominantly White Non-Hispanic Tennessee WIC

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experiences; WIC food retail		Tennessee WIC Participants' Food Retail and WIC Clinic Experiences During COVID-19			participants during COVID-19. Waivers were approved that permitted flexibilities in the WIC food package, WIC vendor guidelines, and WIC clinic experience. This study utilized semi-structure phone interviews of 24 WIC-enrolled US families between April 30 - May 7, 2020 to explore the impact of COVID-19 on their experiences utilizing WIC along with their family's overall health, well-being, and daily lives. Respondents' mean age was 34± 6.1 years [age range not reported], 23 (96%) were mothers, and 16 (67%) reported current food insecurity. 5 primary themes emerged from the interviews: 1) existing shopping barriers compounded by the pandemic, particularly surrounding availability of WIC-eligible items; 2) coping strategies (traveling farther or shopping more frequently for groceries, altering diet, or utilizing food banks); 3) impacts of food shopping barriers and fears of COVID-19 on mental and emotional health; 4) social comparisons, such as desires to improve their situation or comparison to those they consider worse off; and 5) unintended consequences of COVID-19 on WIC families, such as increased exposure to SARS-CoV-2, increased family time, and opportunities to permanently improve WIC policies. In light of the barriers described, the authors recommend the carry-over of WIC flexibilities (ie, physical presence and food package substitution waivers) beyond the COVID-19 pandemic to improve overall program participation and food access.	Children (WIC) accessing WIC-eligible food during the COVID-19 pandemic. Themes include barriers to accessing food, coping strategies, impacts on mental health, social comparisons, and unintended consequences of COVID-19 on WIC families.	Participants' Food Retail and WIC Clinic Experiences During COVID-19 [published online, 2021 Feb 2]. <i>J Acad Nutr Diet.</i> 2021;S2212-2672(20)31538-0. doi:10.1016/j.jand.2020.12.011
acute respiratory distress; petechiae; pediatric; COVID-19	2-Feb-21	Overlooking the obvious during the COVID-19 pandemic: Dyspnoea with asymmetric breath sounds in a toddler	Case Reports in Pediatrics	Case Report	The authors report on a 20-month-old boy from Finland that presented to a pediatric emergency department (ED) with acute respiratory distress when lying down in the evening and fever and petechiae on his trunk; he met the criteria for COVID-19 and was treated by emergency medical services and ED staff in full PPE. The patient required high flow oxygen and had absent left lower lung sounds with his chest radiograph showing a diffuse opacity in the same area. Staff obtained a nasopharyngeal swab for a SARS-CoV-2 RNA test. The patient was admitted to the pediatric ICU. The next morning staff had a second interview with his mother, who reported that the previous morning while drinking milk, coughing had occurred while also eating cashews. The patient was then scheduled for bronchoscopy with pieces of cashew removed from the left main and left upper bronchi, and his RT-PCR came back negative. The authors stress that although the pandemic requires suspicion of COVID-19 with acute respiratory distress, other possibilities should not be ruled out and that fevers and petechiae can occur in non-septic pediatric patients.	The authors report on a 20-month-old boy from Finland that presented to a pediatric emergency department (ED) with acute respiratory distress when lying down in the evening and fever and petechiae on his trunk; he met the criteria for COVID-19 and was treated by emergency medical services and ED staff in full PPE.	Salmi H, Harve-Rytsälä H, Rautiainen P, Pyörälä S, Hästbacka J. Overlooking the Obvious during the COVID-19 Pandemic: Dyspnoea with Asymmetric Breath Sounds in a Toddler. <i>Case Rep Pediatr.</i> 2021;2021:8855962. Published 2021 Feb 2. doi:10.1155/2021/8855962
COVID-19; morbidity; pregnancy; mortality; childbirth	2-Feb-21	Perinatal outcomes in pregnant women with COVID-19 in Siberia and the Russian Far East	Acta Biomedica	Original Research	This secondary analysis investigated how incidence of COVID-19 and perinatal outcomes in pregnant women in Russia's Far Eastern and Siberian Federal Districts differed compared to national averages during 10 months of the pandemic [time period not specified; data prior to 25 December 2020 were analyzed]. Pregnant and postpartum women registered through Russia's Public Database contracted SARS-	This secondary analysis found that a higher proportion of pregnant women in Russia's Far Eastern and Siberian Federal Districts contracted SARS-CoV-2, were hospitalized, gave birth	Artyukov NV, Belokrinitskaya TE, Filippov OS et al. Perinatal outcomes in pregnant women with COVID-19 in Siberia and the Russian Far

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					CoV-2 during the study at an incidence rate 3.02 times that of the general population (5.9% vs 1.95%). A higher proportion of pregnant and postpartum women in these districts were treated in the ICU (3.57%) than the general public; however, a lesser proportion than the general population were put on mechanical ventilation (0.48%). 81.7% of the women with COVID-19 gave birth at term and 18.3% (p<0.001) had preterm births - much higher than the national figure of 6.1%. More women in these districts delivered via cesarean section than the general population did in 2019 (42.0% vs 30.1%). The maternal mortality rate among those with COVID-19 was 0.51%, with 11 of the 12 mortalities caused by viral-bacterial pneumonia leading to respiratory and multiple organ failure. Notably, 6.2% of newborns tested positive for SARS-CoV-2 despite being separated from their mother as a neonate, suggesting potential vertical transmission.	prematurely and delivered via cesarean section than the general population of Russia. In addition, there was some evidence of vertical SARS-CoV-2 transmission between mother and fetus.	East, The Journal of Maternal-Fetal & Neonatal Medicine. 2021. DOI: 10.1080/14767058.2021.1881954
COVID-19; children; acute pancreatitis; Iran	2-Feb-21	Acute Pancreatitis as a Possible Unusual Manifestation of COVID-19 in Children	Case Reports in Pediatrics	Case Report	The authors described the case of a 14-year-old boy in Iran, who presented to the emergency department with a complaint of abdominal pain, nausea, and vomiting without fever or respiratory symptoms [date not specified]. He had a history of contact with his aunt, who was suspected of having SARS-CoV-2 infection. On physical examination, the patient did not appear ill or toxic, and vital signs were normal. However, laboratory tests revealed elevated amylase level (1914, normal <100 µ/l) and abdomen CT was suggestive of acute pancreatitis. The patient later had a positive SARS-CoV-2 RT-PCR test. He was treated with bowel rest, IV crystalloid fluid resuscitation, and ondansetron, pantoprazole, and empiric antibiotics, including ceftriaxone and metronidazole. The symptoms gradually resolved within 3 days, and the patient was discharged with a decreasing amylase level. The case report suggests acute pancreatitis as a possible unusual manifestation of COVID-19 in children.	This is a case report of a 14-year-old boy who presented to the emergency department in Iran with a complaint of abdominal pain, nausea, and vomiting without fever or respiratory symptoms. He was diagnosed with acute pancreatitis based on an elevated amylase level and abdomen CT, and later had a positive SARS-CoV-2 RT-PCR test. The case report suggests acute pancreatitis as a possible unusual manifestation of COVID-19 in children.	Bineshfar N, Mirahmadi A, Karbasian F, et al. Acute Pancreatitis as a Possible Unusual Manifestation of COVID-19 in Children. Case Rep Pediatr. 2021. doi:10.1155/2021/6616211.
COVID-19; children; brain development; environmental risk factors; neuroinflammation; nutrition; synapse formation	2-Feb-21	Neuroinflammation and Brain Development: Possible Risk Factors in COVID-19-Infected Children	Neuroimmunomodulation	Review	The authors discuss infectious and non-infectious factors that could alter microglial function in children and contribute to developmental brain disorders. In children, SARS-CoV-2 can produce a cytokine storm (a surge of pro-inflammatory cytokines) and MIS-C or mild inflammation. Other environmental factors, such as a low omega-3 intake during pregnancy, may deplete docosahexaenoic acid (DHA) levels and contribute to a neuro-inflammatory outcome in the child. Maternal alcohol consumption during pregnancy may also be associated with neuro-inflammation and deficits in brain development. Additionally, transient thyrotoxicosis induced by SARS-CoV-2 with secondary auto-immune hypothyroidism has been reported, which could go undetected during pregnancy and compromise brain development. Thus, auto-immune hypothyroidism, malnutrition, and maternal alcohol intake during pregnancy may be considered risk factors in infected children, making them more susceptible to neuro-developmental disorders such as schizophrenia, autism, attention-deficit/hyperactivity disorder (ADHD), and cognitive	The authors discuss infectious and non-infectious factors that could alter microglial function in children and contribute to developmental brain disorders. Auto-immune hypothyroidism, malnutrition, and maternal alcohol intake during pregnancy may be risk factors in infected children, making them more susceptible to neuro-developmental disorders such as schizophrenia, autism, attention-deficit/hyperactivity disorder (ADHD), and cognitive impairment.	da Silva Chagas L, Sandre PC, de Velasco PC, et al. Neuroinflammation and Brain Development: Possible Risk Factors in COVID-19-Infected Children. Neuroimmunomodulation. 2021:1-7. doi:10.1159/000512815.

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					impairment. Close monitoring and early intervention of children exposed to SARS-CoV-2, or born to infected mothers, and future studies that could detect additional risk factors would be highly recommended.		
SARS-CoV-2, School, COVID, Prevention measures	2-Feb-21	School in Italy: a safe place for children and adolescents	Italian Journal of Pediatrics	Research	This research study evaluated the safety and efficacy of prevention measures in schools throughout the second phase of the COVID-19 pandemic by monitoring students and staff at two school complexes in Rome, Italy from September - December, 2020. In order to ensure minimization of risk factors, several safety measures were implemented including infrastructure changes, increased sanitation, symptom screening, and appropriate use of individual protection devices. The study population consisted of 1,251 subjects, including 1,083 students, 141 teachers, and 27 school employees. Included in the student pool were 119 students <6 years, 331 students 6-10 years, 347 students 11-13 years and 286 students 14-18 years. Each study subject underwent 3 SARS-CoV-2 RT-PCR tests (1 test per month of participation). Among the 1251 subjects, there were 16 positive tests (1.3% positivity) including 6 females and 10 males, with a mean age of 18 years (range 5-54 years). There was 1 positive test during the 1st round of testing, 12 positive tests during the 2nd round of testing and 3 positive tests during the 3rd round of testing. Among the positive cases, only 2 classrooms presented with more than one positive result including 2 students (whose positive test occurred in different rounds of testing) and 1 student and 1 adult who shared a class environment (however this teacher taught in other classes as well, with no further positive tests). The low positivity rates distributed throughout 3 three rounds of testing (0.1, 1.1 and 0.2%) are lower than the rates of infection in Rome during the months included in this study. This evidence suggests that school does not appear to amplify transmission of SARS-CoV-2.	This research study evaluated the safety and efficacy of prevention measures in schools throughout the second phase of the COVID-19 pandemic by monitoring students and staff at two school complexes in Rome, Italy. The resulting low rates of infection suggest that school does not act as an amplifier for transmission of SARS-CoV-2.	Villani A, Coltella L, Ranno S, et al. School in Italy: a safe place for children and adolescents. Ital J Pediatr. 2021 Feb 2;47(1):23. doi: 10.1186/s13052-021-00978-w. PMID: 33531046.
breast milk; human milk banks; breastfeeding, neonatal health	2-Feb-21	It's time to change the recommendations on COVID-19 and human milk donations	Acta Paediatrica	Perspective	Donor human milk from certified milk banks is the preferred alternative for providing preterm infants with nutrition if their mother's own milk is insufficient or not available. During the COVID-19 pandemic, mothers who have tested positive for SARS-CoV-2 have been temporarily excluded from donating milk, which has disrupted milk collection in many places. The authors consider this to have been an appropriate precautionary measure early in the pandemic, but argue that it is no longer appropriate in light of current data. They offer 5 key points in support of their argument: 1) COVID-19 is rare in newborn infants and usually benign; 2) milk donation and human milk banks already operate under strict hygiene rules; 3) SARS-CoV-2 RNA is rarely found in breast milk, and there is still no evidence of its presence resulting in transmission to the newborn; 4) SARS-CoV-2 is eliminated by Holder pasteurization; and 5) antibodies specific to SARS-CoV-2 have been detected in breast milk of SARS-CoV-2 positive mothers, although their protective roles have yet to be demonstrated. They recommend milk banks screen potential donors	The authors provide evidence that excluding mothers who have tested positive for SARS-CoV-2 from donating breast milk is no longer appropriate in light of current data. They recommend allowing symptomatic mothers to donate milk after they are no longer contagious to ensure adequate milk supply is available for preterm infants who need it.	Picaud JC, Buffin R, Rigourd V, et al. It's time to change the recommendations on COVID-19 and human milk donations [published online, 2021 Feb 2]. Acta Paediatr. 2021;10.1111/apa.15782. doi:10.1111/apa.15782

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					for symptoms of COVID-19 or a positive SARS-CoV-2 test and delay milk collection from symptomatic mothers until they are no longer contagious (at minimum 7 days after symptom onset or positive SARS-CoV-2 test and at least 48 hours after symptoms have subsided). If necessary, milk collected during the symptomatic period can later be pasteurized. The authors will continue to review this strategy as new evidence becomes available.		
SARS-CoV-2, RT-PCR, PPE, Pediatric Pre-Surgical Testing, COVID-19	2-Feb-21	Concordance of Pre-Procedure Testing With Time of Surgery Testing for SARS-CoV-2 in Children	Pediatrics	Research Brief	This study aims to determine whether pre-procedure SARS-CoV-2 PCR testing up to 3 days prior to surgery was concordant with testing performed at the time of surgery. From July 10 - October 9, 2020, a convenience sample of 241 pediatric surgical patients with a mean (SD) age of 7.2 (5.5) years (range 7 days – 18 years) presenting for surgery at the Children’s Hospital of Philadelphia (USA) who had negative pre-procedure SARS-CoV-2 results and lacked symptoms of COVID-19 had nasopharyngeal samples taken after anesthesia induction. Pre-procedural samples taken 1-3 days prior to surgery, as well as at the time of surgery, were analyzed for the presence of SARS-CoV-2 with an in-house laboratory developed RT-PCR assay. Gender, race, ethnicity, and surgical procedure types were described. 10.8% of patients had pre-procedure testing on day of surgery, 27.4% one day prior, 54.8% two days prior, and 7.1% three days prior to surgery. Time of surgery test results were compared to pre-procedure results with Pearson’s chi-squared test. There was 100% concordance of testing with all subjects with negative pre-procedure testing having negative time of surgery SARS-CoV-2 RT-PCR (p<0.01). Pre-procedure testing is important for patient and provider safety. Due to scheduling logistics, pre-procedure testing often takes place several days in advance. Based on these findings, the authors suggest that in settings of low community prevalence, pre-procedure SARS-CoV-2 testing of children within 2 days of surgery appears to be a reasonable strategy for balancing the safety of patients and staff with the logistics of testing and surgical scheduling issues.	The authors provide evidence that pre-procedural testing for SARS-CoV-2 in a pediatric, surgical population is concordant with testing at the time of surgery. The authors suggest that pre-procedure testing within 2 days of surgery is a reasonable strategy to balance the safety of patients and staff with logistical challenges.	Lin EE, Akaho EH, Sobilo A, Young LR, Harris RM, Odom John AR. Concordance of Pre-Procedure Testing With Time of Surgery Testing for SARS-CoV-2 in Children. Pediatrics. 2021 Feb 2:e2020044289. doi: 10.1542/peds.2020-044289. Epub ahead of print. PMID: 33531335.
Pediatrics; caregivers; COVID-19; ethics	2-Feb-21	Preventive measures for accompanying caregivers of children in paediatric healthcare during the COVID-19 pandemic – Walking an ethical Tightrope	Clinical Microbiology and Infection	Commentary	In this commentary, the authors discuss management of child-parent tandems in pediatric health care institutions during the COVID-19 pandemic in Switzerland. The authors discuss the standard non-pandemic procedure for handling inpatient admissions: a symptom-driven isolation and cohorting strategy where the benefit of the parents’ presence outweighs the potential for infection, particularly because the causative pathogens affecting young children are not typically associated with severe disease in their parents. However, SARS-CoV-2 presents a higher risk for adults, necessitating preventative measures and epidemiological considerations. The authors state that measures to avoid hospital-originated infections should aim to limit the caregiver’s presence and mobility within a hospital, without banning them outright. The authors then outline a number of potential preventative measures, including visitor policies and quarantining for COVID-19 patients. The authors state that for	In this commentary, authors discuss the challenges that the COVID-19 pandemic poses to the management of child-parent pairs in pediatric care in Switzerland. The authors explain pre-pandemic management methods and the special circumstances the current pandemic poses, and offer recommendations for preventative measures.	Schmid,H., Heininger,U., Vuichard-Gysin,D.,et al. Preventive measures for accompanying caregivers of children in paediatric health care during the COVID-19 pandemic – Walking an ethical Tightrope. Clinical Microbiology and Infection,2021, ISSN 1198-743X, https://doi.org/10.1016/j.cmi.2021.01.023.

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					pediatric inpatients with confirmed COVID-19, a pathogen-specific rather than symptom-based isolation approach should be implemented, compliant with official isolation policies. They conclude by recommending routine testing to screen inpatients for SARS-CoV-2, with consideration of screening designated caregivers upon hospital admission.		
Telehealth, Pediatric Primary Care, COVID-19	2-Feb-21	Telehealth in Pediatric Primary Care [Free Access to Abstract Only]	Current Problems in Pediatric and Adolescent Health Care	Article	As a result of the COVID-19 pandemic, telehealth has assumed an increased role in pediatric primary care offering many benefits for all patients. Telehealth access can lead to significant cost savings, lower hospitalization rates, fewer emergency room visits and has been well received by families. Additional benefits of telehealth include increased access to geographic care areas where expertise was unavailable, ability to overcome both rural and urban barriers of transportation, decreased parental absence from work, decreased children's absence from school and prompt access to care. Furthermore, telehealth addresses the previously unmet needs of underutilization of healthcare in vulnerable populations. Evidence referenced suggests agreement in diagnosis between telehealth and in-person evaluations and better outcomes and quality metrics in patients with a variety of illnesses. When faced with COVID-19 and the need to physically distance for safety, telehealth offers flexibility to traditional annual well-visits as they can be split into those parts that could be conducted remotely followed by an in-person visit to complete those aspects that needed a physical presence. Concerns regarding telehealth include privacy for older pediatric patients and potential for over prescription of antibiotics versus in-person evaluations. Providers should advocate for insurers to support equitable, sustainable telehealth payment models that will allow for the continued use of this technology as an integral part in the provision of pediatric primary care.	As a result of the COVID-19 pandemic, telehealth has assumed an increased role in pediatric primary care offering many benefits for all patients. Providers should advocate for insurers to support equitable, sustainable telehealth payment models that will allow for the continued use of this telehealth in pediatric primary care.	Milne Wenderlich A, Herendeen N. Telehealth in pediatric primary care. <i>Current Problems in Pediatric and Adolescent Health Care</i> . 2021:100951. doi: https://doi.org/10.1016/j.cppeds.2021.100951 .
Type 1 diabetes; COVID-19; CGM; Children; Adolescents; HbA1c	2-Feb-21	Glycemic control of children and adolescents with type 1 diabetes improved after COVID-19 lockdown in Italy	Acta Diabetologica	Original Research	This study evaluated the impact of a COVID-19 lockdown on glycemic control in children and adolescents with type 1 diabetes (T1D) in Italy. Variables such as physical characteristics, HbA1C level, clinical data, and body mass index (BMI) were collected; additionally, 2-week glucose sensor data and metrics were analyzed and compared to the pre-lockdown period. 233 children and adolescents with T1D, aged 2-18 years, were enrolled at a regional pediatric diabetes center in Verona, Italy. Each study subject had a T1D diagnosis >12 months, and was on insulin therapy either with multiple daily insulin injections or continuous subcutaneous insulin infusion. Data were recorded at two period intervals: at an outpatient visit before and after a COVID lockdown (T0: January- February, 2020 and T1: May-June, 2020). Mean age was 13.9 years before lockdown and 14.3 years after lockdown. Results showed a statistically significant difference in the BMI of females observed between T0 and T1 (20.9 +/- 3.7 kg/m2 vs 21.5 +/- 4.6 kg/m2, p<0.05) and an increase in basal insulin dose in females between time periods (21.1±9.3 IU/day vs. 22.3±10.2 IU/day,	This study evaluated the impact of a COVID-19 lockdown on glycemic control in children and adolescents with type 1 diabetes (T1D) in Italy. The authors observed an improvement in glycemic control suggesting that modification of lifestyle including slowing down routine activities and paying more attention to insulin therapy and glucose levels could have beneficial effects on T1D control.	Marigliano, M., Maffei, C. Glycemic control of children and adolescents with type 1 diabetes improved after COVID-19 lockdown in Italy. <i>Acta Diabetologica</i> (2021). https://doi.org/10.1007/s00592-020-01667-6

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					p<0.05). A statistically significant improvement in glycemic control was observed after lockdown (T0 vs. T1): for example, a lower HbA1c was observed (7.82 ± 0.84 vs. 7.44 ± 0.83, p < 0.001) and an increase in the %TIR (time-in-range) (52.6 ± 15.2 vs. 58.0 ± 15.1, p < 0.001). The authors observed an improvement in glycemic control which suggests that modification of lifestyle with slowing down routine activities and paying more attention to insulin therapy and glucose levels could have beneficial effects on T1D control.		
COVID-19, surveillance, pregnancy, infrastructure	2-Feb-21	Canadian Surveillance of COVID-19 in Pregnancy (CANCOVID-Preg): A Rapidly Coordinated National Response Using Established Regional Infrastructures	Journal of Obstetrics and Gynaecology in Canada	Letter	The authors of this letter explain that Canadian researchers and clinicians initiated Canadian Surveillance of COVID-19 in Pregnancy (CANCOVID-Preg). This database gathers Canadian-specific clinical and epidemiological data on the impact of SARS-CoV-2 infection during pregnancy on maternal, fetal, and neonatal health. The authors describe that within 2 weeks of the declared pandemic, national meetings and protocol development were initiated. The first meeting occurred 7 weeks after the pandemic declaration, when organizational structures had launched in all regions. This was accomplished before any funding was received, due to individual commitment in each region of the country. COVID-19-specific funding was then secured within 3 months. Regarding the database, case ascertainment extends back to March 1, 2020, and will continue to the end of the pandemic. As of September 25, 2020, >860 Canadian COVID-19-affected pregnancies were included. Principles of transparency, equitable data access, and international data sharing are emphasized. The authors state that, given the low frequency of many adverse outcomes in pregnancy, international collaboration is critical for improved global understanding of COVID-19. The authors conclude that CANCOVID-Preg is a model of a swift, national response to be used in future epidemics.	This letter documents Canadian Surveillance of COVID-19 in Pregnancy (CANCOVID-Preg) as an example of a swift, national response for future epidemics to model. Given the low frequency of many adverse outcomes in pregnancy, international collaboration is critical for improved global understanding of COVID-19.	McClymont E, Abenheim H, Albert A, et al. Canadian surveillance of COVID-19 in Pregnancy (cancovid-preg): A Rapidly Coordinated national response using established Regional infrastructures. Journal of Obstetrics and Gynaecology Canada. 2021;43(2):165-166. doi:10.1016/j.jogc.2020.10.005
COVID-19, lockdown, postnatal, maternal, anxiety, depression	2-Feb-21	Psychosocial experiences of postnatal women during the COVID-19 pandemic. A UK-wide study of prevalence rates and risk factors for clinically relevant depression and anxiety.	Journal of Psychiatric Research	Original Research	This article aimed to explore women's psychosocial experience in the early postnatal period and describe the prevalence rates of clinically-relevant maternal anxiety and depression. The authors also aimed to explore whether psychosocial change occurring due to COVID-19 is predictive of clinically-relevant maternal anxiety and depression in the United Kingdom. 64 mothers with infants ranging from birth to 12 weeks of age were recruited to participate in the study by answering a survey on demographics, COVID-19, and validated psychological measures. The results indicated that a high percentage of mothers self-reported psychological and social changes as a result of the introduction of social distancing measures: 11.4% reported a current clinical diagnosis of depression, 43% reported clinically relevant depression, 18.4% reported a current clinical diagnosis of anxiety, and 61% reported clinically relevant anxiety. After accounting for current clinical diagnoses of depression or anxiety, and demographic factors known to influence mental health, only perceived psychological change occurring as a result of the introduction of social distancing measures predicted unique variance in the risk of clinically relevant	Analysis of COVID-19 and psychological data of post-natal women in the United Kingdom revealed that a high percentage of mothers noted an increase in psychological distress after social distancing measures were introduced. The authors suggest that these psychological changes resulting from the COVID-19 pandemic restrictions predicted variance in the risk for clinically relevant maternal depression and anxiety.	Fallon V, Davies SM, Silverio SA, et al. Psychosocial experiences of postnatal women during the COVID-19 pandemic. A UK-wide study of prevalence rates and risk factors for clinically relevant depression and anxiety. J Psychiatr Res. 2021. doi: https://doi.org/10.1016/j.jpsychires.2021.01.048.

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					maternal depression (30%) and anxiety (33%). The authors conclude that perceived psychological changes occurring due to the introduction of social distancing measures predicted unique variance in the risk for clinically relevant maternal depression and anxiety.		
COVID-19; pregnancy; vaccination;	2-Feb-21	Inclusion of pregnant individuals among priority populations for COVID-19 vaccination for all 50 US States	American Journal of Obstetrics and Gynecology	Research Letter	The authors assessed whether pregnant persons were uniformly included in individual states' priority COVID-19 vaccination Phase 1 allocations by reviewing official state websites from the 50 states and the District of Columbia (DC) in the United States. They found that 36/51 of states did not include pregnant women among their priority populations. Only 6/13 of the states which mentioned pregnancy as a priority indication for COVID-19 vaccination and none of the 36 states not including pregnancy in priority groups, linked back to the CDC definition of pregnancy as increased risk of severe illness. Hence, the authors found significant variations in how pregnancy is classified for COVID-19 vaccination by US states and the District of Columbia. The Advisory Committee on Immunization Practices includes pregnancy among Phase I groups, in contrast to a majority of US states that exclude pregnant women from their priority populations. The authors suggest that excluding pregnant women from Phase I priority could put them at a greater risk of increased adverse outcomes. They recommend that US states and DC consider adding pregnant women in the Phase I priority group for vaccinations and suggest that the federal government mandates this change in priority groups to eliminate variations in states' priorities.	The authors found that despite the Advisory Committee on Immunization Practices' inclusion of pregnant women in priority Phase I for COVID-19 vaccines, 36/51 US states did not include pregnant women in their priority populations. The authors recommend adding pregnant women in the Phase I priority group for COVID-19 vaccinations and suggest that the federal government mandates this change in priority groups to eliminate variations in states' priorities.	Grünebaum A, McCULLOUGH LB, Litvak A, Chervenak FA. Inclusion of pregnant individuals among priority populations for COVID-19 vaccination for all 50 US States. Am J Obstet Gynecol. 2021 Feb 2:S0002-9378(21)00081-8. doi: 10.1016/j.ajog.2021.01.026. Epub. PMID: 33545113.
SARS-CoV-2; pregnancy; antibodies; COVID-19 immunology; COVID-19 vaccines	2-Feb-21	Longitudinal analysis of antibody response following SARS-CoV-2 infection in pregnancy: from the first trimester to delivery	Journal of Reproductive Immunology	Short Communication	The authors aimed to study the antibody response in pregnant women with COVID-19 during the 1st trimester of pregnancy, measure how antibody titration varies throughout pregnancy, and evaluate transplacental antibody transfer to the neonate. The authors conducted a study in Italy between April-June 2020 of 164 women in their first trimester of pregnancy who were tested for SARS-CoV-2 infection at 12, 16, and 21 weeks' gestation and at delivery. 10.4% of women (mean gestation 38.8 weeks, range 34.3-41 weeks) tested positive for anti-SARS-CoV-2 antibodies at 12 weeks' gestation or had a positive nasopharyngeal swab for SARS-CoV-2. 94.1% of positive women tested positive for neutralizing antibodies (nNABs): 62.5%, 25%, and 12.5% of positive women were positive for SARS-CoV-2 IgG non-neutralizing antibody (nNIgG), IgM, or both IgG and IgM, respectively. The mean antibody titer at admission was 19.82±2.79 cut-off index (COI) [COI>1.1=positive] and 1.18±0.40 COI for anti-SARS-CoV-2 IgG and IgM nNABs, respectively, and 43.72±29.13 AU/ml for anti-SARS-CoV-2 IgG NABs. Longitudinal analysis across sequential samples showed a decrease in the nNIgG response over the weeks of gestation, which was statistically significant after 16 weeks (p<0.05). There was a significant decrease in the COI between the first sample and the COI at delivery (19.82±2.79 and 6.09±7.04, respectively) (p<0.05). All newborns of women who developed IgG antibodies showed presence of the same antibodies in arterial cord blood and	The authors aimed to study the antibody response in pregnant women with COVID-19 during the 1st trimester of pregnancy, measure how antibody titration varies throughout pregnancy, and evaluate transplacental antibody transfer to the neonate. Throughout pregnancy, the neutralizing antibody titer remained stable, whilst a significant decline in the non-neutralizing antibodies was observed after 16 weeks of gestation. All the newborns of women who developed IgG antibodies showed the presence of the same antibodies in arterial cord blood.	Cosma S, Carosso AR, Corcione S, et al. Longitudinal analysis of antibody response following SARS-CoV-2 infection in pregnancy: from the first trimester to delivery. J Reprod Immunol. Published 2021 Feb 2. doi:10.1016/j.jri.2021.103285

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					tested negative at the nasopharyngeal swab for SARS-CoV-2. The mean maternal titer of NABs at delivery was 53.43±43.15 AU/ml, the neonatal titer 58.51±49.02 AU/ml; the mean maternal titer of nNABs was 6.09 ± 7.04 COI, the neonatal titer 8.61 ± 8.82 COI. The authors concluded that throughout pregnancy, the neutralizing antibody titer remained stable, whilst a significant decline in the non-neutralizing antibodies was observed after 16 weeks of gestation. All the newborns of women who developed IgG antibodies showed the presence of the same antibodies in arterial cord blood.		
children; COVID-19; electrocardiography; risk	1-Feb-21	How Safe Are Children With Covid-19 From Cardiac Risks? Pediatric Risk Assessment, insights from Echocardiography and Electrocardiography	Turkish Journal of Medical Sciences	Article	The effects of COVID-19 on myocardial function are not well established in children. This study in Turkey evaluated the laboratory findings, electrocardiography (ECG), and transthoracic echocardiography (TTE) results of 70 children with COVID-19 (mean age 8.3 years; range 1 month - 18 years) compared to a control group of 70 children without COVID-19 (mean age 8.3 years [range not reported]) hospitalized March 15 - June 30, 2020. The authors observed significantly increased levels of ECG parameters Tp-Te (p=0.01), Tp-Te/QT (p=0.01), and Tp-Te/QTc (p=0.01) in the COVID-19 group compared with the control group, all of which are early markers of arrhythmia. 33 of 70 (47.1%) had fragmented (f)QRS (additional R waves or notches in R or S waves), but 25 of 70 (35.7%) patients had fragmented QRS without increased troponin levels, indicating fQRS without myocarditis. The authors suggest fQRS may be an early significant ECG marker during the course of pediatric COVID-19. None had pathologic corrected QT prolongation during illness or treatment. TTE results showed 20 patients had mild mitral insufficiency, among whom only 5 had systolic dysfunction (ejection fraction <55%); the authors suggest mitral insufficiency may be due to inflammation at the cellular level and diastolic dysfunction. In terms of mean systolic and diastolic function parameters, there was no significant difference between the patient and control groups, except for isovolumic relaxation time (IVRT) which was significantly lower in COVID-19 patients than in the control group (p<0.05). The authors recommend monitoring ECG parameters Tp-Te, Tp-Te/QT, and Tp-Te/QTc even in mild cases. Acetyl salicylic acid can be used during treatment to prevent the consequences of decreased IVRT and increased Tp-Te, Tp-Te/QT, Tp-Te/QTc.	This study evaluated the laboratory findings, electrocardiography (ECG), and transthoracic echocardiography results of 70 children hospitalized with COVID-19 compared to a control group of 70 children without COVID-19. The authors recommend monitoring ECG parameters Tp-Te, Tp-Te/QT, and Tp-Te/QTc even in mild cases since these were significantly elevated in COVID-19 patients. Acetyl salicylic acid can be used during treatment to prevent the consequences of decreased isovolumic relaxation time and increased Tp-Te, Tp-Te/QT, Tp-Te/QTc.	Şaylan Çevik B, Arıcı Ş, Ergenç Z, Kepenekli Kadayıfçı E, Günel Ö, Yakut N. How Safe Are Children With Covid-19 From Cardiac Risks? Pediatric Risk Assessment, insights from Echocardiography and Electrocardiography [published online ahead of print, 2021 Feb 1]. Turk J Med Sci. 2021;10.3906/sag-2010-240. doi:10.3906/sag-2010-240
COVID-19; Kawasaki disease; MIS-C; Argentina	1-Feb-21	Multisystem inflammatory syndrome in children related to COVID-19: An update regarding the presentation of two critically ill patients	Archivos Argentinos de Pediatría	Review	The authors provided an update on MIS-C related to COVID-19, defined as the presence of persistent fever, inflammation, and organ dysfunction, with evidence of past or recent SARS-CoV-2 infection and excluding other microbial causes. It overlaps with other inflammatory diseases (Kawasaki disease and toxic shock syndrome) and shares some features with hypercytokinemia conditions (hemophagocytic lymphohistiocytosis and macrophage activation syndrome). MIS-C differs from these and severe acute COVID-19 in its clinical presentation and laboratory parameters. It has a potentially severe course and may occur with cardiovascular failure; mortality is	The authors provided an update on MIS-C related to COVID-19 and described the presentation of 2 clinical cases in Argentina with positive SARS-CoV-2 serology and cardiovascular dysfunction who required vaso-active support and invasive ventilation. It is critical to implement a strict surveillance	Taffarel P, Jorro Barón F, Rodríguez AP, et al. Multisystem inflammatory syndrome in children related to COVID-19: An update regarding the presentation of two critically ill patients. Arch Argent Pediatr. 2021;119(1):e26-e35.

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					low (2%). The authors also described the presentation of 2 clinical cases (aged 4 and 5 years, gender not specified) in Argentina with positive SARS-CoV-2 serology and cardiovascular dysfunction who required vaso-active support and invasive ventilation. Serum lab tests indicated inflammation. Both patients were treated with IV immunoglobulin and systemic corticosteroids and had a favorable course. Since pediatric patients often present with mild or no COVID-19 symptoms, it has not been possible to establish the incidence of MIS-C in children with SARS-CoV-2 infection. Therefore, it is critical to implement a strict surveillance for case screening, which requires lab tests, ancillary studies, and multidisciplinary follow-up in order to guide the diagnosis and management of suspected cases.	for MIS-C case screening, which requires lab tests, ancillary studies, and multidisciplinary follow-up in order to guide the diagnosis and management of suspected cases.	English, Spanish. doi:10.5546/aap.2021.eng.e26.
COVID-19; pediatric; emergency department; public health measures; Singapore	1-Feb-21	Paediatric emergency department attendances during COVID-19 and SARS in Singapore	ANNALS Academy of Medicine Singapore	Original Research	The authors evaluated the impact of public health measures on pediatric emergency department (ED) attendances in Singapore during the COVID-19 pandemic and severe acute respiratory syndrome (SARS) outbreaks in Singapore. Between January 1- July 31, 2020, the authors retrospectively reviewed pediatric ED attendances and admissions in a tertiary pediatric hospital in Singapore before and after a national lockdown to combat the spread of SARS-CoV-2. Hospital attendances and admissions were compared with data from a corresponding period in 2019 (January 1 -July 31, 2019) and during and after the SARS outbreak (January 1 2003-December 31, 2004). Compared with a corresponding non-outbreak period, ED attendances decreased in line with nationwide public health measures during the COVID-19 and SARS outbreaks before increasing gradually following the lifting of restrictions, albeit not to recorded levels before these outbreaks. The mean daily attendances decreased by 40%, from 458 per day in January-July 2019 to 274 per day in January-July 2020. The absolute number of hospital inpatient admissions decreased by 37% from January-July 2019 (19,629) to January-July 2020 (12,304). The proportion of ED attendances requiring admission remained similar: 20% in January-July 2019 and 21% in January-July 2020. The findings indicate that nationwide public health measures in Singapore have impacted pediatric ED attendances and hospital inpatient admissions. Data from this study could inform planning and resource allocation for EDs in Singapore and internationally.	The authors evaluated the impact of public health measures on pediatric emergency department (ED) attendances in Singapore during the COVID-19 pandemic and severe acute respiratory syndrome (SARS) outbreaks in Singapore. The mean daily attendances decreased by 40%, from 458 per day in January-July 2019 to 274 per day in January-July 2020. The findings indicate that nationwide public health measures in Singapore have impacted pediatric ED attendances and hospital inpatient admissions.	Tan RMR, Ganapathy S, Tyebally A, et al. Paediatric emergency department attendances during COVID-19 and SARS in Singapore. Ann Acad Med Singap. 2021;50(2):126-134.
COVID-19; Obstetrics; Pandemics; Patient Satisfaction; Ultrasonography	1-Feb-21	Satisfaction of Pregnant Women in an Obstetric Ultrasound Unit During the COVID-19 Pandemic	Acta Medica Portuguesa	Letter to the Editor	The authors described their prospective observational cohort study conducted between March-May 2020 during the COVID-19 pandemic in Portugal to observe pregnant women's (n = 115) satisfaction with obstetric ultrasound scans. 64% of the women reported a "very good experience" and 36% reported a "less than very good experience," with safety and quality of communication as the factors that affected satisfaction during the COVID-19 pandemic. 85% of women who reported that they had a "very good experience" felt safe during the procedure, compared to 17.1% of those who had a "less than very good experience" (p < 0.001). The authors note that since satisfaction	This letter to the editor describes a study conducted with pregnant women receiving obstetric ultrasound scans during the COVID-19 pandemic in Portugal. Most reported a "very good experience," and those reporting a better experience were more likely to	Bernardeco J, Silva R, Pereira S, et al. Satisfaction of Pregnant Women in an Obstetric Ultrasound Unit During the COVID-19 Pandemic. Acta Med Port. 2021;34(2):166. doi:10.20344/amp.15469

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					is associated with higher therapeutic compliance and lower litigation, studying women's expectations can help to facilitate an improved health system.	report that they felt safe during the procedure.	
SARS-CoV-2; school closure; bone health; fractures	1-Feb-21	Bone fragility of a school child during COVID-19	Nagoya Journal of Medical Science	Case Report	The authors presented the case of a 13-year-old male reporting to a hospital in Japan with bilateral distal thigh pain of 4 weeks history. The pain began immediately after restarting school, which had been closed for 3 months due to the COVID-19 pandemic [precise dates not given]. The boy walked ~1km to school. An MRI T2-weighted image at the time of referral showed fractures of distal metaphyses of the bilateral femurs, which were also detected on plain X-ray. The bone mineral density was 86% of the average value for his age group, and serum 25-OH(D) levels were low (25ng/mL). He reported staying indoors with low sunlight exposure during the 3-month school closure. He was diagnosed with bilateral femoral fragility fractures, possibly due to immobility and indoor life under the influence of COVID-19. After 3 months of wearing orthotics, weighted walking training and sunbathing, the fractures healed and he could walk to school with a full load. Hence, the authors recommended vigilance for bone fragility in school children who lack exercise and sun exposure, particularly during the COVID-19 pandemic.	The authors reported the case of a 13-year-old male, who, after reporting bilateral thigh pain, was shown to have fractures of bilateral femur metaphyses, with reduced bone mineral density (86% of mean bone density in his age group) and low serum 25-OH(D) levels. He had reported low sunlight exposure during the 3-month school closure, and after 3 months of orthotics, weighted walking training and sunbathing, made full recovery.	Nishida Y, Ikuta K. Bone fragility of a school child during COVID-19. Nagoya J Med Sci. 2021;83(1):217-218. doi:10.18999/nagjms.83.1.217
Allergy; COVID-19; Immunodeficiency; Immunology; Impact; Service; Pediatric	1-Feb-21	The Impact of COVID-19 Pandemic on Adult and Pediatric Allergy & Immunology Services in the UK National Health Service	The Journal of Allergy and Clinical Immunology: In Practice	Original Research	The authors described the impact of the COVID-19 pandemic on adult and pediatric allergy and immunology services during the weeks of April 6, 2020 and May 8, 2020, in the United Kingdom. 100% of pediatric immunology and allergy practices (n = 37) noted that requirements of social distancing had an impact on the services, with 57.1% of pediatric immunology practices (n = 4) and 40% of pediatric allergy practices (n = 12) being able to have staff work from home. 100% (n = 37) of pediatric allergy and immunology practices were aware of patients with adverse outcomes due to changes in service provision. A majority of respondents for pediatric clinical sites did not perceive a benefit of changes in service provision to reducing patient infection (28.6%, n = 2 immunology practices; 25%, n = 7 allergy practices). The authors note that the COVID-19 pandemic had a significant impact on provision of pediatric allergy and immunology services in the United Kingdom, including a reduction in face-to-face consultations, and that new standards and policies are needed for addressing service outcomes, equity, and standardization.	This article describes the impact of the COVID-19 pandemic on adult and pediatric allergy and immunology services in the United Kingdom, including the availability of in-person services. All of the pediatric practices surveyed were aware of patients who experienced adverse outcomes due to changes in service provision, and the authors note a need for new standards and policies amidst these changes.	Krishna MT, Beck S, Gribbin N, et al. The Impact of COVID-19 Pandemic on Adult and Pediatric Allergy & Immunology Services in the UK National Health Service. J Allergy Clin Immunol Pract. 2021;9(2):709-722.e2. doi:10.1016/j.jaip.2020.11.038
Coronavirus disease 2019 (COVID-19); neonates; pregnant women; severe acute respiratory syndrome coronavirus 2	1-Feb-21	Is there possibility of vertical transmission of COVID-19: a systematic review	Translational Pediatrics	Systematic Review	In order to investigate the clinical features of COVID-19 in pregnant women and examine evidence of SARS-CoV-2 vertical transmission, a systematic review was conducted for articles published January 1, 2000 to October 25, 2020. Of 711 retrieved articles, 29 were included for review: 13 case series and 16 case reports, including a total of 564 pregnant women with COVID-19 and their 555 neonates. Among the 522 patients who delivered successfully, 104 (19.92%) women delivered preterm and 328 (62.84%) delivered by C-section. Of the 555 neonates, 549 received nucleic acid tests for SARS-CoV-2 and 3.28% (18/549) tested positive. Of these 18 neonates, 13 reported	Based on a systematic review include 29 case reports and case series comprising 564 pregnant women with COVID-19 and their 555 neonates, the authors estimated a SARS-CoV-2 positivity rate of 3.28% among the tested neonates. Of the 134 cases that had samples of amniotic fluid, placental tissue,	Yuan J, Qian H, Cao S, et al. Is there possibility of vertical transmission of COVID-19: a systematic review. Transl Pediatr. 2021;10(2):423-434. doi:10.21037/tp-20-144

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(SARS-CoV-2); vertical transmission					timing of COVID-19 diagnosis (time of testing not indicated); of these 13, 11 were diagnosed within 3 days of birth and 2 were diagnosed on day 5. 134 (24.41%) cases tested samples of amniotic fluid, placental tissue, vaginal secretions, breast milk, umbilical cord blood. All samples tested negative, except for one sample of amniotic fluid. In this case, the infant had been immediately separated from the mother after birth and fed infant formula under strict infection control protocols; the infant subsequently tested positive for SARS-CoV-2 but without symptoms. The majority of infected neonates were born under strict infection control and received isolation and artificial feeding, with exception of 5 neonates who were with their mothers for 30 min in the operating room before isolation. The authors conclude that there is no sufficient evidence to exclude the possibility of vertical transmission of SARS-CoV-2 based on currently available data.	vaginal secretions, breast milk, and umbilical cord blood tested for SARS-CoV-2, only one sample of amniotic fluid tested positive.	
Autism spectrum disorder; COVID-19; Early childhood; Home intervention; Parent education and training; Training of trainers	1-Feb-21	While quarantined: An online parent education and training model for families of children with autism in China	Research in Developmental Disabilities	Original Research	The author conducted a qualitative study of a 12-week online parent education and training program designed to provide in-home intervention strategies for parents of children (ages 2-7 years) with autism spectrum disorder in China during the COVID-19 pandemic (dates not specified). Specific components of the training program, including a diagram for the Training of Trainers Model, are included in the article. Information on the experiences of the trainers (n = 4) and parents (n = 294) was gathered through interviews, feedback forms, and training session materials. Overarching themes identified included that training was an opportunity for modeling intervention strategies with resources, cultural contexts and expectations that created dilemmas, and the importance of establishing parent support networks. Overall, many considered the program's greatest success to be the creation of a hub of support and learning spaces for children with autism spectrum disorder and their parents during the pandemic. The virtual Trainer of Trainers model allowed families living in rural areas to participate and allowed for the implementation of effective intervention strategies that were individualized to familial and cultural characteristics.	This article describes the evaluation of an online education and training program for parents of children with autism spectrum disorders in China during the COVID-19 pandemic. Overall, many participants considered the program's greatest success to be the creation of a hub of support and learning spaces for children with autism spectrum disorder and their parents during the pandemic.	McDevitt SE. While quarantined: An online parent education and training model for families of children with autism in China. Res Dev Disabil. 2021;109:103851. doi:10.1016/j.ridd.2020.103851
COVID-19; prenatal care; obstetrics; telehealth	1-Feb-21	Differential Uptake of Telehealth for Prenatal Care in a Large New York City Academic Obstetrical Practice during the COVID-19 Pandemic	American Journal of Perinatology	Short Communication	To assess telehealth utilization for prenatal care during the COVID-19 pandemic, the authors conducted a retrospective cohort study of obstetric patients at an academic practice in New York City. The cohort included patients who had at least 1 obstetric visit (in-person/telehealth) at NYU Langone Health between April 1-May 29, 2020. The uptake of telehealth was defined as ≥1 telehealth visit during the study period and compared in women with public and private insurance (n=1,851; 4,677 visits overall). The cohort (average age: 33.3 years, mean number of visits: 2.4) consisted of 16.4% (n=305) patients on public insurance and 83.4% (n=1,544) on private insurance, with the exclusion of uninsured patients (n=2). Patients with public insurance had statistically significantly lower telehealth visits than individuals with private insurance (60.9% vs. 87.3%,	The authors conducted a retrospective cohort study to assess telehealth utilization amongst obstetric patients at a center in New York City. They found that women with public insurance were less likely to utilize telehealth compared to those on private insurance. After stratifying by borough, this difference remained significant in Brooklyn, one of the	Limaye MA, Lantigua-Martinez M, Trostle ME, et al. Differential Uptake of Telehealth for Prenatal Care in a Large New York City Academic Obstetrical Practice during the COVID-19 Pandemic. Am J Perinatol. 2021 Feb;38(3):304-306. doi: 10.1055/s-0040-1721510. Epub 2020 Dec 10. PMID: 33302308.

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					p=0.0003). After stratifying by borough, this difference remained significant in Brooklyn, one of the boroughs hardest hit by the pandemic. The authors hypothesized that the barriers to accessing telehealth, such as limited technology access, digital literacy, and unreliable internet coverage, may have contributed to decreased telehealth utilization in women with public insurance.	boroughs hardest hit by the pandemic.	
COVID-19, placenta pathology, vertical transmission, perinatal effect	1-Feb-21	Clinical Characteristics of Mother–Infant Dyad and Placental Pathology in COVID-19 Cases in Predominantly African American Population	American Journal of Perinatology Reports	Original Research	This cross-sectional study examined clinical outcomes and placental pathology for women with COVID-19 giving birth in inner city Detroit, Michigan, USA. The study was conducted from March 11 - July 31, 2020, first studying only symptomatic women, but including asymptomatic patients after April 21; all contracted COVID-19 during their third trimester. 34 women (87% African-American) were included in the study (median gestational age = 38 weeks; IQR 37-39 weeks). 76% experienced no complications during or after birth, and only 15% had respiratory symptoms due to COVID-19. 65% of infants in the study were delivered vaginally, and none were noted to have morphological abnormalities. 9% of neonates received breast milk exclusively, 65% were formula fed only, and 26% received a combination. Placental tissue evaluations found that 26% had no pathologic findings, another 26% had acute inflammatory lesions, and 24% had chronic inflammatory lesions. 12% of total placentas showed villous hypervascularization, which is normally reported in 5-10% of placentas and associated with decreased maternal oxygen tension. Although the researchers conclude that there are clinical abnormalities in placental tissue of patients with COVID-19, more research into their perinatal outcomes is needed to understand these differences.	This cross-sectional study out of Detroit, Michigan, USA found that women who gave birth while diagnosed with COVID-19 had few complications associated with labor, underwent a variety of delivery methods, and utilized a variety of neonatal feeding methods. Placental tissue abnormalities were found, but require additional research to understand.	Jani S, Jacques SM, Qureshi F, et al. Clinical Characteristics of Mother-Infant Dyad and Placental Pathology in COVID-19 Cases in Predominantly African American Population. <i>AJP Rep.</i> 2021;11(1):e15-e20. doi:10.1055/s-0040-1721673
Children, abdominal imaging, ultrasound, appendicitis, MIS-C	1-Feb-21	Abdominal Imaging Findings in Critically Ill Children With Multisystem Inflammatory Syndrome Associated With COVID-19	Pediatric Infectious Disease Journal	Case Report	The authors report abdominal imaging findings in 7 children [ages not reported] admitted with MIS-C from April-August 2020 in New Jersey, USA, and describe the clinical course of 2 children presenting with acute abdomen. The first patient was an 11-year-old male who presented with right lower abdominal pain, rash, and fever. Ultrasound showed a non-compressible, dilated appendix suggestive of acute appendicitis. CT demonstrated appendiceal dilation, mural thickening of the appendix and ascending colon, free fluid within the pelvis, enlarged lymph nodes, and bilateral lower lung consolidations. This patient received IV antibiotics and treatment for MIS-C with IV immunoglobulin, aspirin, and steroids. He was discharged home after 5 days. Another patient was a 16-year-old male with history of asthma, who presented with fever, chest tightness, diarrhea and vomiting, severe peri-umbilical pain, right lower abdominal pain, and shock. RT-PCR for SARS-CoV-2 was negative, however there was a strong suspicion for COVID-19-related disease. Abdominal CT demonstrated a normal appendix, mural thickening and enhancement of the terminal ileum, diffuse lymphadenopathy, vasculitis, and ascites along with bilateral lung consolidations. The patient was managed with non-invasive ventilation, tocilizumab,	The authors report abdominal imaging findings in 7 children admitted with MIS-C in the USA and describe the clinical course of an 11-year-old-male and a 16-year-old male who each presented with acute abdomen. Both children had significant inflammatory findings on abdominal imaging. The authors conclude that differentiating acute abdomen from MIS-C presents challenges for physicians.	Morparia K, Park MJ, Kalyanaraman M, McQueen D, Bergel M, Phatak T. Abdominal Imaging Findings in Critically Ill Children With Multisystem Inflammatory Syndrome Associated With COVID-19. <i>Pediatr Infect Dis J.</i> 2021;40(2):e82-e83. doi:10.1097/INF.0000000000002967

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					antibiotics, fluid resuscitation and vasoactive medications. He was discharged after 7 days. The authors conclude differentiating acute abdomen from MIS-C presents challenges for physicians.		
COVID-19, sleep quality, moderators, hypothesis testing, children	1-Feb-21	On the role of moderators on children's sleep health in response to COVID-19	Journal of Clinical Sleep Medicine	Letter to the Editor	The authors propose that considering methodological and psychological moderators for sleep quality studies in children during the COVID-19 pandemic would help reduce variability in study results. So far, several studies have investigated sleep quality as a marker of children's adjustment to the COVID-19 pandemic, but empirical results are mixed. To combat this, the first moderator the authors propose is identifying which underlying conditions to include in the population. A second moderator is the timescale of studies, with long-term analysis recommended. Third, studies should consider the role of individual variables, such as children who are highly sensitive, who might be more affected than others. Lastly, the authors say the age at the time of assessment is critical, as well as normalizing the measure of investigating children's sleep characteristics. The authors conclude that in all, the least variable and most reliable results will come from Bayesian analyses, model comparison, or simply more descriptive approaches that identify and quantify clinically significant findings, rather than null-hypothesis significance testing.	This letter points out some ways that researchers investigating sleep quality in children during the COVID-19 pandemic can decrease study-to-study variability. They enumerate a few considerations for study participants, as well as study length and analysis. In all, they assert that the least variable and most reliable results will come from Bayesian analyses, model comparison, or simply more descriptive approaches that identify and quantify clinically significant findings, rather than null-hypothesis significance testing.	Lionetti F, Fasolo M, Dellagiulia A. On the role of moderators on children's sleep health in response to COVID-19. J Clin Sleep Med. 2021;17(2):353-354. doi:10.5664/jcsm.8948
Children, appendicitis, pediatrics, gastro-intestinal manifestations	1-Feb-21	Pediatric COVID-19 and Appendicitis: A Gut Reaction to SARS-CoV-2?	Pediatric Infectious Disease Journal	Original Research	In this retrospective analysis, the authors describe the temporal pattern of clinical presentations for 48 SARS-CoV-2 positive children, median age (IQR): 9 (0.2, 17) years, admitted to a tertiary care facility in New Brunswick, NJ, USA between March 29-July 26, 2020. 7 patients were asymptomatic and excluded from further analysis. Of the remaining 41 patients, 16 were diagnosed with SARS-CoV-2 pneumonia, 10 with appendicitis, 10 with MIS-C, and 5 with unconventional symptoms. SARS-CoV-2 pneumonia was more frequent during the first 4–6 weeks (11 of 16 cases), while all 10 appendicitis cases and 9 of 10 MIS-C cases were seen during the final 12 weeks. Most patients were male (56.1%) and Hispanic or Latino (51.2%). Patients diagnosed with appendicitis or MIS-C were less likely to have comorbidities ($P = 0.012$). There was a significant positive correlation between the days of fever prior to admission ($P \leq 0.001$), disease severity ($P = 0.008$), and hospital length of stay ($P = 0.049$). The authors conclude that their analysis indicates an association of acute appendicitis in children infected with SARS-CoV-2, and postulate that it may represent a post-infectious hyperinflammatory complication of SARS-CoV-2 infection occurring 2 weeks after the early manifestation of acute pneumonia in children.	In this retrospective analysis of SARS-CoV-2 positive children in New Jersey, USA, the authors observed a temporal trend 2 weeks after the peak of cases, during which they began to see fewer pneumonia cases and an increase in admissions for MIS-C and acute appendicitis. They postulate that acute appendicitis may represent a post-infectious hyperinflammatory complication of SARS-CoV-2 infection.	Malhotra A, Sturgill M, Whitley-Williams P, et al. Pediatric COVID-19 and Appendicitis: A Gut Reaction to SARS-CoV-2?. Pediatr Infect Dis J. 2021;40(2):e49-e55. doi:10.1097/INF.0000000000002998
COVID-19, vaccine, maternal choice, fetal risks, medication in	1-Feb-21	Balancing Risks: Making Decisions for Maternal Treatment without Data on Fetal Safety	American Journal of Obstetrics and Gynecology	Original Research	Evaluating and balancing the appropriateness of medical therapy during pregnancy continue to be challenging issues in law and ethics. Since pregnant patients are often excluded from clinical trials, patients and healthcare providers are forced to make decisions based on missing safety data. The authors argue that maternal benefit and respect for the autonomy of pregnant persons outweigh the	The authors examine the issue of balancing pregnant women's right to access new therapeutics with the physician's desire to protect the fetus from potential risks in the context of COVID-19	H Minkoff, Jeffrey Ecker. Balancing Risks: Making Decisions for Maternal Treatment without Data on Fetal Safety. American Journal of Obstetrics and

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pregnancy, Thalidomide, FDA, maternal autonomy, fetal beneficence, pregnancy discrimination					uncertainty of safety and advocate for offering COVID-19 vaccination to pregnant women. The authors explain the legal, ethical, and historical considerations of patient autonomy and safety by using the FDA drug approval process of Thalidomide and the 1991 Supreme Court decision in <i>United Autoworkers v. Johnson Controls</i> . Shared decision-making is critical, and a truly informed decision requires both evidence- and value-based consideration, which needs to be facilitated by physicians. According to the authors, physicians should counsel against using an agent with known risks. In contrast, if a hypothetical medication is the only known means of saving a pregnant individual's life despite the potential risk to the fetus, access to the medication should be at the pregnant patients' discretion. COVID-19 vaccination reduces the risk of being infected with a life-threatening virus; however, fetal and/or neonatal risks are unknown. As recommended by the United States FDA, shared decision-making needs to be undertaken, and physicians need to actively engage with patients and not merely inform them.	vaccination. The authors believe that pregnant patients should be offered and supported if they choose to get COVID-19 vaccines.	Gynecology 2021; https://doi.org/10.1016/j.ajog.2021.01.025 .
Obstetrics, anesthesia, analgesia, coagulation, pregnancy	1-Feb-21	COVID in obstetrics: labor analgesia and cesarean section [Free Access to Abstract Only]	Current Opinion in Anaesthesiology	Special Commentary	In this commentary, the authors provide the following recommendations regarding anesthetic care during labor for patients with suspected or confirmed COVID-19 in Spain. Regional anesthesia techniques are preferred for COVID-19 patients, specifically neuraxial techniques, which are the gold standard for labor analgesia. Ideally these should be provided as soon as the patient is admitted to the delivery suite. Laboratory results should be checked before performing any neuraxial block, as altered coagulation and low platelet count have been described in these patients. Communication goals should be to avoid category 1 (emergent) C-sections, as emergencies can make it difficult to prevent viral transmission. Protocols for transfer of a patient (e.g. to the operating and recovery areas) should be in place to minimize exposures. When general anesthesia is needed, providers should use enhanced PPE, including the use of FFP2/N95 mask, face shield, gown and double gloves. The final consideration the authors make is that COVID-19 obstetric patients are thought to present a higher thrombotic risk than general population. Although there are no clear recommendations yet in obstetric patients, prophylactic doses of low molecular weight heparin (LMWH) should be considered.	In this commentary, the authors provide recommendations regarding anesthetic care during labor for patients with suspected or confirmed COVID-19. They recommend that neuraxial blocks be first line anesthetic techniques, and special attention should be paid to the risk of thrombosis.	Guasch E, Brogly N, Gilsanz F. COVID in obstetrics: labor analgesia and cesarean section. <i>Curr Opin Anaesthesiol.</i> 2021;34(1):62-68. doi:10.1097/ACO.0000000000000949
DiGeorge Syndrome, COVID-19, children, primary immunodeficiency	1-Feb-21	DiGeorge Syndrome and COVID-19 in Two Pediatric Patients [Abstract Only]	Journal of Allergy and Clinical Immunology	Case Report	The authors present 2 cases of children with DiGeorge syndrome and COVID-19. The patients tested positive for the SARS-CoV-2 via RT-PCR test. The first patient is a 12-year-old female who presented with headache and vomiting. She had T-cell lymphocytopenia, congenital heart disease, VP shunt, hypogammaglobulinemia, and monthly immunoglobulin replacement. Brain CT scan and shunt series were normal. She was treated with supportive care. She tested positive for SARS-CoV-2 at the 3 weeks follow-up, although asymptomatic. The second patient is a 13-year-old Hispanic male with obesity and congenital heart disease, with immediate family members diagnosed	The authors present 2 cases of a 12-year-old female and a 13-year-old Hispanic male with DiGeorge syndrome and COVID-19. These cases show that primary immunodeficient patients may not always be at increased risk of severe COVID-19.	Fallatah E, Chang Y, Calderon J, et al. DiGeorge Syndrome and COVID-19 in Two Pediatric Patients. <i>J Allergy Clin Immunol.</i> 2021;147(2):AB66. doi:10.1016/j.jaci.2020.12.261

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					with COVID-19. He also tested positive for SARS-CoV-2 via RT-PCR. He had normal T-lymphocytes and low IgM, and remained asymptomatic. Both patients had history of normal mitogens. These 2 cases showed that primary immunodeficient patients may not always be at increased risk of severe COVID-19. Further research is needed to better understand the risk factors in pediatric patients with primary immunodeficiency and COVID-19.		
Retrospective study, mental health, allergy, children, COVID-19	1-Feb-21	Going Beyond Virus Biology: COVID-19's Impact on the Mental Health of Pediatric Populations in an Allergy Community [Abstract Only]	Journal of Allergy and Clinical Immunology	Original Research	This is a retrospective study of mental health in children with allergic diseases affected by COVID-19 in the United States. The authors used a 12-point questionnaire for children aged 4-11 years and a 16-point questionnaire for children aged 12-17 years to evaluate their mental health. Data was collected from April to November 2020 in a community-based Allergy clinic. Mental Health and Anxiety Questionnaires (MHAQ) were based on a scale of 1 (not at all agree) to (extremely agree). 88 children and 57 teens participated, and the scores were compared using analysis of variance (ANOVA) and a two-tailed t-test. Young children were found to have significantly better mean MHAQ scores compared to teens (44.5 vs. 58.78; t(143) = -5.44; p<0.05). This study showed that older children experienced higher levels of anxiety than younger children from the impact of COVID-19 isolation. Age was shown to be a significant factor in contributing to anxious thoughts and behaviors. Appreciating these differences will assist allergy consultants to be more sensitive to the impact on mood during counseling of allergic conditions, especially in older children, as they have higher levels of anxiety pre-COVID-19.	This is a retrospective study of mental health in 88 children and 57 teens with allergic disease who were affected by COVID-19 in the United States. Findings showed that older children experienced higher levels of anxiety than younger children from the impact of COVID-19 isolation. Allergy consultants should be more sensitive to the impact on mood during counseling of allergic conditions, especially in older children, as they have higher levels of anxiety pre-COVID-19.	Ohayon J, Gyaltsen T, Seto T, et al. Going Beyond Virus Biology: COVID-19's Impact on the Mental Health of Pediatric Populations in an Allergy Community. Journal of Allergy and Clinical Immunology. 2021;147(2):AB242. doi:10.1016/j.jaci.2020.12.028
COVID-19, children, rheumatic diseases, corticosteroids	1-Feb-21	Covid-19 in Children with Rheumatic Diseases in the Spanish National Cohort EPICO-AEP	The Journal of Rheumatology	Letter to the Editor	This article describes Rheumatic Diseases (RD)'s prevalence among children younger than 18 years old with SARS-CoV-2 infection at 49 hospitals in Spain. 350 children were admitted to the hospital by June 30, 2020, of which 48 (13.7%) required ICU admission, 4 (1.1%) died. 8 (2.2%) children had RD history, of which 5 (62.5%) were poorly controlled. The median age was 12.1 years (Interquartile range (IQR) 8.3-14.5), and all were female. 1 out of 8 RD patients (12.5%) died due to refractory septic shock associated with severe juvenile dermatomyositis and progressive interstitial lung disease that required mechanical ventilation. 1 patient had deep vein thromboses with pulmonary bacterial superinfection, and another patient had an adrenal hemorrhage. Studies in adults with well-controlled RD showed that individuals with immune-mediated inflammatory diseases and biologic agents had a similar risk of being infected by SARS-CoV-2 compared to the general population. However, active disease, immunosuppressants agents, methotrexate, and rituximab therapy possibly increase hospitalization risk. 2 patients had co-occurrences of COVID-19 and RD, suggesting that COVID-19 triggers RD. Overall, disease evolution has been moderately favorable with one fatality. More prospective studies are needed to characterize risk factors in this population.	This article describes Rheumatic Diseases' prevalence among children younger than 18 years old with SARS-CoV-2 infection at 49 hospitals in Spain. The disease evolution has been moderately favorable, with one fatality. Active disease and immunosuppressants may increase hospitalization risk.	Calvo C, Udaondo C; Rheumatic Diseases EPICO-AEP Working Group. Covid-19 in Children with Rheumatic Diseases in the Spanish National Cohort EPICO-AEP [published online, 2021 Feb 1]. J Rheumatol. 2021. doi:10.3899/jrheum.201548

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COVID-19, lung ultrasound, children, future research	1-Feb-21	Lung ultrasound for evaluation of pediatric COVID-19 infection: What we already know, what we need to investigate now, and what we can expect in the future	Pediatric Pulmonology	Editorial	This editorial describes the role of lung ultrasound in evaluating SARS-CoV-2 infection in children, mainly from Musolino et al. 2020 study. Given its non-invasive, radiation-free, and real-time features, ultrasound is technically feasible in detecting pleuropulmonary abnormalities associated with COVID-19, such as peripheral consolidations and pleural effusions—through the presence of B lines, consolidations, and effusions. The authors compare the ultrasound's safety to the potentially harmful ionizing radiation exposure of chest X-ray and CT scan. The suggested future research areas are: 1) investigating the utility and accuracy of ultrasound including the ability to assess lung abnormalities thoroughly in children with COVID-19; 2) confirming 2 pleural abnormalities—pleural irregularities and uncomplicated pleural effusions—that are present in COVID-19 patients and conducting the study with less selection bias and larger patient population; 3) identifying the clinical status and changes in ultrasound findings between disease severity and various time points of infection (acute, subacute, resolution, and follow-up). With the increasing MIS-C cases, heart ultrasound (echocardiogram) is crucial in assessing heart failure, coronary artery dilatation, pulmonary edema, and pleural effusion.	This editorial describes the role of lung ultrasound in evaluating SARS-CoV-2 infection in children. The authors compare the utilities and safety of ultrasound to other imaging modalities and describe 3 potential future research areas regarding lung ultrasound and COVID-19.	Lee EY, Winant AJ. Lung ultrasound for evaluation of pediatric COVID-19 infection: What we already know, what we need to investigate now, and what we can expect in the future [published online, 2021 Feb 1]. <i>Pediatr Pulmonol.</i> 2021; doi:10.1002/ppul.25281
Counseling; COVID-19Vaccination; Informed Consent; Shared Decision Making; breastfeeding	1-Feb-21	Professionally Responsible COVID-19 Vaccination Counseling of Obstetric/Gynecologic Patients: Counseling Patients about COVID-19 Vaccination	American Journal of Obstetrics and Gynecology	Clinical Opinion	This clinical opinion focuses on determining the most effective approach in counseling patients who are pregnant, planning to become pregnant, breastfeeding or planning to breastfeed about COVID-19 vaccination. There is evidence that a health care provider's recommendation for vaccination is the most important factor in maternal decision-making. The authors acknowledge that barriers to this process include a limited evidence base, documented increased risk of severe COVID-19 in pregnant patients, conflicting guidance from government agencies and professional associations, false information about COVID-19 vaccines, and maternal mistrust and vaccine hesitancy. The authors state that when providing professionally responsible COVID-19 vaccine counseling, it is important to use available data to weigh benefits and risks of the vaccine. They report that in evidence-based clinical judgment, documented benefits and risks of COVID-19 vaccination for pregnant patients count more than theoretical risks and harms. Further, they state that there is a very low incidence of complications from vaccination, and these have been transient and treatable. The authors also emphasize the importance of empowering patients to make informed decisions. In counseling women who are breastfeeding or planning to breastfeed, the authors discuss that there is no evidence that the vaccine contaminates breast milk; they acknowledge that the biopsychosocial benefits for the neonatal patient are well-established, and SARS-CoV-2 antibodies have been detected in breastmilk in infected patients, potentially providing additional immunity to the newborn. If a patient refuses vaccination,	This article focuses on determining the most effective approach in counseling patients who are pregnant, planning to become pregnant, breastfeeding or planning to breastfeed about COVID-19 vaccination. Barriers to this process include a limited evidence base, documented increased risk of severe COVID-19 in pregnant patients, conflicting guidance, false information about COVID-19 vaccines, and maternal mistrust and vaccine hesitancy.	Chervenak FA, McCullough LB, Bornstein E, et al. Professionally Responsible COVID-19 Vaccination Counseling of Obstetric/Gynecologic Patients about COVID-19 Vaccination. <i>American Journal of Obstetrics and Gynecology.</i> 2021. doi:10.1016/j.ajog.2021.01.027

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					the provider should ask the patient to express their hesitation and reasons for it, and respectfully address them.		
COVID-19, pandemic, critical care, pediatric critical care, hybrid critical care	1-Feb-21	A Hybrid Model of Pediatric and Adult Critical Care During the Coronavirus Disease 2019 Surge: The Experience of Two Tertiary Hospitals in London and New York	Pediatric Critical Care Medicine	Original Research	In this retrospective cohort study, a hybrid model of adult and pediatric critical care was evaluated at 2 pediatric ICUs (PICUs) during a COVID-19 surge March 25–May 14, 2020: King’s College Hospital (KCH) in London and Morgan Stanley’s Children Hospital (MSCH) in New York. The KCH PICU admitted 23 non-COVID-19 adult patients, median age 53 years (range 19–77) and 25 critically ill children, 4 COVID-19 positive, median age 3 years (range 6 months to 17 years). The MSCH PICU admitted 46 adults, 30 COVID-19 positive, median age 24.4 years (18–52), while caring for 40 children with SARS-CoV-2 and 125 non-COVID-19 patients, median age 3 years (range 2 months to 17 years). Catering to the different physical, emotional, and social needs of children and adults by the same PICU team was challenging. Gaps in knowledge on age-appropriate equipment, medication dosages, and adult policies were identified early in the hospital’s response. The care of pediatric patients with severe non-coronavirus disease was maintained. Retention of critical specialists allowed for 9 and 4 pediatric solid organ transplants at KCH and MSCH, respectively, during the study period. The authors conclude that a dynamic hybrid model remains an effective response to the changing demand for critical care beds, providing increased capacity for adult patients while providing ongoing specialist pediatric services.	This retrospective cohort study evaluates 2 PICU’s that expanded their services to adult critical care during the peak of the COVID-19 surge March 25-May 14, 2021. The authors conclude that a dynamic hybrid model remains an effective response to the changing demand for critical care beds, providing increased capacity for adult patients while providing ongoing specialist pediatric services.	Deep A, Knight P, Kernie SG, et al. A Hybrid Model of Pediatric and Adult Critical Care During the Coronavirus Disease 2019 Surge: The Experience of Two Tertiary Hospitals in London and New York. <i>Pediatr Crit Care Med.</i> 2021;22(2):e125-e134. doi:10.1097/PCC.0000000000002584
COVID-19; olfactory dysfunction; gustatory dysfunction; children; paediatric population	1-Feb-21	Olfactory and Gustatory dysfunction in Pediatric Population with Coronavirus Disease (COVID-19)	Journal of Investigational Allergology and Clinical Immunology	Article	In this retrospective study of pediatric SARS-CoV-2 cases confirmed by RT-PCR from March 20- July 13, 2020 in Spain, 30 patients and their parents were interviewed about smell and taste disorders after recovery. The children included in this study had symptomatic COVID-19 and had a mean age of 11.1 years \pm 3.1 (age range: 9-12.25 years); 8 reported olfactory or gustatory dysfunction (OGD). Of those with OGD, 6 (75%) were male, 1 had mild COVID-19, 4 moderate diseases, and 3 had severe COVID-19, 3 (37.5%) experienced gustatory dysfunctions only, and 5 (62.5%) had both OGD. All 5 of the children with both OGD classified the loss of smell and taste as severe. The 8 children with OGD (mean age 12.6 years \pm 2.7 years; range 11-15.25years) were slightly older than the 22 without any OGD (mean age 10.6 years \pm 3.1 years; range 10-12 years). There was no difference identified between the severity of COVID-19 and symptoms of OGD. OGD was transient in all the patients, olfactory dysfunction had a median duration of 45 days (range 15-120 days), and gustatory dysfunction had a median duration of 10 days (5-120 days). OGD was never the only symptom of COVID-19, 25% developed OGD before other symptoms, and 75% developed OGD concurrently with other COVID-19 symptoms. The authors state that OGD had a low prevalence in children with COVID-19, and OGD symptoms were not an early predictor.	In this retrospective study of pediatric SARS-CoV-2 cases confirmed by RT-PCR in Spain from March 20- July 13, 2020, 30 patients and their parents were interviewed about smell and taste disorders after recovery.	Bernaola Abairra M, Bartha De Las Peñas I, López-Araujo GA, et al. Olfactory and Gustatory dysfunction in Pediatric Population with Coronavirus Disease (COVID-19) [published online, 2021 Feb 1]. <i>J Investig Allergol Clin Immunol.</i> 2021;0. doi:10.18176/jiaci.0677

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COVID-19; asthma; pediatrics; remote monitoring; technology	1-Feb-21	Paediatric and Adolescent Asthma: A Narrative Review of Telemedicine and Emerging Technologies for the Post COVID-19 Era	Clinical and Experimental Allergy	Review	This narrative review examined evidence regarding the role of telemedicine and related emerging technologies in pediatric and adolescent asthma care for the post-COVID-19 era. The authors conducted searches on Cochrane, PubMed, CINAHL, ERIC and Embase using MeSH terms and keywords related to asthma and telemedicine in June 2020, limiting studies to those conducted in the previous 20 years, such that internet connectivity and communications technology would be most similar to that available today. Although there are gaps in the current knowledge, there is evidence demonstrating the important role of telemedicine in management of childhood and adolescent asthma. However, healthcare researchers and policymakers need to urgently focus on improving technologies and address the disparities in accessing novel technology-based management strategies to improve asthma care. In particular, technology's role in reducing asthma attacks and improving asthma control, use by ethnic minority groups, and comparison of cost-effectiveness with traditional face-to-face healthcare all need to be explored in both primary and secondary health care systems. The views of children, young people, parents, and health care providers should be evaluated rigorously.	This narrative review examined evidence regarding the role of telemedicine and related emerging technologies in pediatric and adolescent asthma care for the post-COVID-19 era. Although there are gaps in the current knowledge, there is evidence demonstrating the importance of telemedicine in management of childhood and adolescent asthma. However, healthcare researchers and policymakers need to improve technologies and address disparities in accessing technology-based management strategies, to improve asthma care.	Davies B, Kenia P, Nagakumar P, et al. Paediatric and Adolescent Asthma: A Narrative Review of Telemedicine and Emerging Technologies for the Post COVID-19 Era. Clin Exp Allergy. 2021. doi:10.1111/cea.13836.
COVID-19; community protection; immunization; pediatrics	1-Feb-21	The Importance of Advancing Severe Acute Respiratory Syndrome Coronavirus 2 Vaccines in Children	Clinical Infectious Diseases	Article	The authors detail considerations for vaccine clinical trials and potential barriers to the implementation of widespread vaccination, and argue why children would be an ideal target population for SARS-CoV-2 vaccination. Planning for SARS-CoV-2 vaccine clinical trials in children should begin now, and studies should be implemented as soon as preliminary data are available about safety in adults. Children are more likely to be asymptomatic or have milder symptoms, and less likely to present for healthcare and be tested for SARS-CoV-2. Thus, current estimates are likely under-representative of the true burden of SARS-CoV-2 in children. Given the potential direct benefit of a SARS-CoV-2 vaccine in children and the substantial indirect benefit through community protection, or "herd immunity," planning and implementation of SARS-CoV-2 vaccines should include children. Furthermore, community protection occurred after widespread implementation of prior childhood vaccines against Streptococcus pneumoniae, rubella, and rotavirus. In the setting of a very limited initial supply of vaccine, it may be better to focus vaccination efforts using a standard dose of vaccine on the close contacts of high-risk individuals, assuming such contacts will make a more effective immune response to SARS-CoV-2 vaccines, and particularly if further evidence supports the role of children in community transmission. Thus, if determined to be safe and immunogenic, SARS-CoV-2 vaccine should be integrated into childhood immunization programs.	The authors detail considerations for vaccine clinical trials and potential barriers to the implementation of widespread vaccination, and argue why children would be an ideal target population for SARS-CoV-2 vaccination. The current estimates are likely under-representative of the true burden of SARS-CoV-2 in children. Given the potential direct benefit of a SARS-CoV-2 vaccine in children and the substantial indirect benefit through community protection, or "herd immunity," planning and implementation of SARS-CoV-2 vaccines should include children.	Kao CM, Orenstein WA, Anderson EJ. The Importance of Advancing Severe Acute Respiratory Syndrome Coronavirus 2 Vaccines in Children. Clin Infect Dis. 2021;72(3):515-518. doi:10.1093/cid/ciaa712.
COVID-19; neonatal; perinatal;	1-Feb-21	Obstetric and neonatal literature is complex and	Ultrasound in Obstetrics and Gynecology	Correspondence	The authors comment on an article by Faure-Bardon et al. [doi:10.1002/uog.22178] that had reported the expression of the SARS-CoV-2 membrane receptor, ACE2, in different tissues during the fetal period, and had considered that the absence of ACE2 expression	The authors comment on an article by Faure-Bardon et al. [doi:10.1002/uog.22178] that had reported the expression of	Vivanti AJ, De Luca D, Raschetti R, et al. Obstetric and neonatal literature is complex and should be

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obstetric; literature		should be merged to understand perinatal SARS-CoV-2 infection			in the brain (among other tissues) was reassuring regarding the risks of congenital infection, fetal malformation, and perinatal morbidity. The authors of this correspondence suggest that it is too early to assume that fetal and neonatal infections have no consequences and believe that relevant neonatal literature on the topic should be considered. They also highlight several biases in the methodology that had been used. Not all studied cases were tested for SARS-CoV-2, and the study only assumed they were negative. In the reported cases, the fetuses carried significant brain malformations, which may not be the best models for the study of gene expression in the brain. Moreover, brain ACE2 expression was not studied in the pediatric control patients. The choice to analyze the expression of a protein in the brain after 20 weeks of gestation is also debatable, since the brain develops rapidly at the end of the second trimester of pregnancy. The absence of ACE2 expression in the brain does not rule out the development of neurological manifestations, since the latter are due to endothelial cell damage and induced vascular inflammation, as seen in adult patients.	the SARS-CoV-2 membrane receptor, ACE2, in different tissues during the fetal period, and had considered that the absence of ACE2 expression in the brain (among other tissues) was reassuring regarding the risks of congenital infection, fetal malformation, and perinatal morbidity. The authors of this correspondence suggest that it is too early to assume that fetal and neonatal infections have no consequences and believe that relevant neonatal literature on the topic should be considered, while highlighting several biases in the methodology.	merged to understand perinatal SARS-CoV-2 infection. Ultrasound Obstet Gynecol. 2021;57(2):351-352. doi:10.1002/uog.23582.
COVID-19, children, MIS-C, fever, IVIG, Intravenous Immunoglobulins, Methylprednisolone	1-Feb-21	Association of Intravenous Immunoglobulins Plus Methylprednisolone vs Immunoglobulins Alone With Course of Fever in Multisystem Inflammatory Syndrome in Children	Journal of the American Medical Association (JAMA)	Original Research	This retrospective cohort study from the French national surveillance system compared MIS-C treatment outcomes between a group receiving IV immunoglobulin (IVIG) plus methylprednisolone, and a group receiving IVIG alone. From 1 April 2020 to 6 January 2021, 111 children (52% female; median age 8.6 years, interquartile range 4.7-12.1) fulfilled the WHO definition of MIS-C. The primary outcome was the persistence of fever 2 days after the introduction of initial therapy, which defined treatment failure. Overall, 3/34 children (9%) in the IVIG-and-methylprednisolone group and 37/72 (51%) in the IVIG-alone group did not respond to treatment. Treatment with IVIG and methylprednisolone was associated with a lower risk of treatment failure (absolute risk difference -0.28, 95% CI -0.48, -0.08; OR 0.25, 95%CI 0.09-0.70; p=0.008). IVIG and methylprednisolone therapy was also associated with a lower risk of needing second-line therapy (absolute risk difference -0.22, 95% CI -0.40, -0.04; OR 0.19, 95%CI 0.06-0.61; p=0.004), needing hemodynamic support (absolute risk difference -0.17, 95% CI -0.34, -0.004; OR 0.21, 95%CI 0.06-0.76; p=0.01), acute left ventricular dysfunction after initial therapy (absolute risk difference -0.18, 95% CI -0.35, -0.01; OR 0.20, 95%CI 0.06-0.66; p=0.008). Combination treatment was associated with shorter duration of stay in the pediatric ICU (difference in days -2.4, 95%CI -4.0, -0.7; p=0.005). Treatment with IVIG and methylprednisolone was associated with a more favorable fever course.	This is a retrospective cohort study in France from April 2020 to January 2021 that compared IV immunoglobulin (IVIG) plus methylprednisolone vs IVIG alone as initial MIS-C therapy. Combined treatment of IVIG and methylprednisolone was associated with a more favorable fever course.	Ouldali N, Toubiana J, Antona D, et al. Association of Intravenous Immunoglobulins Plus Methylprednisolone vs Immunoglobulins Alone With Course of Fever in Multisystem Inflammatory Syndrome in Children. JAMA. 2021 Feb 1. doi: 10.1001/jama.2021.0694. Epub ahead of print. PMID: 33523115.

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Pediatric, COVID-19, asthma, atopic disease	1-Feb-21	COVID-19 Severity in Hospitalized Pediatric Patients with Atopic Disease	Journal of Allergy and Clinical Immunology	Abstract	The objective of this article was to determine if pediatric patients with asthma or atopic disease had altered risk for severe disease when hospitalized with COVID-19. Retrospective chart reviews were conducted for 49 confirmed SARS-CoV-2-positive patients from March 1 - July 31, 2020 for history of asthma and atopic disease, as well as markers of severe COVID-19 including ICU admission, supplemental oxygen, and intubation. Results indicated that of the admitted patients, 6 patients (12%) had asthma and 18 (37%) atopic disease. ICU admission rate for asthma versus non-asthma was 17% versus 12% (p=0.78), respectively. ICU admission rate for atopic versus non-atopic was 17% versus 6.4% (p=0.32). Supplemental oxygen rates were 17% versus 16% asthma versus non-asthma (p=0.98), and 22% versus 13% atopic versus non-atopic (p=0.43). Only 2 patients required intubation, and both had atopic dermatitis. The authors concluded that COVID-19 markers for disease severity did not differ based on asthma or atopic status in pediatric patients.	The authors of this paper sought to determine if pediatric patients with asthma or atopic disease had increased risk for severe COVID-19 disease presentation. The authors concluded that there was no difference in COVID-19 severity in asthmatic or atopic status pediatric patients.	Timberlake D, Scherzer R, Prince B, et al. COVID-19 severity in hospitalized pediatric patients with atopic disease. J Allergy Clin Immunol. 2021;147(2, Supplement):AB79. doi: https://doi.org/10.1016/j.jaci.2020.12.302.
viral load; children; SARS-CoV-2	1-Feb-21	Viral Loads of SARS-CoV-2 in Young Children [Free Access to Abstract Only]	Journal of the American Medical Association (JAMA) Pediatrics	Response to Editor	This letter to the editor responds to Heald-Sargent et al., "Age-Related Differences in Nasopharyngeal Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Levels in Patients With Mild to Moderate Coronavirus Disease 2019 (COVID-19)," which reported that preschool and school-aged children have higher and similar SARS-CoV-2 RNA loads, respectively, compared to adults. The authors of this letter describe their recent assessment of viral loads (VL) among 400 patients [age descriptors not given]. They report no significant difference across ages, though they report higher copy numbers of SARS-CoV-2 in children aged 0-11 years than in teenagers and adults. They compare their values with those published in Heald-Sargent et al., and state a lack of comparability when using cycle threshold values of different systems. The authors state that VL can serve as a surrogate for infectiousness, and that threshold values for this have been established. Finally, they state that testing earlier in infection may explain the higher VL in younger children. The authors conclude with a call for additional research on SARS-CoV-2 in children, with an emphasis on data comparability.	This letter to the editor responds to another published article (Heald-Sargent et al.) comparing SARS-CoV-2 viral load across ages. The authors cite a lack of comparability from Heald-Sargent et al. to their own viral load data and discuss possible reasons for the differences.	L'Huillier, A. G., Baggio, S., & Eckerle, I. (2021). Viral Loads of SARS-CoV-2 in Young Children. JAMA pediatrics, 10.1001/jamapediatrics.2020.5548. https://doi-org.proxy1.library.jhu.edu/10.1001/jamapediatrics.2020.5548
Children, pediatrics, emergency, acuity, transport	1-Feb-21	Impact of the COVID-19 Outbreak on Trends in Emergency Department Utilization in Children: a Multicenter Retrospective Observational Study in Seoul	Journal of Korean Medical Science	Original Research	This multicenter retrospective study in Seoul, Korea sought to understand the changes in pediatric emergency department (ED) visit patterns during the COVID-19 pandemic. The authors compared a COVID-19 pandemic period from February 1-May 31, 2020 to a reference period from February 1- May 31, 2019. Patients 0-18 years of age were divided into 4 groups by age: < 2 years, 2-5 years, 6-11 years, and 12-17 years. A total of 33,752 and 14,157 patients visited the ED during the reference period and the COVID-19 period, respectively, with a 58.1% (95% CI, 57.2%–58.9%) decline. The number of patients decreased the most for those 2-5 years of age (66.5%, p<0.001), while the number decreased the least for those 12-17 years of age (46.3%). There were disproportionately greater decreases in low-acuity (triage level 3–5) patients (55.2%–63.8%	The authors assessed changes in pediatric emergency department visits in Seoul Korea from February-May 2020 during the COVID-19 pandemic compared to the year prior. They observed a 58.1% decline in overall visits for children 0-18 years of age, with the greatest decline in visits for children 2-5 years of age. They also observed an increase in the proportion of patients who were admitted.	Choi DH, Jung JY, Suh D, et al. Impact of the COVID-19 Outbreak on Trends in Emergency Department Utilization in Children: a Multicenter Retrospective Observational Study in Seoul Metropolitan Area, Korea. J Korean Med Sci. 2021;36(5):e44. Published 2021 Feb 1. doi:10.3346/jkms.2021.36.e44

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		Metropolitan Area, Korea			decrease, $p < 0.001$), those who did not use an ambulance (59.0% decrease, $p < 0.001$), and those who came to the ED for noninjury complaints (64.9% decrease, $p < 0.001$). The proportion of admitted patients increased from 11.9% to 16.6%, while the proportion of discharged patients decreased from 86.9% to 81.8% ($p < 0.001$). The authors conclude that these results demonstrate a striking decrease in pediatric ED visits observed during the COVID-19 outbreak in Seoul, Korea.		
COVID-19; Children; Comorbidity; Inpatients; SARS-CoV-2 Infection	1-Feb-21	A case series of children and young people admitted to a tertiary care hospital in Germany with COVID-19	BioMed Central (BMC) Infectious Diseases	Case Series	This is a prospective observational study at the University Children's Hospital Tuebingen in southern Germany. The authors assessed clinical and virology data from 14 children (aged 0-18 years old) admitted with COVID-19 between March and November 2020. One patient was admitted a second time with COVID-19, 6 months after initial disease. Reported symptoms included fever, respiratory symptoms, gastro-intestinal symptoms, orbital swelling, and leg discoloration. C-reactive protein was elevated in 8/15 cases. 4 cases were diagnosed with MIS-C, and 2 patients were admitted to the pediatric ICU. The median hospital length of stay was 5 days (IQR 2, 11.5). All patients were discharged alive with no or mild residual symptoms. However, an 18-year-old male died at home 11 days after discharge. An autopsy revealed diffuse cerebral vasculitis of leptomeningeal and parenchymal blood vessels and myocarditis, presumably related to COVID-19. Children with underlying medical conditions might be more cautious and less exposed to COVID-19; however, they appear more prone to severe courses of disease. Immuno-suppressed patients may be at risk for extended viral shedding or re-infection. A limitation of this study is that findings may be un-generalizable, due to the small number of cases and a high proportion of high-risk patients. Further research is needed to improve COVID-19 prevention and management in children with underlying diseases.	This is a prospective observational study that assessed clinical and virology data on 14 COVID-19 patients admitted between March and November 2020 at a children's hospital in southern Germany. Children with underlying health conditions appear more prone to a severe course of the disease.	Remppis J, Ganzenmueller T, Kohns Vasconcelos M, et al. A case series of children and young people admitted to a tertiary care hospital in Germany with COVID-19. BMC Infect Dis. 2021;21(1):133. doi:10.1186/s12879-021-05791-8
COVID-19, SARS-CoV-2, United States, pediatric, public health, symptoms	1-Feb-21	COVID-19 in Pediatric Patients: Observations from the Initial Phase of the Global Pandemic in Rhode Island	Rhode Island Medical Journal	Original Research	This is a retrospective chart review of Emergency Department (ED) encounters for patients ≤ 21 years old who received a SARS-CoV-2 RT-PCR test 9 April-7 May 2020 in Rhode Island, USA. Of the 729 children tested for SARS-CoV-2, 81 (11%) tested positive. 546/729 (75%) of patients were symptomatic at the time of testing. 14% of the symptomatic patients tested positive, compared to 3% of the asymptomatic patients. 94% of SARS-CoV-2 cases occurred in symptomatic patients. Among SARS-CoV-2-positive patients, 74% had a constitutional symptom, and 72% had an upper respiratory symptom. Concurrent medical diagnoses among SARS-CoV-2-positive patients included, but were not limited to, seizures, pneumonia, asthma exacerbation, and pharyngeal Group A Streptococcus infection. Children with constitutional [aOR=5.4, 95% CI 3.1-9.5] or upper respiratory symptoms [aOR=3.9, 95% CI 2.3-6.6] had increased odds of testing positive for SARS-CoV-2. Greater than half of the SARS-CoV-2-positive patients reported a SARS-CoV-2-positive close	This descriptive study from 9 April-7 May 2020 details the pediatric population's experience during the first wave of the pandemic in Rhode Island, United States. The disproportionately large COVID-19 burden among minority communities warrants public health policies and support to combat inequities.	Levin RA, Tsao HS, Amanullah S, et al. COVID-19 in Pediatric Patients: Observations from the Initial Phase of the Global Pandemic in Rhode Island. R I Med J. 2021 Feb 1;104(1):55-60. PMID: 33517602.

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					contact, highlighting the easy spread of infection through close contacts. Hispanic children had increased odds of testing positive compared to non-Hispanic white children [aOR=4.9, 95% CI 2.6-8.9]. 67% of non-Hispanic white SARS-CoV-2-positive patients were discharged home from the ED, compared to 85% of Hispanic and 75% of non-Hispanic black patients. The disproportionately large COVID-19 burden among minority communities emphasizes the need for targeted advocacy and public health efforts.		
COVID-19, case study, abstract, MIS-C, treatment, management	1-Feb-21	Multi-system Inflammatory syndrome in Children (MIS-C): An evolving presentation of COVID-19 in the pediatric population: A Florida State experience and our management approach	Journal of Allergy and Clinical Immunology	Abstract	In this abstract, the authors describe the diagnosis and management of MIS-C in Florida of a 2-year-old African-American male. A Western New York Approach to diagnostic criteria (Fever>24 hours, illness requiring hospitalization, laboratory evidence of inflammation, >2 organ system involvement and no alternative plausible diagnosis with COVID-19 positivity/exposure) and treatment recommendations were followed. The patient presented with fever, rash, and bilateral eye redness for 5 days with prior SARS-COV-2 exposure confirmed by positive serum IgG. Clinical findings included features of a Kawasaki disease (KD)-like illness with bilateral bulbar injection, pharyngitis, polymorphous rash, erythema of palms and soles, and unilateral cervical lymphadenopathy. The patient had elevated inflammatory markers, elevated D-dimer and fibrinogen, and hypoalbuminemia. He also had elevated brain natriuretic peptide with a normal echocardiogram, meeting MIS-C criteria of remote infection with predominant KD features. He was treated with low dose aspirin, IV immunoglobulin, and IV methylprednisolone. He improved and was discharged after 7 days of hospitalization. The authors conclude that recognition of MIS-C in its early stages is critical. However, in the absence of standardized management guidelines, treatment is challenging. Therefore, the authors state that global reporting of the detection and management of these cases is essential for developing a definitive management standard.	This abstract presents a case study of a 2-year-old boy in Florida meeting MIS-C criteria of remote infection with predominant Kawasaki disease features, following a Western New York Approach to management and treatment. The authors conclude that recognition of MIS-C in its early stages is critical, but without standardized management guidelines, treatment is challenging. Therefore, they recommend global reporting of the detection and management of these cases, to help develop a definitive management standard.	Karim F, Makebish M, Agarwal P, et al. Multi-system Inflammatory syndrome in Children (MIS-C): an evolving presentation of COVID-19 in the pediatric population: A Florida State experience and our management approach. Journal of Allergy and Clinical immunology. 2021;147(2)supplement: Page AB77. https://doi.org/10.1016/j.jaci.2020.12.298
SARS-CoV-2, COVID-19, mild, isolation, caregiver	1-Feb-21	Limited Benefit of Facility Isolation and the Rationale for Home Care in Children with Mild COVID-19	Journal of Korean Medical Science	Brief Communication	This article assesses the usefulness of facility isolation and transmissibility of severe acute SARS-CoV-2 infected children to uninfected caregivers in isolation units at a hospital and a residential treatment center in Seoul, South Korea (August 6 - November 14, 2020). 53 children with COVID-19 (age range 0-18 years, median 4 years) who were mildly ill or asymptomatic and isolated for a median duration of 12 days were analyzed in the study. Children were isolated with a caregiver in case of need. Uninfected caregivers were advised to use PPE, and the infected child was encouraged to wear a facemask. The uninfected caregivers' nasopharyngeal swabs were tested for SARS-CoV-2 before their child's end of isolation and two weeks after the isolation was lifted. Of the study participants, 15 were isolated with a single uninfected caregiver who had frequent close contact with their child, of which 10 were <5 years old and were unable to follow the safety guidelines strictly. None of the uninfected caregivers were infected by their child so long as they used face	The authors assessed the usefulness of facility isolation and transmissibility of severe acute SARS-CoV-2 infected children to uninfected caregivers in isolation units at a hospital and residential treatment center in Seoul. Among 15 uninfected caregivers isolated with an infected child, none became infected when they used facemasks and practiced hand hygiene. These findings suggest that children with mild COVID-19 could safely be cared for in a home setting	Yun KW, Kim KM, Kim YK, et al. Limited Benefit of Facility Isolation and the Rationale for Home Care in Children with Mild COVID-19. J Korean Med Sci. 2021;36(5):e45. Published 2021 Feb 1. doi:10.3346/jkms.2021.36.e45

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					masks and practiced hand hygiene. The authors suggest children with mild COVID-19 may be cared for safely in home settings with adherence to the preventive measures of wearing facemasks and practicing hand hygiene. Children may benefit psychologically by staying at home, without increased risks for clinical deterioration or transmission of the virus to family members.	as long as caregivers use facemasks and proper hand hygiene.	
COVID-19, infertility, pregnancy, fear	1-Feb-21	Fear of novel coronavirus disease (COVID-19) among pregnant and infertile women in Japan	Journal of Affective Disorders Reports	Original Research	The objective of this study was to determine the fear of COVID-19 among Japanese pregnant and infertile patients amid the COVID-19 pandemic. An online survey consisting of 292 pregnant Japanese women (age range 23-42 years) and 13 Japanese women (age range 33-43 years) undergoing fertility treatment was conducted from May 19 - June 6, 2020. Questions were adapted from the Fear of COVID-19 Scale (FCV-19S), which gives a possible score of 7-35, with a higher score indicating more anxiety. Results indicated that pregnant Japanese women (mean FCV-19S score 22.96, SD 5.69) had higher levels of fear than Japanese fertility patients (mean score 18.23, SD 5.10; $p=0.006$). Additionally, fear of COVID-19 in the women was positively associated with stockpiling ($p = 0.046$) and health monitoring ($p = 0.001$), and increased use of websites and social networking was associated with lower fear of COVID-19 ($p = 0.011$). The authors note that due to the design of the study, it was not possible to determine the causal relationship between fear of COVID-19 and related factors. They concluded that pregnant women in Japan have high levels of fear towards COVID-19, and that appropriate information on websites and social networking sites may be effective in alleviating some of their fear.	The authors investigated the fear of COVID-19 in Japanese pregnant and infertile women. They concluded that pregnant women in Japan have higher fear of COVID-19 than infertile women, and that online information can alleviate some of this fear.	Asai K, Wakashima K, Toda S, et al. Fear of novel coronavirus disease (COVID-19) among pregnant and infertile women in Japan. Journal of Affective Disorders Reports. 2021;4:100104. doi: https://doi.org/10.1016/j.jadr.2021.100104 .
Youth experiencing homelessness (YEH); SARS-CoV-2; adolescents; public health strategies	1-Feb-21	Youth Experiencing Homelessness During the COVID-19 Pandemic: Unique Needs and Practical Strategies From International Perspectives	Journal of Adolescent Health	Commentary	In this review article, the authors summarize the vulnerability of youth experiencing homelessness (YEH) during the COVID-19 pandemic and describe strategies to mitigate its impact. Factors that place youth at risk for homelessness include poverty, structural violence, racism, homophobia and civil unrest; poor health and exposure to SARS-CoV-2 are compounding factors. Furthermore, public health risk mitigation strategies for SARS-CoV-2 are difficult to adhere to for YEH as distancing, sheltering at home, and hygiene measures are nearly impossible for many who may be associated with congregate living, rough sleeping or couch-surfing. Youth living in low-income countries, unstable countries or war zones are uniquely vulnerable during this pandemic. Access to support for YEH may have been disrupted by the pandemic including shelters, outreach teams, adolescent health services, addiction supports, and schools. Several practical strategies have emerged to support YEH during the pandemic. These include extending housing at colleges/universities to prevent displacement, offering tenant protections or mortgage relief for families, and single-occupancy units with few barriers to access. Additionally, strategies for those living in congregate-living facilities, which could increase viral transmission, include expanded access to testing, universal use of face masks, education on hand hygiene, and	In this review article, the authors summarize the vulnerability of youth experiencing homelessness (YEH) during the COVID-19 pandemic and describe strategies to mitigate its impact. While some strategies exist, further strategies need to be implemented to address the social and health needs of YEH during this pandemic.	Gewirtz O'Brien JR, Auerswald C, English A, et al. Youth Experiencing Homelessness During the COVID-19 Pandemic: Unique Needs and Practical Strategies From International Perspectives. J Adolesc Health. 2021;68 (2), pp. 236-240. https://doi.org/10.1016/j.jadohealth.2020.11.005

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					<p>policies to increase social distancing. Internationally, some communities have expanded youth outreach, mobile health services, health fairs, testing and other social supports to support YEH. Further strategies need to be implemented to address the social and health needs of YEH during this pandemic.</p>		
<p>COVID-19; mechanical ventilation; noninvasive ventilation; respiratory technology; telemedicine; telemonitoring; Italy</p>	1-Feb-21	<p>Telemedicine in children with medical complexity on home ventilation during the COVID-19 pandemic</p>	<p>Pediatric Pulmonology</p>	Article	<p>This study examined the use of telemedicine for children with medical complexity (CMC) on home ventilation in Italy during the COVID-19 pandemic. 21 pediatric patients <18 years of age at a tertiary hospital, who were on long-term non-invasive (NIV) or invasive (IMV) ventilation and whose planned hospital admission was postponed due to the lockdown between March-May 2020, were followed via teleconsultation. The mean age (SD) was 9.15 (±4.59) years old [range not included]; 67% were male. Several chronic diseases affected the children: Down syndrome (n=2, 10%), neuromuscular diseases (n=5, 23%), obesity (n=1, 5%), parenchyma diseases (n=1, 5%), metabolic diseases (n=2, 10%), Prader-Willi syndrome (n=1, 5%), and central nervous system diseases (n=9, 42%). 13 patients (62%) were on NIV, while 8 patients (38%) were on IMV. Only 4 patients (19% of the total sample) were on a 24-hr ventilation regimen. 12 healthcare problems (n=6 ventilation problems, n=6 domiciliary assistance problems) were detected during scheduled teleconsultation. Only 1 problem was not resolved by remote intervention. None of the patients required an urgent admission due to the worsening of clinical conditions. Specifically, telemonitoring of ventilators allowed providers to change ventilator parameters and to monitor patients on ventilation remotely. Overall, the use of telemedicine in CMC ventilated patients was a feasible tool to avoid in-person visits during the pandemic.</p>	<p>This study examined the use of telemedicine for children with medical complexity (CMC) on home ventilation in Italy during the COVID-19 pandemic. Telemonitoring of ventilators allowed providers to change ventilator parameters and to monitor patients on ventilation remotely. Overall, the use of telemedicine in CMC ventilated patients was a feasible tool to avoid in-person visits during the pandemic.</p>	<p>Onofri A, Pavone M, De Santis S, et al. Telemedicine in children with medical complexity on home ventilation during the COVID-19 pandemic. <i>Pediatr Pulmonol</i>. 2021. doi:10.1002/ppul.25289.</p>
<p>COVID-19; SARS-CoV-2; pediatric; children; comorbidities; asthma; immunocompromise</p>	1-Feb-21	<p>Risk Factors for Severe COVID-19 in Children [Free Access to Abstract Only]</p>	<p>The Pediatric Infectious Disease Journal</p>	Original Research	<p>This study describes the epidemiology and risk factors for severe COVID-19 in children. The authors conducted a retrospective cohort study among 454 children (median age 11 years) with positive SARS-CoV-2 PCR from March-July 2020 in Colorado, USA. Risk factors for severe disease were analyzed as defined by hospital admission, respiratory support, or critical care. 55% of all patients identified as Hispanic compared with 29% among all hospital visits in 2019 (p<0.0001). Age 0–3 months or >20 years [adjusted OR (aOR) 7.85; p<0.0001 and aOR 5.1; p=0.03, respectively], preterm birth history (aOR 3.7; 0.03), comorbidities [including immunocompromise (aOR 3.5; p=0.004), gastrointestinal condition (aOR 2.7; p=0.009), diabetes (aOR 6.6; p=0.04), asthma (aOR 2.2; p=0.04)], and specific symptoms at presentation were predictors for admission. Ages 0–3 months or >20 years, asthma, gastrointestinal condition, and similar symptoms at presentation were also predictors for respiratory support. Elevated C-reactive protein (CRP) was associated with the need for critical care (median 17.7 mg/dL, IQR 5.3–22.9) versus no critical care (median 1.95 mg/dL, IQR 0.7–5.5) among patients requiring critical versus no critical care (OR 1.2; p=0.02). The authors concluded that extremes of</p>	<p>This study aimed to describe the epidemiology and risk factors for severe COVID-19 in children. Risk factors for severe disease in children included ages 0–3 months or >20 years, preterm birth history, elevated CRP, and comorbidities. This study's findings can inform pediatric providers and public health officials to tailor clinical management, pandemic planning, and resource allocation.</p>	<p>Graff K, Smith C, Silveira L, et al. Risk Factors for Severe COVID-19 in Children [published online 2021 Feb 1]. <i>Pediatr Infect Dis J</i>. 2021. doi:10.1097/INF.0000000000003043</p>

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					age, comorbid conditions, and elevated CRP are predictors of severe disease in children. These findings can inform pediatric providers and public health officials to tailor clinical management, pandemic planning, and resource allocation.		