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<i>This represents the final version (updated 30 April, 2021). New publications since our last update have been highlighted in blue.</i>							
behavior problems; health behavior; mental health; parent psychological functioning; public health; sleep	31-Jan-21	Sleep and Psychological Difficulties in Italian School-Age Children During COVID-19 Lockdown	Journal of Pediatric Psychology	Original Research	This cross-sectional study explored how the COVID-19 pandemic impacted the sleep of mothers and their school-age children in Italy. 299 mothers completed online surveys between April 1-9, 2020. Women answered for themselves and their child (mean age= 7.96 years, sd=1.36) - their youngest, if they had multiple. Mothers who continued working outside the home had less disruption to their sleep schedule, but regardless of work status, sleep quality decreased during lockdown (p<0.001). This decrease correlated positively with difficulty regulating emotions (p<0.001). In addition, mothers' emotional symptoms increased (p=0.003) and they reported slower passage of time during lockdown (p<0.001). Children with mothers who started working from home or stopped work during the pandemic were more likely to experience a shift in sleep schedule. Children had poorer sleep quality during lockdown (p=0.27), had more difficulty keeping track of time during lockdown (p=0.011) and felt more bored (p<0.001). Change in children's emotional symptoms was predicted by decreased sleep quality, increased boredom, and increase in their mother's emotional symptoms. The researchers recommend that future research should identify sources of community support available to mothers, and that families should try to maintain regular sleep and balance childcare between partners during lockdown.	This cross-sectional study explored how the COVID-19 pandemic impacted the sleep of mothers and their school-age children in Italy. Sleep quality decreased in both mothers and children, which was associated with difficulty regulating emotions, more emotional symptoms, and boredom.	Cellini N, Di Giorgio E, Mioni G, et al. Sleep and Psychological Difficulties in Italian School-Age Children During COVID-19 Lockdown. J Pediatr Psychol. 2021 Jan 31;jsab003. doi: 10.1093/jpepsy/jsab003.
Editorial, allergy, immunology, articles	31-Jan-21	Risk factors for bronchiolitis and asthma, and COVID-19 symptoms in young children	Pediatric Allergy and Immunology	Editorial	This editorial introduces several articles on different topics, ranging from current drug and food allergy issues to a study on COVID-19 severity and clinical manifestations. The first review article is about the over-diagnosis of beta-lactam allergy in young children with mild rashes and unnecessary drug avoidance. The article's details are not given in this editorial. The second article comments on the challenges of assessing tolerance development in food allergic children through biomarkers, epitope mapping, and basophil/mast cell activation tests. The authors introduce a study between elective C-section and bronchiolitis hospitalization. A 2-year follow-up of 124,553 infants showed that C-section is a risk factor for bronchiolitis in toddlers. Finally, the authors introduce a study on the clinical course of COVID-19 in young Brazilian patients, including 749 neonates and 2464 older infants. This study revealed that neonates suffered significantly more frequently from dyspnea and pharyngitis, but less frequently from fever, compared to infants. This could be explained by the humoral or innate immunity mechanisms related to age.	The part of this editorial regarding COVID-19 describes clinical manifestations of COVID-19 in Brazilian infants and neonates. Neonates suffered more frequently from dyspnea and pharyngitis, but less frequently from fever compared to infants.	Eigenmann P. Risk factors for bronchiolitis and asthma, and COVID-19 symptoms in young children. Pediatr Allergy Immunol. 2021;32(2):215-218. doi:10.1111/pai.13436
COVID-19, SARS-CoV-2, Seroprevalence, Antibodies, Pediatric	31-Jan-21	SARS-CoV-2 Seroprevalence in Children and Adolescents	medRxiv	Preprint (not peer-reviewed)	Sero-epidemiologic evaluation of SARS-CoV-2 in 1,038 children and adolescents ≤ 19 years [mean age of children not reported] was performed from July-October 2020 in Northern Virginia, United States. Demographic, health, and COVID-19 exposure information was collected, and blood was analyzed for SARS-CoV-2 spike protein total antibody. The anti-SARS-CoV-2 total antibody positivity rate was 8.5% (95% CI 6.9-10.3), more than 8 times higher than reported estimates of	Seroepidemiologic evaluation of SARS-CoV-2 in 1,038 children in Northern Virginia, United States revealed a total antibody positivity rate of 8.5%, significantly higher than earlier estimates of <1%. The	Levorson, R., Christian, E., Hunter, B. et al. SARS-CoV-2 Seroprevalence in Children and Adolescents. medRxiv. 2021 Jan 31. https://doi.org/10.1101/2021.01.28.21250466

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					<1% early in the pandemic. This is also double than the adult seroprevalence of 4.4% in the same region at a similar time. Risk factors included Hispanic ethnicity (Univariate Analysis OR 8.73, P<0.001), public or absent insurance (OR 4.95 or 21.94, P<0.001), a history of COVID-19 symptoms (OR 1.71, p=0.025), exposure to person with COVID-19 (OR 8.31, P<0.001), a household member positive for SARS-CoV-2 (OR 16.57, P<0.001) and multi-family or apartment dwelling without a private entrance (OR 6.44, P<0.001). Orthogonal antibody testing was performed with an assay specific to the S1/RBD and nucleocapsid antigen revealing a high concordance of 80.5% and 79.3% respectively. Contrary to prior reports, the authors determined children share a significant burden of SARS-CoV-2 infection. The role of pediatric infection and transmission must be considered in COVID-19 mitigation strategies including vaccination.	authors suggest that the role of pediatric infection must be considered in COVID-19 mitigation strategies including vaccination.	
Vertical transmission, neonate, fetus, placenta, congenital infection, pregnancy	30-Jan-21	Congenital and Intrapartum SARS-CoV-2 Infection in Neonates: Hypotheses, Evidence and Perspectives	MEDICC Review	Review	This review summarizes published evidence on SARS-CoV-2 vertical transmission. The authors conducted a review of literature published in English and Spanish from January 1- October 30, 2020, including PubMed/MEDLINE, SciELO, LILACS, Cochrane, Google Scholar, ResearchGate and medRxiv for a total of 87 publications. They break down the evidence into 3 groups: evidence that supports non-transmission, evidence of early neonatal infection without demonstrated vertical transmission, and evidence that supports congenital or intrapartum transmission with differing degrees of certainty. Based on evidence available for these 3 categories, the authors determine that congenital and intrapartum SARS-CoV-2 infection in the fetus/newborn is possible, but rare. In the published literature, among newborns of SARS-CoV-2–positive mothers who tested positive in the first 48 hours of life, congenital and intrapartum infections accounted for just over a third of all infections. The authors also discuss possible mechanisms for vertical transmission, including direct infection of the syncytiotrophoblast, exposure to placental cells through maternal circulation, viral passage through cells in the placenta, and ascending infection through the maternal vaginal tract. The authors conclude by recommending international collaborative studies at the population level using standardized instruments to determine the frequency of vertical transmission of SARS-CoV-2.	In this review, the authors assessed evidence for vertical transmission of SARS-CoV-2 based on 3 groups: evidence that supports non-transmission, evidence of early neonatal infection without demonstrated vertical transmission, and evidence that supports congenital or intrapartum transmission with differing degrees of certainty. Based on evidence available for these 3 categories, the authors determined that congenital and intrapartum SARS-CoV-2 infection in the fetus/newborn is possible, but rare.	Robaina-Castellanos GR, Riesgo-Rodríguez SC. Congenital and Intrapartum SARS-CoV-2 Infection in Neonates: Hypotheses, Evidence and Perspectives. MEDICC Rev. 2021;23(1):72-83. doi:10.37757/MR2021.V23.N1.13
SARS-CoV-2; vaccine safety; COVID-19; maternal immunity; lactation	30-Jan-21	The COVID-19 vaccine in pregnancy: Risks benefits and recommendations	American Journal of Obstetrics and Gynecology	Review	The authors share a review of maternal and neonatal COVID-19 morbidity and mortality and perinatal vaccine safety considerations to assist US providers with shared decision-making regarding vaccination of pregnant women against COVID-19. Both the Pfizer-BioNTech's (for adults ≥ 16 years) mRNA COVID-19 vaccine and the Moderna, Inc. (for adults ≥ 18 years) vaccine were approved with 95% and 94.1% efficacies, respectively, against symptomatic COVID-19. The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices, with support from the Society for Maternal Fetal Medicine (SMFM) and the American College of Obstetricians (ACOG), issued a recommendation to offer COVID-19 vaccines to	The authors share a review of maternal and neonatal COVID-19 morbidity and mortality and perinatal vaccine safety considerations to assist US providers with shared decision-making regarding vaccination of pregnant women against COVID-19.	Stafford IA, Parchem JG, Sibai BM. The COVID-19 vaccine in pregnancy: risks benefits and recommendations [published online ahead of print, 2021 Jan 30]. <i>Am J Obstet Gynecol</i> . 2021;S0002-9378(21)00077-6.

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					eligible pregnant and lactating women if counseling is provided on the risks and benefits of the vaccine. CDC data has shown an increased risk of ICU admissions (adjusted risk ratio [aRR] 3.0, 95% CI 2.6-3.4) and deaths (aRR 1.7, 95% CI 1.2-2.4) in pregnant patients with symptomatic COVID-19. The CDC, SMFM, and ACOG have included pregnancy as a risk factor for severe COVID-19 illness. Current data suggest a 2-3% risk of vertical transmission from mother to the neonate with a minimal neonatal infection rate. SARS-CoV-2 is not routinely detected in amniotic fluid, cord blood, or neonatal nasopharyngeal samples from affected pregnancies. Viral mRNA has been detected in infected mothers' breast milk; however, there is no evidence showing an increased risk of transmission to newborns from ingestion. Counseling needs to include that no human trials demonstrating fetal and neonatal safety with COVID-19 vaccines have occurred, although 36 pregnancies were reported in the Pfizer and Moderna trials (18 in the vaccine arm). The data from those pregnancies are not yet available. ACOG and other experts agree that vaccination poses minimal risks to the breastfed newborn, given that vaccine-related mRNA has not been detected in breastmilk studies. The authors stress the need to inform pregnant and lactating women of the risks and benefits of the COVID-19 vaccination and suggest that it may limit maternal COVID-19 morbidity and mortality.		doi:10.1016/j.jag.2021.01.022
COVID-19; hemodialysis; pediatric	30-Jan-21	Longitudinal SARS-CoV-2 seroconversion and functional heterogeneity in a pediatric dialysis unit	Kidney International	Letter to the Editor	The authors report 10 additional weeks of serological conversions and antibody neutralization potential after a positive SARS-CoV-2 test, following a 3-week study of pediatric hemodialysis patients (n=14) and healthcare workers (HCWs; n=34), compared to SARS-CoV-2 PCR-positive community volunteers (control; n=17) in Indiana, USA. 35% (n=12) of healthcare workers and 38% of patients (n=5) had SARS-CoV-2 antibodies within 13 weeks after testing positive for SARS-CoV-2 antigen. There were 14 seroconversions (4 patients and 10 HCWs) in the first 6 weeks of the study, while the next 4 weeks saw 3 seroconversions (1 patient & 2 HCWs). All seroconversions were asymptomatic except for 1 nurse. 80% (n=4) of seroconverted patients and 83% (n=10) of seroconverted HCWs maintained seroconversions at week 13. 3/12 participants (2 HCWs, 1 patient) who underwent PCR testing for SARS-CoV-2 at week 13 tested positive. 50% of the total HCW and patient cohort developed spike antibodies, and 15% developed N-terminal domain (NTD) antibodies. 90% of the control group developed spike antibodies and 47% developed NTD antibodies. In their surrogate viral neutralization assay, the authors found a strong correlation between NTD and neutralization (R2=0.879), with neutralization due to antibodies disrupting the receptor-binding domain (RBD)-ACE2 interactions. They also found a weak correlation between spike and neutralization (R2=0.410), in HCWs and PCR-positive volunteers. However, no such relationship between NTD and neutralization was found in the hemodialysis participants (R2=0.055). Hence, the authors concluded that pediatric hemodialysis patients	In SARS-CoV-2 PCR-positive volunteers and health care workers, the authors found a strong correlation between N-terminal domain (NTD) and receptor binding domain-ACE2 neutralization, an association not seen in hemodialysis patients. They noted 17 seroconversions in the latter 10 weeks of their 13-week study, (5 patients and 12 HCWs), with all but one being asymptomatic. Half of the HCWs and hemodialysis patients were found to have developed SARS-CoV-2 spike antibodies, and 15% developed NTD antibodies.	Canas JJ, Starr MC, Hooks J, et al. Longitudinal SARS-CoV-2 seroconversion and functional heterogeneity in a pediatric dialysis unit. Kidney Int. 2021 Feb;99(2):484-486. doi: 10.1016/j.kint.2020.11.014. PMID: 33509357; PMCID: PMC7830216.

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COVID-19; SARS-CoV-2; children; congenital; neonatal	29-Jan-21	Community-Acquired Neonatal SARS-CoV-2 Infection Associated with Neurological Symptoms in Colombia	Journal of Tropical Pediatrics	Case Report	produced NTD, receptor-binding domain, and spike antibodies, but they did not neutralize. The authors report a case of a SARS-CoV-2-positive male infant, born at 39 weeks' gestation, with neurological findings in Colombia [date not given]. The neonate was born via C-section without complications and was discharged 24h post-partum. On Day 21, the neonate experienced hyperthermia (38.5C) without other symptoms. Family members were asymptomatic at the time. Upon physical examination at a local hospital, his heart rate was 178 beats/min, blood pressure was 85/50mmHg, respiratory rate was 45 breaths/min, and SPO2 was 95% on room air. Complete blood count showed white blood cells of 4580/ μ L, lymphocytes 43%, neutrophils 29.9%, monocytes 22%, hemoglobin 12.4g/dL, hematocrit 36%, platelets (191,000/ μ L), and C-Reactive Protein <6mg/dL. The patient and his mother tested positive for SARS-CoV-2 RT-PCR. In the following 24 hours, the patient showed temporary neurological symptoms such as drowsiness, poor sucking, and hypotonia. Lumbar puncture, brain ultrasound, and EEG were normal. The patient was diagnosed with community-acquired late-onset neonatal sepsis secondary to COVID-19 and was treated with cefepime and gentamicin. The infant recovered without complications and was discharged after 48hours of afebrile state. Growing evidence suggests neurotropism of SARS-CoV-2, and some adult patients have neurological manifestations. Thus, physicians need to carefully investigate neonates' and children's neurological symptoms to rule out the possibility of SARS-CoV-2 infection.	This is a case report of a SARS-CoV-2-positive male newborn (39 weeks) with temporary neurological manifestations such as drowsiness, poor suction, and hypotonia in Colombia. Given the growing evidence of neurotropism of SARS-CoV-2, physicians need to suspect the possibility of SARS-CoV-2 infection when observing the patients' neurological symptoms.	Alvarado-Socarras JL, Theurel-Martin D, Cruz-Hernandez M, et al. Community-Acquired Neonatal SARS-CoV-2 Infection Associated with Neurological Symptoms in Colombia. J Trop Pediatr. 2021 Jan 29;67(1):fmab022. doi: 10.1093/tropej/fmab022. PMID: 33823049.
Kawasaki disease; MIS-C; SARS-CoV2; toxic shock syndrome	29-Jan-21	Unusual Clinical Manifestations and Outcome of Multisystem Inflammatory Syndrome in Children (MIS-C) in a Tertiary Care Hospital of North India	Journal of Tropical Pediatrics	Article	There remains a lack of published literature on the clinical manifestations of COVID-19 in children from low-middle-income countries (LMIC). This cohort study used data from a tertiary hospital in north India to assess the clinical presentation and management of MIS-C. 41 children with COVID-19 (aged 0-12 years age [mean/median age not reported]) were hospitalized between 1 April - 31 July 2020. 20 of 41 children fulfilled the criteria of MIS-C. MIS-C cases were significantly more likely to exhibit fever >38 degrees Celsius (100% MIS-C cases vs 52.3% non-MIS-C; p=0.001), acute gastro-enteritis (25% vs 0%; p=0.01), rash (35% vs 4.76%; p=0.015), shock (65% vs 19.05%; p=0.003), respiratory failure (65% vs 4.7%; p<0.001), headache (25% vs 0%; p<0.001), seizures and/or altered sensorium (55% vs 4.7%; p<0.001), raised inflammatory markers (99% vs 19.05%; p<0.001) and hepatic dysfunction (60.2% vs 19.05%; p=0.007), require oxygen supplementation (90% vs 33%; p<0.001), mechanical ventilation (65% vs 4.7%; p<0.001), and result in death (60% vs 4.7%; p<0.001). Most MIS-C group children had multisystem involvement with predominant neurological manifestations at time of presentation. The authors note that this cohort of MIS-C patients was younger (60% <5 years old) than cohorts in other studies (median age 6-10 years). They conclude that delay in diagnosis and referral may have adversely affected the prognosis and outcome of this cohort, highlighting the need for	This study used data from a tertiary hospital in north India to assess the clinical presentation and management of MIS-C. MIS-C cases were significantly more likely to exhibit fever, acute gastro-enteritis, rash, shock, respiratory failure, headache, seizures and/or altered sensorium, raised inflammatory markers, and hepatic dysfunction, require oxygen supplementation, mechanical ventilation, and result in death. The authors conclude that delay in diagnosis and referral may have adversely affected prognosis and outcomes of this cohort, highlighting the need for institutions to follow	Gupta Dch S, Chopra Md N, Singh Md A, et al. Unusual Clinical Manifestations and Outcome of Multisystem Inflammatory Syndrome in Children (MIS-C) in a Tertiary Care Hospital of North India. J Trop Pediatr. 2021;67(1):fmaa127. doi:10.1093/tropej/fmaa127

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					institutions to follow protocol-based guidelines for the early identification of MIS-C, especially before multi-organ involvement.	guidelines for early identification of MIS-C.	
newborn care; neonates; breastfeeding; separation; United States	29-Jan-21	Perinatal COVID-19: guideline development, implementation, and challenges [Free Access to Abstract Only]	Current Opinion in Pediatrics	Review	This review describes the process and challenges in developing US national guidance for management of infants born to mothers with COVID-19. As pregnant women began to present for delivery while sick with COVID-19, the American Academy of Pediatrics (AAP) convened a writing group in March 2020 to develop guidance for the management of their newborns. The initial guidance advocated for a conservative approach that included temporary physical separation of the infected mother and newborn based on extremely limited data from China. On the basis of limited data and experience with other respiratory viruses, the initial guidance assumed that breast milk would not be a source of neonatal infection and advised feeding with expressed breastmilk during periods of separation. To address the knowledge deficit, the AAP sponsored a volunteer registry to collect data on perinatal infection and management. As data emerged on the epidemiology of COVID-19, the performance of PCR-based diagnostics, the value of infection control measures and the risk of infant disease, AAP issued serial updates to newborn guidance. The most recent guidance (issued September 2020) focuses on the use of infection control measures to support maternal-newborn contact, rooming-in, and breastfeeding. The authors note that initial guidance was purposefully conservative in the absence of sufficient data; in light of these challenges, they call for the creation of a national population-based, longitudinal birth registry for driving evidence-based perinatal medicine during a pandemic.	This review describes the process and challenges in developing US national guidance for management of infants born to mothers with COVID-19. While initial guidance from the American Academy of Pediatrics (AAP) recommended temporary separating newborns from SARS-CoV-2 infected mothers and feeding with expressed breastmilk, revised guidance focuses on the use of infection control measures to support maternal-newborn contact, rooming-in, and breastfeeding. The authors call for a national population-based, longitudinal birth registry for driving evidence-based perinatal medicine during a pandemic.	Flannery DD, Puopolo KM. Perinatal COVID-19: guideline development, implementation, and challenges. Curr Opin Pediatr. 2021;33(2):188-194. doi:10.1097/MOP.0000000000000997
Angiotensin-Converting Enzyme 2 (ACE2); COVID-19; Pediatric Multi-System Inflammatory Syndrome (MISC); SARS-CoV-2; Vasoactive-Inotropic Score (VIS); steroid	29-Jan-21	COVID 19 infection: Pediatric perspectives	Journal of the American College of Emergency Physicians Open	Review Article	This review summarizes literature related to pediatric COVID-19 published between December 2019 and December 2020. Of the countries with the highest disease burden, the percentage of pediatric cases out of total COVID-19 cases was 2% in the United States (<18 years), 2.2% in China (<19 years), 1.2% in Italy (<18 years), and 0.8% in Spain (<18 years). Exposure to household members with confirmed COVID-19 is the most common source of infection among children. Children are just as likely as adults to get infected with SARS-CoV-2; however, COVID-19 occurs more often in children 12-17 years old than in children 5-11 years old based on US data. Most children (90%) are asymptomatic or have mild to moderate symptoms, but infants <12 months old are at a higher risk for severe or critical disease. Common laboratory findings in hospitalized children include leukopenia, lymphopenia, and increased levels of inflammatory markers. Chest X-ray findings are variable and CT scans of the chest may show ground glass opacities similar to adults or non-specific findings. There are limited data on the use of antivirals, hydroxychloroquine, azithromycin, monoclonal antibody, and convalescent plasma in children; however, remdesivir has received emergency authorization in the US for use in hospitalized pediatric patients <12 years. Oxygen therapy is required in hypoxic children (saturation <92%). Similar to adults, measures to maintain oxygenation such as high flow nasal cannula, continuous	This review summarizes literature related to pediatric COVID-19 published between December 2019 and December 2020. The authors summarize pathophysiology, epidemiology, diagnosis, clinical manifestations, course, and complications of pediatric COVID-19, including MIS-C.	Adeyinka A, Bailey K, Pierre L, Kondamudi N. COVID 19 infection: Pediatric perspectives. J Am Coll Emerg Physicians Open. 2021;2(1):e12375. Published 2021 Jan 29. doi:10.1002/emp2.12375

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					positive airway pressure, or ventilatory support may be needed. Ventilatory management strategies should include use of low tidal volumes (5–6 cc/kg), high positive expiratory pressure, adequate sedation, paralysis, and prone positioning. Management options for MIS-C include ICU admission, steroids, IV gamma globulin, aspirin, anakinra, and anticoagulants. The vasoactive-inotropic score is used to characterize MIS-C severity and guide vasopressor support.		
COVID-19; pregnancy; maternal health; neonatal outcome; Poland	29-Jan-21	COVID-19 impact on perinatal care: risk factors, clinical manifestation and prophylaxis. Polish experts' opinion for December 2020	Ginekologia Polska	Review	The authors discussed the impact of the COVID-19 pandemic on perinatal care of pregnant women and newborns who require special clinical management during hospitalization, based on Polish expert opinion and information available as of December 2020. Clinical course of the disease mainly includes symptoms such as cough, dyspnea, and fever, and among some patients, can deteriorate even further to acute respiratory distress syndrome (ARDS) and death. There is currently insufficient evidence that coronavirus infection (SARS, MERS, or SARS-CoV-2) has a negative impact on the incidence of fetal defects. The estimated frequency of SARS-CoV-2 infection by vertical transmission may be 2.6%, according to a US CDC report. Rates of SARS-CoV-2 infection in neonates do not seem affected by mode of delivery, feeding, nor by direct contact with a mother with suspected or confirmed SARS-CoV-2 infection. The vast majority of pregnant women with COVID-19 are only mildly symptomatic; however, cases of severe disease with pneumonia and respiratory failure have also been observed. In infected pregnant women who have pneumonia with oxygen saturation <94%, in the hyper-immune phase (which usually occurs after 7 days of treatment), the use of tocilizumab should be considered. In patients requiring hospitalization, glucocorticosteroids, prophylactic low-molecular-weight heparin, and antibiotics should be used simultaneously.	The authors discussed the impact of the COVID-19 pandemic on perinatal care of pregnant women and newborns who require special clinical management during hospitalization, based on Polish expert opinion and information available as of December 2020. The estimated frequency of SARS-CoV-2 infection by vertical transmission may be 2.6%, according to a US CDC report. Rates of SARS-CoV-2 infection in neonates do not seem affected by mode of delivery, feeding, nor by direct contact with a mother with suspected confirmed SARS-CoV-2 infection.	Kalinka J, Wielgos M, Leszczynska-Gorzela B, et al. COVID-19 impact on perinatal care: risk factors, clinical manifestation and prophylaxis. Polish experts' opinion for December 2020. Ginekol Pol. 2021;92(1):57-63. doi:10.5603/GP.a2021.0023.
SARS-CoV-2, Kawasaki disease	29-Jan-21	Severe SARS-CoV-2 Infection: A Multisystem Inflammatory Syndrome in Moroccan Children	Cureus	Case Series	This case series details 5 children (median age 7.8 years, range 3 – 10 years, 3 males) with Kawasaki-like disease (KD) triggered by the SARS-CoV-2 infection from Oct – Dec 2020 in a university hospital in Casablanca, Morocco. Clinical criteria for a complete presentation of KD were met in all 5 cases. 3 patients were admitted to a critical care unit, 1 of whom had multi-organ failure, but no mortality occurred. They all received IV immunoglobulin, a high dose of aspirin, methylprednisolone, and supportive therapy. While the cause of KD remains unknown, findings suggest the coronavirus family could elicit a potent immune response in the host and therefore represent one of the triggers for KD. Serology tests confirmed SARS-CoV-2 antibodies in 4 of 5 cases, with 2 of the 4 positive cases showing elevated IgG anti-COVID-19 antibodies. The positivity of IgG antibodies suggests a late onset of the disease compared to the primary infection, suggesting that the development of KD is more likely to be the result of a post-viral immunological reaction. The negative patient was tested just after an infusion of immunoglobulins, which can neutralize antibodies against SARS-CoV-2. Furthermore, the diagnosis of SARS-CoV-2	This case series examines the clinical presentation of 5 children in Morocco with Kawasaki-like disease and known SARS-CoV-2 exposure history. The authors conclude that COVID-19 in children may be life-threatening and rigorous monitoring for several weeks is required of any child with known SARS-CoV-2 exposure.	Haoudar A, Chekhlabi N, Eljazouly M, El Kettani C, Dini N. Severe SARS-CoV-2 Infection: A Multisystem Inflammatory Syndrome in Moroccan Children. Cureus. 2021;13(1):e12991. Published 2021 Jan 29. doi:10.7759/cureus.12991

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					infection cannot be ruled out in him because both parents were positive of SARS-CoV-2. The authors conclude that COVID-19 in children may be life-threatening and rigorous monitoring for several weeks is required of any child with known SARS-CoV-2 exposure.		
coronavirus; covid-19; platelets; preeclampsia; pregnancy; thrombocytopenia	29-Jan-21	Severe Thrombocytopenia in a Pregnant Patient with Asymptomatic COVID-19 Infection: A Case Report	Cureus	Case Report	This is the case of a 36-year-old female (gravida 6 para 2) in the United States with a history of systemic lupus erythematosus on daily 5 mg prednisone, who was admitted with spontaneous labor at 38 weeks gestation. Her mandatory rapid antigen screening test for SARS-CoV-2 was positive. Laboratory examination showed platelet count of $6 \times 10^9/L$ and $8 \times 10^9/L$ on follow-up. She was diagnosed with preeclampsia with severe features. Hemolysis, elevated liver enzymes, and low platelets syndrome were considered less likely given her normal liver enzymes. Fibrinogen was elevated to 700 mg/dL, suggesting inflammation due to SARS-CoV-2 infection. Lupus exacerbation was also considered; however, no additional symptoms were observed. She underwent vaginal delivery under fentanyl patient-controlled analgesia. She successfully delivered the infant with significant vaginal bleeding. Due to persistent bleeding, she was taken for lacerations repair under anesthesia in the operating room. The patient received 12 units packed red blood cells, 12 units of fresh frozen plasma, 4 units cryoprecipitate, and 4 units of platelets. Her condition improved, and she was discharged on a postpartum day 6 with a platelet count of $487 \times 10^9/L$. The mechanism of thrombocytopenia in COVID-19 is unclear at this point. Evaluating platelet count and coagulation status in patients with COVID-19 can help assess the risk and feasibility of performing neuraxial procedures.	This is the case of a 36-year-old female (gravida 6 para 2) in the United States with a history of systemic lupus erythematosus on daily 5mg prednisone who presented with spontaneous labor at 38 weeks gestation. The patient tested positive for SARS-CoV-2 and had severe thrombocytopenia. Evaluation of the platelet count and coagulation status of COVID-19 patients can help assess the risk and feasibility of performing neuraxial procedures.	Moses ML, Kazzi NG, Lee L. Severe Thrombocytopenia in a Pregnant Patient with Asymptomatic COVID-19 Infection: A Case Report. Cureus. 2021;13(1):e12990. Published 2021 Jan 29. doi:10.7759/cureus.12990
COVID 19; IgG; IgM; PIMS-TS; SARS-CoV-2; serology; seroprevalence	29-Jan-21	Correlation of SARS-CoV-2 Serology and Clinical Phenotype Amongst Hospitalised Children in a Tertiary Children's Hospital in India	Journal of Tropical Pediatrics	Original Article	This article describes the prevalence of anti-SARS-CoV-2 antibodies among children and the clinical phenotypes of seropositive children admitted to a tertiary children's hospital in South India 1 June - 30 September, 2020. Among seropositive children, researchers compared antibody titers between children with and without PIMS-TS. Of 463 children, 91 (19.6%) were seropositive. The median age of seropositive children was 5.7 years (range 2 months-17 years) [there is a discrepancy between median age and range reported in text and abstract]. When seropositive children were stratified according to age, 12% (11/91) were <1 year, 30% (27/11) were 1–5 years old, 46% (42/91) were 5–12 years old and 12% (11/91) were >12 years old. Among seropositive children, SARS-CoV-2 RT-PCR was positive in 32% (29/91). Clinical presentation was consistent with PIMS-TS in 48% (44/91) of seropositive children. Median antibody titer was 54.8 (range 11.1-170.9) AU/ml among all seropositive children and the median antibody titer among children with PIMS-TS (60.3 AU/mL) was significantly ($p=0.01$) higher when compared to seropositive children without PIMS-TS (54.8 AU/mL). Based on these results, the authors conclude that antibody levels may be helpful in the diagnosis and disease stratification of PIMS-TS.	This article describes the prevalence of anti-SARS-CoV-2 antibodies among children admitted to a children's hospital in South India, along with the clinical phenotypes of seropositive children. SARS-CoV-2 antibody levels in children with PIMS-TS were significantly higher in comparison to seropositive children without PIMS-TS, indicating that antibody levels may be helpful in diagnosis and disease stratification.	Venkataraman A, Balasubramanian S, Putilibai S, et al. Correlation of SARS-CoV-2 Serology and Clinical Phenotype Amongst Hospitalised Children in a Tertiary Children's Hospital in India. J Trop Pediatr. 2021;67(1):fmab015. doi:10.1093/tropej/fmab015

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Vaccination, pregnancy, maternal antibody, infant protection, placental transfer	29-Jan-21	Can We Protect Pregnant Women and Young Infants From COVID-19 Through Maternal Immunization?	Journal of the American Medical Association (JAMA) Pediatrics	Editorial	In this editorial, the author discusses the potential for maternal immunization to protect against infant SARS-CoV-2 infection. A study by Flannery et al of 471 mother-newborn pairs found that the majority of infants born to seropositive mothers (72 of 83 [87%]) had detectable IgG antibody at birth. There was a positive correlation between maternal and infant antibody titers. Flannery et al were also able to ascertain that placental transfer ratios increased when the time between maternal infection and delivery was longer. This study has important implications for maternal vaccination. The timing of maternal vaccination to maximally protect the infant, as opposed to the mother alone, may necessitate an interval from vaccination to delivery (of at least 4 weeks). When considering that transplacental anti-body transfer begins around 17 weeks of gestation and increases exponentially as gestation advances, maternal vaccination starting in the early second trimester of gestation might be optimal to achieve the highest levels of antibodies in the newborn. The author notes that several important factors remain to be clarified when considering maternal immunization for the protection of infants, including the kinetics and duration of maternal antibodies in infants and their neutralizing activity and efficacy against COVID-19.	In this editorial, the author discusses how findings from a recent study by Flannery et. al indicate that timing of maternal vaccination is important for achieving optimal protection of infants. The author poses that maternal vaccination starting in the early second trimester of gestation might be optimal to achieve the highest levels of antibodies in the newborn.	Munoz FM. Can We Protect Pregnant Women and Young Infants From COVID-19 Through Maternal Immunization? JAMA Pediatr. 2021; doi:10.1001/jamapediatrics.2021.0043
COVID-19; Health Profile; Child; Adolescent; Epidemiology.	29-Jan-21	Epidemiological profile of children and adolescents with COVID-19: a scoping review	Revista Brasileira de Enfermagem	Systematic Review	The authors' objective was to map the epidemiological profile of children and adolescents with COVID-19 in the world literature. They did a systematic review using PubMed/MEDLINE, CINAHL, Web of Science, Scopus, Science Direct, and Google Scholar databases in a search from December 2019 - April 2020. They selected 32 articles of children and/or adolescents (0-18 years) with a laboratory diagnosis of COVID-19, all published in 2020, and most (26 articles) from China. Family transmission was the most reported mode of infection (15 studies), followed by community transmission (12 studies). The most frequent clinical manifestations were fever (78%), cough (47%), and diarrhea (38%). Pre-existing conditions/diseases (heart failure, prematurity, leukemia, hydronephrosis, streptococcal infection, changes/liver disease) were highlighted as risk factors for complications in some studies. Most studies (n=24) reported that children and/or adolescents were hospitalized for a period of 1 to 20 days. There were 3 deaths reported, of which 2 had pre-existing conditions. The authors conclude that more studies of children and adolescents with COVID-19 focusing on previous health, social and economic conditions, and different settings are needed to establish prevention and control measures to combat the disease.	In a systematic review of 32 articles, the authors found that most children and adolescents with COVID-19 were infected by their family members. The most frequent clinical manifestations were fever, cough, and diarrhea. Pre-existing conditions (mainly cardiovascular or immunological) were risk factors for complications.	Silva Bernardino FB, da Silva Alencastro LC, da Silva LA et al. Epidemiological profile of children and adolescents with COVID-19 : a scoping review. <i>Rev Bras Enferm.</i> 2021;74(Suppl 1):1-9. doi:10.1590/0034-7167-2020-0624
SARS-CoV-2; immunity; prevalence; schoolchildren; seroprevalence	29-Jan-21	Lessons from low seroprevalence of SARS-CoV-2 antibodies in schoolchildren: a cross-sectional study	Pediatric Allergy and Immunology	Original Research	This study aims to assess the prevalence of SARS-CoV-2 antibodies and viral RNA in schoolchildren known to have previous infection by contact tracing. The study was conducted from May 18 - July 2, 2020, beginning after 9 weeks of lockdown in Austria. The study enrolled 2,069 children who were identified as interested in participation through schools in Vienna; of the participants, 52% were female, 600 were aged 5-10 years, 825 were aged 11-14 years, and 644 were 15-21	This study aims to assess the prevalence of SARS-CoV-2 antibodies and viral RNA in schoolchildren known to have previous infection by contact tracing. The authors found that the infection rate with SARS-	Szépfalusi Z, Schmidthaler K, Sieber J, et al. Lessons from low seroprevalence of SARS-CoV-2 antibodies in schoolchildren: a cross-sectional study. <i>Pediatr Allergy Immunol.</i> 2021 Jan

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					years (median age 13 years). Each participant completed a questionnaire, had both a nasal and oropharyngeal SARS-CoV-2 RT-PCR swab performed and underwent serum testing. The seroprevalence of SARS-CoV-2 antibodies in the study cohort was low at 1.35%. Of note, 92.3% of positive sera displayed neutralizing capacity, indicating that children produce antibodies which may prevent a successive SARS-CoV-2 infection. SARS-CoV-2 virus was detected in two cases, both of whom were asymptomatic and tested negative for SARS-CoV-2 antibodies. Seropositivity was associated with a history of mild clinical symptoms in 14 children (53.8%), while 12 children (46.2%) remained asymptomatic. 13 seropositive children were tested concomitantly with their siblings; from these sibling pairs, only 1 pair was seropositive. This provides insight into transmission patterns among children in the same household suggesting that child-to-child transmission was rare. Contact tracing revealed likely intergenerational adult family members and school teachers as potential index cases	CoV-2 was low, associated with a mild or asymptomatic course of disease, and that viral spreading seemed to occur more in intergenerational contacts than among siblings in the same household.	29. doi: 10.1111/pai.13459.
COVID-19; Children; Diagnostic delay; Emergency department; Preparedness	29-Jan-21	Impact of the COVID-19 pandemic on the Emergency Department of a tertiary children's hospital	Italian Journal of Pediatrics	Original Research	This article aimed to describe how the COVID-19 pandemic affected emergency department (ED) access in 2 pediatric hospitals (Rome and Palidoro) in central Italy. The study compared the period from February 1-April 30, 2020, to the same time period in 2019. The authors analyzed the number of ED visits and urgent hospitalizations and their distribution according to selected characteristics. The data was collected from 2 hospital information systems. [Mean age of children not provided, age information included by percentage within age ranges.] The reduction of ED visits was 56% and 62% in Rome and Palidoro, respectively, across all ages and sexes. This decline was attributed in part to decreased referrals to the ED. The greatest rates of decline were for diseases of the respiratory system ($p < 0.001$) and of the nervous system and sense organs ($p < 0.001$). The authors report a doubling of the relative frequency of hospitalizations in the 2 hospitals, although absolute daily numbers of urgent hospitalizations decreased (by a smaller magnitude than what was seen for ED visits). The authors do not report a delay in seeking care from time of symptom onset for more serious conditions. The authors conclude by stating that a re-organizational process of the ED is necessary in the continuing pandemic.	In this article, the authors assess how the COVID-19 pandemic affected emergency department (ED) access in 2 pediatric hospitals in Italy, by comparing ED visits from February 21-April 30, 2020 to the same period in 2019. They report sharp declines in ED visits across all age and sex groups and a decline in the absolute number of daily urgent hospitalizations.	Rauci, U., Musolino, A. M., Di Lallo, D., et al. Impact of the COVID-19 pandemic on the Emergency Department of a tertiary children's hospital. Italian journal of pediatrics. 2021. 47(1), 21. https://doi.org/10.1186/s13052-021-00976-y
Lopinavir/Ritonavir, COVID-19, Pediatric	29-Jan-21	Safety and efficacy of oral lopinavir/ritonavir in pediatric patients with coronavirus disease: A nationwide comparative analysis	European Review for Medical and Pharmacological Sciences	Original Research	The authors report the results of a retrospective multi-center study evaluating the efficacy and safety of lopinavir/ritonavir (LPR) in the treatment of hospitalized pediatric patients with mild COVID-19 in 13 hospitals in China from January 2-June 1, 2020. 23 patients treated with weight-based doses of LPR were matched with 92 patients not treated with LPR (1:4), according to age and sex. The control patients received inhalational therapy with interferon- α 2b. The median control patient age was 8.85 years (IQR 2.00-11.60 years), the median LPR patient age was 8.66 years (IQR 2.44-11.90 years). 57% of each group were male. All patients survived. Use of LPR was associated with a	LPR use proved to be inferior to no LPR use in a small study of hospitalized pediatric patients with mild COVID-19 in China, and also resulted in a notable number of gastrointestinal side effects.	Lu JM, Zhou AF, Zhang XB, et al. Safety and efficacy of oral lopinavir/ritonavir in pediatric patients with coronavirus disease: A nationwide comparative analysis. Eur Rev Med Pharmacol Sci. 2021 Jan;25(1):549-555. doi:

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					longer duration to viral negativity via nasal RT-PCR (HR 5.33; 95% CI: 1.94-14.67, p=0.001) and a longer length of hospitalization (HR 2.01; 95% CI: 1.24-3.29, p=0.005). Gastro-intestinal side effects were also seen in 69% of treatment group patients [incidence in control patients not specified]. The authors concluded that LPR use proved to be inferior to no LPR use for mild pediatric COVID-19.		10.26355/eurrev_202101_24427. PMID: 33506948.
cardiology telehealth; fetal cardiology; fetal echocardiogram; pregnancy during COVID-19; prenatal diagnosis; telemedicine.	29-Jan-21	Expanding Access to Fetal Telecardiology During the COVID-19 Pandemic	Telemedicine Journal and e-Health	Original Research	The authors described the experience of a center in the United States in expanding fetal telecardiology during the COVID-19 pandemic, including the extent of telehealth conversion. They sought to define the extent of fetal telehealth conversion at a large fetal cardiac care center and evaluate the diagnostic accuracy for studies performed. Fetal telemedicine expanded from 1 maternal-fetal-medicine (MFM) site before the COVID-19 pandemic to 5 MFM sites as of May 2020. A retrospective review of fetal telecardiology visits between March 15 and July 15, 2020, was performed, and the charts were reviewed for confirmation of diagnosis postnatally. The authors observed an increase in telecardiology visits between March and July 2020, with 122 mothers seen between 5 MFM clinics. 14 mothers (11.5%) had abnormal fetal echocardiograms requiring follow-up, and 7 mothers (5.8%) had a fetal echocardiogram suspicious for critical congenital heart disease (CCHD). All the fetal echocardiograms suspicious for CCHD were confirmed on postnatal echocardiogram, and none of the normal fetal echocardiograms were found to have congenital heart disease postnatally. The authors concluded that fetal telecardiology services were successfully expanded during the study period, reducing potential exposure to SARS-CoV-2 for pregnant women, without compromising diagnostic accuracy. The authors noted the importance of infrastructure, relationships, and training in expanding telehealth services.	This article examines the expansion of fetal telecardiology services from one to five sites within one center in the United States during the COVID-19 pandemic. Fetal telecardiology services were successfully expanded to the additional four sites by May 2020, with no change observed in diagnostic accuracy.	Schwartz BN, Klein JH, Barbosa MB, et al. Expanding Access to Fetal Telecardiology During the COVID-19 Pandemic [published online, 2021 Jan 29]. Telemed J E Health. 2021;10.1089/tmj.2020.0508. doi:10.1089/tmj.2020.0508
infectious diseases; neonatology; obstetrics; public health	29-Jan-21	Pregnancy and neonatal outcomes in COVID-19: study protocol for a global registry of women with suspected or confirmed SARS-CoV-2 infection in pregnancy and their neonates, understanding natural history to guide treatment and prevention	British Medical Journal (BMJ)	Protocol	This article describes the study protocol for the Pregnancy and Neonatal Outcomes in COVID-19 (PAN-COVID) global registry. This observational study will collect focused data on the outcomes of pregnant mothers (18-50 years old) who have had suspected COVID-19 or confirmed SARS-CoV-2 infection between January 2020 and March 2021 along with outcomes of their newborns. Among the women recruited to the PAN-COVID registry, the study will evaluate the incidence of: (1) miscarriage and pregnancy loss, (2) fetal growth restriction and stillbirth, (3) preterm delivery, (4) vertical transmission (suspected or confirmed) and early onset neonatal SARS-CoV-2 infection. Data collected will include participant demographics, COVID-19 symptoms, COVID-19 treatment, maternal outcomes, delivery details, postnatal outcomes (whether the infants were breastfed or separated from the mother until discharge), and neonatal outcomes.	This study protocol describes the Pregnancy and Neonatal Outcomes in COVID-19 (PAN-COVID) global registry, an observational study collecting focused data on the outcomes of pregnant mothers who have had suspected COVID-19 or confirmed SARS-CoV-2 infection along with outcomes of their newborns.	Banerjee J, Mullins E, Townson J, et al. Pregnancy and neonatal outcomes in COVID-19: study protocol for a global registry of women with suspected or confirmed SARS-CoV-2 infection in pregnancy and their neonates, understanding natural history to guide treatment and prevention. BMJ Open. 2021;11(1):e041247. Published 2021 Jan 29. doi:10.1136/bmjopen-2020-041247

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COVID-19; pregnancy; vertical transmission; fertilization; prenatal care	29-Jan-21	COVID-19: Uncertainties from Conception to Birth	Revista Brasileira de Ginecologia e Obstetricia	Review	In this review, the authors compiled data available on the association of COVID-19 and reproductive events, from conception to birth. To date, it is not known if SARS-CoV-2 affects reproductive function via the ACE2 receptors, and the impact on the quality of gametes, embryo development and implantation, or early pregnancy. There are divergent findings about SARS-CoV-2 in semen that support the need for larger studies to assess the possibility of transmission by sexual contact. The authors report that likelihood of intra-uterine maternal-fetal transmission of coronaviruses is low. To date, it cannot be said that the placental barrier is capable of preventing the vertical transmission of SARS-CoV-2. Data available to date suggest that COVID-19 is uncommon among newborns, who are frequently asymptomatic. Furthermore, a higher risk of infection is not associated with vaginal birth, breastfeeding, or close contact with an infected mother. However, the authors advise rigorously testing pregnant women before delivery or the first contact with the newborns. With limited evidence available concerning uncertainties from conception to birth, the authors discuss the possibility of postponing pregnancy to a post-COVID-19 era, or until an effective and broadly-distributed vaccine is available.	In this review, the authors compiled data available on the association of COVID-19 and reproductive events, from conception to birth. Data available to date suggest that COVID-19 infection is uncommon among newborns, who are frequently asymptomatic. Furthermore, a higher risk of infection is not associated with vaginal birth, breastfeeding, or close contact with an infected mother.	Carvalho BR, Adami KS, Gonçalves-Ferri WA, et al. COVID-19: Uncertainties from Conception to Birth. Rev Bras Ginecol Obstet. 2021;43(1):54-60. English. doi:10.1055/s-0040-1721856.
COVID-19, IgG, Antibodies, IgM, immunity, neonates	29-Jan-21	Assessment of Maternal and Neonatal Cord Blood SARS-CoV-2 Antibodies and Placental Transfer Ratios	Journal of the American Medical Association (JAMA) Pediatrics	Original Research	Understanding the dynamics of maternal antibody responses to SARS-CoV-2 infection during pregnancy and subsequent transplacental antibody transfer can inform neonatal management as well as maternal vaccination strategies. This study aimed to assess the association between maternal and neonatal SARS-CoV-2-specific antibody concentrations. A total of 1714 women, with median age of 32 (IQR 28-35) years [range not reported], delivered at the study site in the US between April 9 and August 8, 2020. Maternal and cord blood sera were available for antibody measurement for 1471 mother/newborn dyads. IgG and IgM antibodies to the receptor-binding domain of the SARS-CoV-2 spike protein were measured by enzyme-linked immunosorbent assay. Antibody concentrations and transplacental transfer ratios were analyzed in combination with demographic and clinical data. Among 1471 mother/newborn dyads for which matched sera were available, SARS-CoV-2 IgG and/or IgM antibodies were detected in 83 of 1471 women (6%; 95% CI, 5%-7%) at the time of delivery, and IgG was detected in cord blood from 72 of 83 newborns (87%; 95% CI, 78%-93%). IgM was not detected in any cord blood specimen, and antibodies were not detected in any infant born to a seronegative mother. Cord blood IgG concentrations were positively correlated with maternal IgG concentrations ($r = 0.886$; $p < 0.001$). In this cohort study, maternal IgG antibodies to SARS-CoV-2 were transferred across the placenta after asymptomatic as well as symptomatic infection during pregnancy. Cord blood antibody concentrations correlated with maternal antibody concentrations and with duration between onset of infection and delivery. The authors conclude that these findings demonstrate the potential for maternally	This US study aimed to assess the association between maternal and neonatal SARS-CoV-2-specific antibody concentrations. The authors conclude that the study findings demonstrate the potential for maternally derived SARS-CoV-2 specific antibodies to provide neonatal protection from COVID-19.	Flannery DD, Gouma S, Dhudasia MB, et al. Assessment of Maternal and Neonatal Cord Blood SARS-CoV-2 Antibodies and Placental Transfer Ratios [published online Jan 29]. JAMA Pediatr. doi:10.1001/jamapediatrics.2021.0038

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SARS-CoV-2, human coronavirus, neurodevelopmental effects, nervous system	29-Jan-21	Coronavirus infections in the nervous system of children: a scoping review making the case for long-term neurodevelopmental surveillance	Pediatric Neurology	Review	derived SARS-CoV-2 specific antibodies to provide neonatal protection from COVID-19. This review attempted to describe the case literature of human coronavirus (HCoV) infections in the nervous system of children (ages 0-24 years), including SARS-CoV-2, and to provide guidance to pediatric providers for managing the potential long-term effects on neurodevelopment of HCoV infections in the nervous system. After reviewing 2,302 articles, the authors identified 31 articles describing SARS-CoV-2 infections in the nervous system of children and 21 from other HCoVs: HCoV-229E, HCoV-NL63, HCoV-OC43, HCoV-HKU1, MERS-CoV, SARS-CoV-1. Excepting MERS-CoV, the authors found cases of neurologic disease in children from each of the HCoVs. Clinical outcomes have varied from isolated peripheral nerve palsies with near complete resolution, to severe disease courses, including fatalities. Few of the articles evaluated the impact of HCoV infections on long-term neurodevelopmental domains. Although rare, neurologic manifestations of HCoV infections can cause severe disease in children which pose a threat to long-term neurodevelopment. The case literature suggests a critical gap in knowledge of the long-term impacts on child neurodevelopment of these infections. This gap that will need to be filled as the current SARS-CoV-2 pandemic continues to spread globally in order to facilitate optimal outcomes in recovering children.	This review attempted to describe the case literature of human coronavirus infections in the nervous system of children (ages 0-24 years), including SARS-CoV-2. The authors conclude that there is a critical gap in knowledge of the long-term impacts on child neurodevelopment of these infections.	Singer TG, Evankovich K, Fisher K, Demmler Harrison G, Risen SR. Coronavirus infections in the nervous system of children: A scoping review making the case for long-term neurodevelopmental surveillance. <i>Pediatr Neurol</i> . 2021. doi: https://doi.org/10.1016/j.pediatrneurol.2021.01.007 .
COVID-19, placental changes, asymptomatic, SARS-CoV-2 infection, pregnancy, neonatal outcomes	29-Jan-21	COVID-19 as an independent risk factor for subclinical placental dysfunction	European Journal of Obstetrics and Gynecology and Reproductive Biology	Original Research	The present study aimed to find the histopathological alterations in the placenta of SARS-CoV-2 positive pregnancies with either no symptoms or mild COVID-19 related symptoms and the association of these alterations with neonatal outcomes. 27 asymptomatic or mildly symptomatic SARS-CoV-2 positive pregnant women (mean age, 26.6+4.6 years) with a singleton pregnancy (gestational age mean, 265.0+18.1 days) delivered between 1 July and 15 September 2020 in India were included as cases. An equal number of SARS-CoV-2 negative singleton pregnancies matched for maternal (mean age, 24.8+4.9 years) and gestational age (mean age, 268.48+15.9 days) during the same period were included as controls. Histopathological examination of the placenta was performed after delivery. In terms of the changes in the placenta, the following features of maternal vascular malperfusion were significantly higher in the placenta of SARS-CoV-2 positive pregnancies : retroplacental hematomas [(p = 0.001); relative risk (RR) = 2.40(95% CI 1.57- 3.66)], accelerated villous maturation [(p = 0.001); RR = 2.41(95% CI 1.51-3.84)], distal villous hyperplasia [(p < 0.0001); RR = 2.67(95% CI 1.52-4.67)], atherosis/fibrinoid necrosis (p = 0.010), mural hypertrophy of membrane arterioles [(p < 0.0001); RR = 4.36(95% CI 2.10-9.09)], and vessel ectasia (p = 0.002). The percentage of spontaneously delivered women as well as sex and weight of the newborn were comparable in the two groups. Asymptomatic or mildly symptomatic SARS-CoV-2 positive pregnant women, with otherwise uncomplicated pregnancies, show evidence of placental injury at a microscopic level; however, the authors found no	The authors of this study found that asymptomatic or mildly symptomatic SARS-CoV-2 positive pregnant women show evidence of placental injury at a microscopic level but found no evidence that this placental injury led to poor pregnancy outcomes. The extent of this injury in symptomatic cases of COVID-19 pregnancies and its consequences on pregnancy outcomes need to be analyzed.	Jaiswal N, Puri M, Agarwal K, et al. COVID-19 as an independent risk factor for subclinical placental dysfunction. <i>European Journal of Obstetrics & Gynecology and Reproductive Biology</i> . 2021. doi: https://doi.org/10.1016/j.ejogrb.2021.01.049 .

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					evidence that placental injury led to poor pregnancy outcomes. The extent of this injury in symptomatic cases of COVID-19 pregnancies and its consequences on the outcomes need to be analyzed.		
School opening; transmission; return-to-school; COVID-19	29-Jan-21	COVID-19 Cases and Transmission in 17 K–12 Schools — Wood County, Wisconsin, August 31–November 29, 2020	Morbidity and Mortality Weekly Report (MMWR)	Report	This report describes the in-school transmission risk of SARS-CoV-2. During August 31–November 29, 2020, COVID-19 cases, spread, and compliance with mask use were investigated among 4,876 students and 654 staff members who participated in in-person learning in 17 kindergarten (K)–12th grade schools in rural Wisconsin, USA [child ages not stated]. Participating schools were from 3 public school districts, 1 private school district, and 1 independent private school. 8 schools were elementary (grades K–6) with 1,529 total students attending in-person, and 9 were secondary (grades 7–12) with 3,347 students attending in-person. All students were provided 3-5 face masks, social distancing was maintained indoors and outdoors, & symptomatic students and their siblings were quarantined. Among the 17 schools, responses from surveys completed by teachers showed that student mask-wearing was high (>92%), and the COVID-19 incidence among students and staff members was lower than in the county overall (3,453 versus 5,466 per 100,000 [p-value not included]). Among 191 cases identified in students and staff members, only 7 (3.7%) cases, all students, were linked to in-school spread, though the prevalence of asymptomatic spread was not determinable. With precautions in place, in-school transmission of SARS-CoV-2 appeared to be uncommon in this community, despite up to a 40% positive SARS-CoV-2 test rate in the surrounding county, suggesting potential for cautious school re-opening using mitigation measures.	This report characterizes in-school SARS-CoV-2 transmission risk among 17 rural schools in Wisconsin, USA. Reported student mask-wearing was high, and the COVID-19 incidence among students and staff members was lower than in the county overall (3,453 versus 5,466 per 100,000). Among 191 cases identified in students and staff members, only 7 (3.7%) cases, all students, were linked to in-school spread. Schools may be able to use mitigation strategies to open safely and limit disease spread.	Falk A, Benda A, Falk P, et al. COVID-19 Cases and Transmission in 17 K–12 Schools — Wood County, Wisconsin, August 31–November 29, 2020. MMWR Morb Mortal Wkly Rep. Published 2021 Jan 29. doi: http://dx.doi.org/10.15585/mmwr.mm7004e3external icon .
case fatality, COVID-19, LMIC, HIC, pediatric COVID-19, neonates	29-Jan-21	The differential impact of pediatric COVID-19 between high-income countries and low- and middle-income countries: A systematic review of fatality and ICU admission in children worldwide	PLoS One	Systematic Review	Investigating the differential impact of COVID-19 in children by country is important to direct limited global resources to more vulnerable regions. This systematic review conducted December 7, 2020 evaluated the global impact of PCR-confirmed SARS-CoV-2 infection in children 0-19 years old. 16,027 articles and 225 national reports from 216 countries were reviewed; 443 articles met the eligibility criteria. Among the 3,788 global pediatric COVID-19 deaths, 3,394 (91.5%) deaths were reported from low- and middle-income countries (LMICs) and 83.5% of pediatric cases from all included countries were from LMICs. Pediatric COVID-19 deaths per 1,000,000 children and case fatality rate (CFR) were significantly higher in LMIC than in high-income countries (HIC) (2.77 in LMIC vs 1.32 in HIC; p<0.001 and 0.24% in LMIC vs 0.01% in HIC; p<0.001, respectively). The article presents a world map of national pediatric COVID-19 deaths and the authors note an excess of deaths in Central and South America. Of the 3,118 COVID-19 ICU admissions reported, 2,234 (71.7%) were from HIC, while only 720 (28.3%) ICU admissions were reported from LMIC. The highest COVID-19 deaths per 1,000,000 children and CFR were in infants <1 year old and were higher in LMICs (10.03 and 0.58% globally; 5.39 and 0.07% in HIC; 10.98 and 1.30% in LMIC, respectively) [p-values not reported for age-specific comparisons]. This review highlights a larger impact of	This systematic review evaluated the global impact of PCR-confirmed SARS-CoV-2 infection in children 0-19 years old, finding a larger impact of pediatric COVID-19 fatality in low- and middle-income countries than in high-income countries.	Kitano T, Kitano M, Krueger C, et al. The differential impact of pediatric COVID-19 between high-income countries and low- and middle-income countries: A systematic review of fatality and ICU admission in children worldwide. PLoS One. 2021;16(1):e0246326. Published 2021 Jan 29. doi:10.1371/journal.pone.0246326

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					pediatric COVID-19 fatality in LMICs compared to HICs; however, the authors note limitations of analysis due to a scarcity of age-specific data and limited data from Africa and the Middle East.		
Pregnancy, maternal outcomes, neonatal outcomes, mortality, obstetrics, C-section	29-Jan-21	Clinical characteristics, maternal and neonatal outcomes of pregnant women with SARS-CoV-2 infection in Turkey	Bratislavske lekarske listy	Original Research	In this retrospective cohort study, the authors analyzed the clinical manifestations and maternal and neonatal outcomes of SARS-CoV-2 during pregnancy in 2 hospitals in Turkey from March 11-July 1, 2020. 24 pregnant women with RT-PCR confirmed SARS-CoV-2 were included (mean age 26.9 ± 5.37 years, range not provided). Mean gestational age at diagnosis was 24.15 ± 10.61 weeks. 6 (25%) women were asymptomatic, while 18 (75%) were symptomatic. Cough was the most common symptom (n=15; 62.5%) and 13 patients (54.1%) had fever. Among patients with chest CT (n =5), 3 (60%) showed ground-glass opacity. On laboratory results, the mean lowest white blood cell count was 7.32 ± 2.58 (10 ³ μL), and the lowest lymphocyte percentage was 20.83 ±13.05 (%). 10 of the patients delivered, 9 of which were by C-section. There was one maternal death, a 39-year-old with gestational diabetes at 32 weeks gestation. She had rapid clinical deterioration and underwent emergency Cesarean delivery of a neonate who died within 24 hours of birth. The mother was transferred to the ICU postpartum and intubated, but developed severe respiratory distress, septic shock, multiple organ failure, and cardiopulmonary arrest and died 2 days postpartum. The authors conclude that for most cases, the clinical course of COVID-19 during pregnancy was mild.	The authors assessed the clinical manifestations and maternal and neonatal outcomes of SARS-CoV-2 in pregnancy in 2 hospitals in Turkey. 23 of the 24 cases were mild, with one maternal death and death of her premature infant (32 weeks gestation). Cough and fever were the most common symptoms reported. 9 of 10 patients who delivered gave birth via C-section.	Ozsurmeli M, Terzi H, Hocaoglu M, et al. Clinical characteristics, maternal and neonatal outcomes of pregnant women with SARS-CoV-2 infection in Turkey. Bratisl Lek Listy. 2021;122(2):152-157. doi:10.4149/BLL_2021_023
COVID-19; pediatric; ibuprofen; chickenpox; cystic fibrosis; pneumonia; sepsis	29-Jan-21	Serious infectious events and ibuprofen administration in pediatrics: A narrative review in the era of COVID-19 pandemic	Italian Journal of Pediatrics	Review	This narrative review evaluated the safety of ibuprofen during the course of pediatric infectious disease. A literature search was performed on the Medline-PubMed database, using 20 April 2020 as the last search date. Ibuprofen was found to be associated with severe necrotizing soft tissue infections (NSTI) during the course of chickenpox. Pre-hospital use of ibuprofen seemed to increase the risk of complicated pneumonia in children. Conflicting data have been published in septic children, while ibuprofen in the setting of Cystic Fibrosis (CF) exacerbations was safe and efficacious. No data were available for ibuprofen use during the course of COVID-19. Ibuprofen should not be recommended for chickenpox management. Due to possible higher risks of complicated pneumonia, the authors suggest caution on its use in children with respiratory symptoms. While it remains unclear whether ibuprofen may have harmful effects during systemic bacterial infection, its administration is recommended in CF patients. Due to the lack of data on ibuprofen, the use of paracetamol is preferred during COVID-19 acute respiratory distress syndrome in children.	This narrative review evaluated the safety of ibuprofen during the course of pediatric infectious disease. No data was available for ibuprofen use during the course of COVID-19. Due to the lack of data on ibuprofen, the use of paracetamol is preferred during COVID-19 acute respiratory distress syndrome in children.	Quaglietta L, Martinelli M, Staiano A. Serious infectious events and ibuprofen administration in pediatrics: a narrative review in the era of COVID-19 pandemic. Ital J Pediatr. 2021;47(1):20. doi:10.1186/s13052-021-00974-0.
COVID-19; pediatric; fetal; congenital; heart disease	28-Jan-21	ASE Statement on Adapting Pediatric, Fetal, and Congenital Heart Disease Echocardiographic	Journal of the American Society of Echocardiography	Article	The authors summarized updated information and guidance for providing echocardiography services, in light of improved understanding of COVID-19 risks and course in pediatric, congenital heart disease, and fetal cardiology patients. Referral for fetal echo may be gradually re-introduced to pre-pandemic norms, with the addition of telemedicine as an essential and valuable tool. MIS-C is frequently	The authors summarized updated information and guidance for providing echocardiography services, in light of improved understanding of COVID-19	Altman CA, Donofrio MT, Arya B, et al. ASE Statement on Adapting Pediatric, Fetal, and Congenital Heart Disease Echocardiographic Services

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		Services to the Evolving COVID-19 Pandemic			associated with cardiac abnormalities, with echo playing a vital role in assessment for abnormal ventricular function, valvulitis, coronary artery dilation, intra-cardiac thrombus, or pericardial effusion. Essential trainee education in pediatric, congenital, and fetal echo is feasible with stringent attention to PPE, incorporation of remote learning, thoughtful patient selection, and the use of scan protocols. Excellent communication, focused but thorough scan protocols, PPE, and flexible scheduling are essential for successful lab workflow and sonographer well-being. The American Academy of Pediatrics in conjunction with the US CDC currently recommends that pediatricians screen children after acute COVID-19 for persistent symptoms, before authorizing return to sports and athletics. If symptoms are present, rest and referral to pediatric cardiology is recommended, given the possibility that subclinical myocarditis or myocardial injury occurred during the acute illness. These guidelines can be used to adapt strategies for practice management during the pandemic.	risks and course in pediatric, congenital heart disease, and fetal cardiology patients. These guidelines can be used to adapt strategies for practice management during the pandemic.	to the Evolving COVID-19 Pandemic. <i>J Am Soc Echocardiogr.</i> 2021:S0894-7317(21)00027-4. doi:10.1016/j.echo.2021.01.012.
COVID-19; children; children safety; mask use; masks	28-Jan-21	COVID-19 and the Use of Masks by Children. Statement From the Association of Schools of Public Health in the European Region and the European Academy of Paediatrics	Frontiers in Pediatrics	Statement	The statement, produced by the Association of Schools of Public Health in the European Region (ASPHER) and the European Academy of Paediatrics (EAP), has 12 recommendations regarding masks and children. In October - November 2020, pediatric nurses, doctors, and other experts from >20 countries were consulted regarding the use of masks by children in the school and hospital environment. The recommendations state that masks provide the same protection in the context of COVID-19 to a child as to an adult, but the age of the child needs to be considered. The mask should not be considered a panacea for COVID-19 protection. Home-made and cloth masks fit children better than manufactured masks, and elastic is better than ties for children to handle. Child hat-shields are not as optimal as masks, but might be easier for children aged 2 to 6 to wear. Respirators are not designed for children and currently should not be used [FFP2/FFP3 (N95)]. The authors also discuss the psychological dimension of children when they are asked to wear a mask and the fear they may experience when interacting with masked adults. Moreover, they review the difficulties and compliance of children with disabilities being asked to wear masks. A clear need for further research was highlighted.	The statement, jointly produced by the Association of Schools of Public Health in the European Region (ASPHER) and the European Academy of Paediatrics (EAP), has 12 recommendations regarding masks and children. The statement summarizes that masks provide the same protection in the context of COVID-19 to a child as to an adult, but the age and disability of the child needs to be considered. It provides recommendations on the size, material, and ergonomics of children's masks, and need for further research is highlighted.	Lopes H, Middleton J, De Guchteneere A, et al. COVID-19 and the Use of Masks by Children. Statement From the Association of Schools of Public Health in the European Region and the European Academy of Paediatrics. <i>Front Pediatr.</i> 2021;9:580150. Published 2021 Jan 28. doi:10.3389/fped.2021.580150
COVID-19; children; clinical manifestations; SARS-CoV-2	28-Jan-21	Patterns of Presentation of SARS-CoV-2 Infection in Children. Experience at the Italian Epicentre of the Pandemic	Frontiers in Pediatrics	Original Research	The authors retrospectively reviewed the clinical pattern of COVID-19 in pediatric patients admitted to an Italian hospital from February 25-May 23, 2020. During this period, 45 patients were SARS-CoV-2 positive, 33 with naso/oro-pharyngeal swabs, and 12 with positive serological tests. The authors found 2 distinct phases with the early group (Group 1, 14 children, median age 1 year, range 1 month-7 years) presenting in the first month of the pandemic with viral sepsis, pneumonia, and influenza-like symptoms. Group 2 (21 children, median age 8 years, range 5.4-11.5 years) presented in the 2nd and 3rd months of the pandemic with MIS-C or neurological manifestations ($p < 0.001$ for comparison of days of presentation from start of the	The authors reviewed the clinical pattern of COVID-19 in pediatric patients admitted to an Italian hospital from February 25- May 23, 2020. The authors found 2 distinct phases, with Group 1 presenting within the first month and Group 2 presenting in the 2nd and 3rd months of the pandemic.	Mazza A, Di Giorgio A, Martelli L, et al. Patterns of Presentation of SARS-CoV-2 Infection in Children. Experience at the Italian Epicentre of the Pandemic. <i>Front Pediatr.</i> 2021;9:629040. Published 2021 Jan 28. doi:10.3389/fped.2021.629040

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					<p>pandemic between Group 1 and Group 2). The remaining 10 patients (miscellaneous group, median age 7 years, range 4-14 years) were admitted for unrelated conditions with incidental COVID-19 findings and were distributed evenly across the study period and are not included in this analysis. The authors note that Group 1 was admitted when mitigation measures to prevent the pandemic's spread were not yet in place. Group 1 presented with direct viral injury, while Group 2 suggested an immune-mediated disease.</p>		
pediatric, COVID-19, bulging fontanelle	28-Jan-21	Covid-19 presenting as a bulging fontanelle	The American Journal of Emergency Medicine	Case Report	<p>This is a case study of a 4-month-old girl with COVID-19 who presented at the emergency department in the United States with a bulging fontanelle. Upon admission, she had a 2-day history of elevated temperature, increased fussiness, decreased feeding, and a bulging anterior fontanelle. The complete blood count was notable for leukocytosis of 14.34 K/mcL with 60.5% lymphocytes. The patient underwent a lumbar puncture. Cerebral spinal fluid (CSF) results showed 30 red blood cells/mm³, 1 white blood cells/mm³, glucose of 49 mmol/L, and protein of 26 mg/dL. CSF gram stain and CSF film array for meningitis/encephalitis were negative. She was treated empirically with ceftriaxone and a 20 mL/kg normal saline bolus. CT was performed prior to lumbar puncture, and showed no evidence of intracranial mass, hemorrhage, or hydrocephalus. A nasal swab for SARS-CoV-2 was positive. Patient was discharged with reassuring vital signs, and no concerns for sepsis. Previous cases of benign intra-cranial hypertension with a bulging fontanelle have been described in the literature, most of which are associated with viral illnesses, including upper respiratory infections. The authors suggest that infants presenting with bulging fontanelle be tested for SARS-CoV-2 as a possible underlying cause.</p>	<p>This case report describes a 4-month-old infant with COVID-19 who presented with a bulging fontanelle in the United States. The course of her illness was short, and she was discharged with reassuring vital signs. Previous reports of benign bulging fontanelle have been shown during upper respiratory viral infections, so authors urge physicians to test for SARS-CoV-2 in infants with bulging fontanelle.</p>	<p>Schiff J, Brennan C. Covid-19 presenting as a bulging fontanelle [published online ahead of print, 2021 Jan 28]. Am J Emerg Med. 2021;43:81-82. doi:10.1016/j.ajem.2021.01.062</p>
Stillbirth, pregnancy, neonatal outcomes, fetal demise, placenta	28-Jan-21	Placental pathology and fetal demise at 35 weeks of gestation in a woman with SARS-CoV-2 infection: A case report	Case Reports in Women's Health	Case Report	<p>The authors present a case of stillbirth in a pregnant woman with SARS-CoV-2 infection. A previously healthy 31-year-old woman at 32 weeks gestation in Florida, USA developed fatigue, rhinorrhea, body aches, headache, sore throat, nausea and vomiting, diarrhea, cough, chills, and anosmia. RT-PCR for SARS-CoV-2 on day 3 and 14 of the illness were positive. The patient experienced a 27-day gap in prenatal care due to hospital-specific clinical policies limiting care of pregnant women until complete resolution of symptoms and negative RT-PCR COVID-19 testing. The patient was evaluated at an outpatient clinic at 35 4/7 weeks of gestation with discovery of absent fetal heart rate (FHR). Repeat obstetric ultrasound confirmed fetal demise. Histopathological examination of the placenta showed patchy acute chorionitis and diffuse infarction/villous necrosis of the placental parenchyma. The placenta showed extensive fetal vascular malperfusion and parenchymal infarct involving approximately 75% of the placenta. No alternate causes of fetal demise were identified. The authors conclude that fetal demise in a woman with confirmed COVID-19 with no pre-existing conditions or pregnancy complications suggests</p>	<p>This is a case report of fetal demise in an otherwise healthy 31-year-old pregnant woman with SARS-CoV-2 during pregnancy in Florida, USA. The placenta showed extensive fetal vascular malperfusion, and no other causes of fetal demise were identified. This suggests the fetal death was an outcome of COVID-19 during pregnancy.</p>	<p>Poisson TM, Pierone G Jr. Placental pathology and fetal demise at 35 weeks of gestation in a woman with SARS-CoV-2 infection: A case report. Case Rep Womens Health. 2021; doi:10.1016/j.crwh.2021.e00289</p>

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					that fetal death is a potential outcome of COVID-19 during pregnancy, supported further by the histo-pathological findings in the placenta.		
ACEs; Adversity; COVID-19; Childhood experiences; Isolation; Stress	28-Jan-21	Childhood Adversity and Perceived Distress from the COVID-19 Pandemic	Adversity and Resilience Science	Original Research	This study examined how adverse childhood experiences (ACEs) are associated with greater perceived distress [measurement method not described] during the COVID-19 pandemic. A total of 101 low-income pregnant women (mean age = 25.2 years, range 16-38 years), participating in a longitudinal study in a small metropolitan city [not named] in the United States, completed a survey in April 2020 that inquired about distress during the COVID-19 pandemic. The authors analyzed these survey results with data previously collected. They reported that higher ACE scores were associated with higher levels of distress (b = .08; se = .03 [95% CI not given]; p < 0.01) after controlling for demographic characteristics. Including a measure of loneliness in the model mediated the association between ACE scores and distress levels. Although approximately half of participants reported some economic impacts and health fears due to the pandemic, these were not significantly associated with perceived distress. The authors concluded that their results suggest ACEs influence COVID-19 pandemic stress and mental health through individuals' perceived social isolation. Finally, they stated that assessing early life trauma or adversity may help to identify those in need of additional support or intervention due to the COVID-19 pandemic.	This study examines the association between adverse childhood experiences (ACEs) and perceived distress among a sample of 101 pregnant women during the COVID-19 pandemic. The authors report that after controlling for demographic factors, higher ACE scores were significantly associated with greater perceived distress levels, though the inclusion of a loneliness measure mediates this effect.	Shreffler, K. M., Joachims, C. N., Tiemeyer, S., et al. Childhood Adversity and Perceived Distress from the COVID-19 Pandemic. Adversity and resilience science. 2021, 1–4. https://doi.org/10.1007/s42844-021-00030-0
case report, coronavirus disease 2019, pathologic effects, placenta, severe acute respiratory syndrome coronavirus 2, vertical transmission	28-Jan-21	Severe acute respiratory syndrome coronavirus 2 detected in placentas of 2 coronavirus disease 2019-positive asymptomatic pregnant women—case report	AJOG Global Reports	Case Report	This is a report on 2 clinical cases of SARS-CoV-2 placental infections. Both mothers (23 years old and 21 years old) tested positive for SARS-CoV-2, yet were asymptomatic in their third trimesters of pregnancy in Panama. The neonates weighed 2650 g and 2890 g, respectively, and their SARS-CoV-2 nasopharyngeal swabs at 24 hours after birth were negative. SARS-CoV-2 was localized in granular patterns on the chorionic villi endothelial cells of both placentas. A histologic examination also detected a dense infiltrate of lymphoid cells around decidual vessels and endothelial cells with cytopathic changes. Genetic characterization of the virus revealed 2 different lineages, the A2 lineage in Case 1 and the B1 lineage in Case 2, and Case 2 showed an A to G nucleotide mutation at position 23,403 (D614G). A mutation considered to be a potential signal of SARS-CoV-2 viral adaptation, G11803T, was observed in both genomes. ACE-2 receptors in the third-trimester placenta might be sufficient to cause placental infection, but too low for vertical transmission. While no transmission occurred in endothelial cells in these cases, SARS-CoV-2 infections in placental syncytio-trophoblast cells could cause vertical transmission, leading to SARS-CoV-2-positive newborns. More research is needed to confirm the possibility of vertical transmission and evaluate specific mutations related to vertical trans-placental transmission.	This is a case report of 2 SARS-CoV-2 placental infections in asymptomatic SARS-CoV-2-positive women in their third trimesters of pregnancy in Panama. Although both infants tested negative for SARS-CoV-2, these cases demonstrate that SARS-CoV-2 infections in placental syncytio-trophoblast cells could cause vertical transmission.	Sanchez J, Vigil-De Gracia P, Guerrero E, et al. SARS-CoV-2 detected in placentas of 2 COVID-19-positive asymptomatic pregnant women—case report. AJOG Global Reports. 2021;1(1):100001. doi:10.1016/j.xagr.2020.10.0001

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COVID-19; Domestic violence; Pandemic; Pregnant women; Quality of Life	28-Jan-21	Domestic violence and its relationship with quality of life in pregnant women during the outbreak of COVID-19 disease	BioMed Central (BMC) Pregnancy and Childbirth	Original Research	The authors examined the prevalence of domestic violence and its relationship with quality of life among pregnant women in Iran during the COVID-19 pandemic. 250 women (mean age 30.57 years; SD 5.87) receiving services in an urban hospital in Iran were included from May-August 2020. Using a three-part questionnaire consisting of the socio-demographic and obstetrics information, the domestic violence questionnaire developed by WHO, and the SF-12 quality of life questionnaire, the required information was collected. The results showed that 35.2% (n = 88) of the women who participated experienced domestic violence during the COVID-19 pandemic. Of those who experienced violence, 32.8% (n = 82) experienced emotional violence, 12.4% (n = 31) experienced sexual violence, and 4.8% (n = 12) experienced physical violence. The mean score of the physical health domain of quality of life in the group of women exposed to violence (50.21) was lower compared to the unexposed group (53.45), though there was no significant difference between them (P = 0.25). However, the mean score of the mental health domain of quality of life in women exposed to violence (46.27) was significantly lower compared to unexposed women (61.17) (P < 0.001). These findings demonstrate a relationship between domestic violence and mental health quality of life for pregnant women during the COVID-19 pandemic and the importance of screening and interventions for domestic violence in this population.	This article examined the relationship between domestic violence and quality of life among pregnant women in Iran during the COVID-19 pandemic. While there was no significant difference in overall quality of life observed between women exposed to violence and those not exposed to violence, women exposed had significantly worse scores in the mental health quality of life domain.	Naghizadeh S, Mirghafourvand M, Mohammadirad R. Domestic violence and its relationship with quality of life in pregnant women during the outbreak of COVID-19 disease. BMC Pregnancy Childbirth. 2021;21(1):88. Published 2021 Jan 28. doi:10.1186/s12884-021-03579-x
MIS-C, pediatrics, ICU, clinical characteristics, children, cardiology	28-Jan-21	Kawasaki disease in Colombia: a systematic review and contrast with multisystem inflammatory syndrome in children associated with COVID-19	Revista Colombiana de Reumatología	Original Research	In this systematic review conducted up to July 18, 2020, the authors assessed clinical features of Kawasaki Disease (KD) in Colombia and contrasted the results with the clinical characteristics of MIS-C linked to COVID-19. 17 publications were included in the KD analysis with a total of 120 Colombian patients affected. Among the 73 patients whose exact age was reported, 66 (90.4%) were ≤5 years [range not provided]. The authors also assessed 45 articles of MIS-C in 961 patients, of whom 133 (27.8%) were ≤5 years of age [range not provided]. Compared to those with KD, patients with MIS-C were more likely to be >5 years of age (p<0.00001), to require ICU care (p<0.00001), and to have cardiac involvement (p<0.00001). Patients with KD were more likely to have peripheral extremities involvement (p<0.00001), oral and pharyngeal mucosal changes (p<0.00001), and lymphadenopathy (p<0.00001) and were more likely to receive IV immunoglobulins and/or acetylsalicylic acid (p<0.00001). There was no difference in mortality between the 2 groups. The authors conclude that syndrome (MIS-C) linked to COVID-19 seems to affect older children more, have higher rates of cardiac involvement, and entail more severe presentations requiring ICU management than patients with KD.	In this article, the authors compared the clinical characteristics of 73 patients with Kawasaki Disease in Colombia to 961 patients with MIS-C. MIS-C was more likely to affect children >5 years of age, require ICU care, and have cardiac involvement than Kawasaki Disease.	Llinás-Caballero K, Rodríguez Y, Fernández-Sarmiento J, et al Kawasaki disease in Colombia: a systematic review and contrast with multisystem inflammatory syndrome in children associated with COVID-19. Rev. Colomb. de Reumatol. 2021; doi:10.1016/j.rcreu.2020.11.004

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SARS-CoV-2, RSV, influenza, nasal mucosa, pediatric, adults, immune response	28-Jan-21	Immune response to SARS-CoV-2 in the nasal mucosa in children and adults	medRxiv	Preprint (not peer-reviewed)	This paper sought to investigate the host response to SARS-CoV-2, respiratory syncytial virus (RSV), and influenza virus (IV) in the nasal mucosa of children and adults. Clinical outcomes and gene expression in the nasal mucosa were analyzed in 36 children (age 0.4-15 years) hospitalized with SARS-CoV-2, 24 with RSV, 9 with influenza, 16 adults (age range not specified) with mild-to-moderate SARS-CoV-2, 7 healthy pediatric, and 13 healthy adults. In both children and adults, SARS-CoV-2 infection leads to interferon response in the nasal mucosa, the magnitude of which is similar to RSV and influenza. The authors saw no significant differences in local responses, including immune cell recruitment. Expression of <i>ACE2</i> and <i>TMPRSS2</i> – key entry factors for SARS-CoV-2 – did not correlate with age or the presence or absence of viral infection. Furthermore, the magnitude of the interferon response correlated with the abundance of viral reads and was comparable between symptomatic children and adults infected with SARS-CoV-2 and symptomatic children infected with RSV and IV. Thus, the authors conclude that the age-related differences in SARS-CoV-2 infection outcomes may be independent of the primary response to the virus in the nasal mucosa.	This paper compared nasal mucosa of adults and children with SARS-CoV-2, respiratory syncytial virus, and influenza to determine whether alterations in host response to primary infection might explain the age-related disparity in COVID-19 severity. The authors find no significant changes between the cohorts, suggesting that disease severity may be independent of the primary viral response in the nasal mucosa.	Koch CM, Prigge AD, Anekalla KR, et al. Immune response to SARS-CoV-2 in the nasal mucosa in children and adults. medRxiv. 2021. doi:10.1101/2021.01.26.21250269
hair loss, alopecia, COVID-19, MIS-C	28-Jan-21	Different Hair Loss Patterns in Two Pediatric Patients with COVID-19 Associated Multisystem Inflammatory Syndrome in Children (MIS-C)	Dermatologic Therapy	Letter	The authors present the cases of 2 pediatric patients in Turkey with different hair loss patterns who were diagnosed with positive SARS-CoV-2 tests. Patient 1 (a 10-year-old boy) was referred to a dermatology clinic due to diffuse hair loss, had a positive hair pull test, and was diagnosed with telogen effluvium (TE), or excess shedding of hair on the top of the scalp. The patient had normal laboratory test results for other potential causes, including iron deficiency anemia, vitamin deficiencies, and thyroid abnormalities. His medical history included hospital admission for COVID-19 two months before his presentation to the dermatology clinic and subsequent development of COVID-19-associated MIS-C. Patient 2 (a 13-year-old boy) was referred to dermatology after developing a 1 cm patch of alopecia, received a negative hair pull test, and had no previous history of alopecia areata (AA) or other autoimmune diseases. One month prior, the patient had been diagnosed with COVID-19-associated MIS-C with hepatic and gastrointestinal involvements. Both TE and AA have been observed in adults previously diagnosed with COVID-19, but these presentations have not been characterized in pediatric patients. Stress and anxiety related to severe COVID-19 and COVID-19-associated MIS-C are thought to be involved in TE and AA in the pediatric population.	The authors describe two Turkish pediatric patients with partial hair loss, telogen effluvium (TE) and alopecia areata (AA), that occurred 1-2 months after being diagnosed with COVID-19-associated MIS-C. Stress and anxiety related to severe COVID-19 and COVID-19-associated MIS-C are thought to be involved in TE and AA in the pediatric population.	Hayran Y, Yorulmaz A, Gür G, Aktaş A. Different Hair Loss Patterns in Two Pediatric Patients with COVID-19 Associated Multisystem Inflammatory Syndrome in Children (MIS-C). Dermatol Ther. 2021 Jan 28. doi: 10.1111/dth.14820. Epub ahead of print. PMID: 33506994.
SARS-CoV-2; inflammatory; cutaneous; rash	28-Jan-21	Rare Cutaneous manifestation of COVID-19	British Medical Journal (BMJ) Case Reports	Case Report	The authors describe a case of a previously healthy 17-year-old boy who tested positive for SARS-CoV-2 infection in Ireland. He presented with a 5-day history of mild influenza-like symptoms; however, he quickly required ventilatory support in the ICU. The patient remained on ventilatory support for 12 days before extubation. Two months after his discharge, he developed an isolated petechial rash on his palms and soles. The patient had recently been treated with intravenous immunoglobulin (IVIG). However, the treatment was ruled	The authors present the case of a 17-year-old male who tested positive for SARS-CoV-2 infection and required ventilatory support in the ICU in Ireland. Two months post-discharge, he was diagnosed with post-COVID-19 cutaneous	Killion L, Beatty PE, Salim A. Rare cutaneous manifestation of COVID-19. <i>BMJ Case Rep.</i> 2021;14(1):e240863. Published 2021 Jan 28. doi:10.1136/bcr-2020-240863

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					out as a cause for the cutaneous manifestation due to a lack of previous evidence of such a phenomenon. His cutaneous presentation was associated with a mixed sensorimotor peripheral neuropathy, debilitating neuropathic pain, and intermittent respiratory distress after recovery from the initial COVID-19 diagnosis. The patient was subsequently diagnosed with post-COVID-19 cutaneous small-vessel vasculitis isolated to the palmoplantar skin in association with SARS-CoV-2 multisystem inflammatory syndrome. The authors suggest that clinicians be aware of skin rash as a potential asymptomatic presentation of COVID-19 or impending MIS-C.	small-vessel vasculitis isolated to the palmoplantar skin in association with SARS-CoV-2 multisystem inflammatory syndrome. The authors suggest that clinicians be aware of skin rash as a potential asymptomatic presentation of COVID-19 or of impending MIS-C.	
post-partum hemorrhage, misoprostol, Nepal, ebola, Liberia	28-Jan-21	Preventing post-partum haemorrhage at home during COVID-19: What are we waiting for?	The Lancet Global Health	Comment	This article argues that advance distribution of misoprostol should be a standard of care and given to all pregnant women who now face disruptions in health services due to the COVID-19 pandemic. Misoprostol is a safe and cost-effective alternative postpartum uterotonic that is highly effective when oxytocin is not available. The authors cite prior instances where misoprostol was distributed on a large scale, including to women in Liberia during the 2014-16 Ebola outbreak, as well as in Nepal during the 2015 earthquake. Nepal has scaled up misoprostol distribution during the COVID-19 pandemic, in which they saw facility-based births reduced by half during lockdown (March 21-May 30, 2020). Thus, misoprostol can be distributed in complex emergencies even during health system disruption, and 2020 WHO guidelines affirm that misoprostol can be distributed in advance to women in humanitarian contexts. In summary, the authors argue that the COVID-19 pandemic should be used to help ensure that all women have access to post-partum hemorrhage prevention/management, and to reduce their risk of dying during childbirth.	This article writes in favor of distributing misoprostol, a medication that helps prevent post-partum hemorrhage, widely to women who cannot access healthcare facilities during the COVID-19 pandemic. The authors cite previous distributions during the Ebola outbreak and the Nepalese earthquake as proof that mass distribution can be done even amid healthcare disruptions.	Hobday K, Prata N, Hulme J, et al. Preventing post-partum haemorrhage at home during COVID-19: what are we waiting for? The Lancet Global Health. January 2021. doi:https://doi.org/10.1016/S2214-109X(21)00003-6
COVID-19; immigration; children; detention centers; law	27-Jan-21	Detention of Immigrant Children amid a Global Pandemic: Jenny Flores' America	American Journal of Law and Medicine	Commentary	The author provides a summary of the 1997 Reno v. Flores settlement agreement (FSA), a March 2020 decision by the District Judge of the Central District of California mandating release of children in immigrant detention, and implications of these actions for detained immigrant children in the US during the COVID-19 pandemic. A historical overview of the FSA is provided, followed by a description of concerns raised by the Trump Administration over the agreement starting in 2019, and an outline of Immigration and Customs Enforcement (ICE) and Office of Refugee Resettlement (ORR) procedures for processing of detained immigrant children. Concerns raised by advocates over the conditions of facilities housing immigrant children are described. Such environmental stressors are exacerbated by stress from the COVID-19 pandemic, including children's concerns over their own health and the health of their families. The authors note further that the 2020 Flores v. Barr decision did not order the Government to release minors in detention due to concerns over travel restrictions and spread of the SARS-CoV-2 virus, but did remind ORR and ICE of obligations through the FSA to release minors without unnecessary delay. ORR did implement guidance amidst the pandemic for detention centers to	This article describes legal and policy actions regarding the conditions of detention facilities housing immigrant children in the United States, including particular considerations and actions taken during the COVID-19 pandemic. The author outlines concerns over the safety and wellbeing of the children in these facilities during the COVID-19 pandemic and calls for comprehensive immigration reform.	Omilabu T. Detention of Immigrant Children amid a Global Pandemic: Jenny Flores' America. American Journal of Law & Medicine. 2020;46(4):519-526. doi:10.1177/0098858820975537

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					decrease COVID-19 risks. Legal and policy actions thereafter regarding the definition of safe and sanitary conditions in these facilities are described. The author notes that the treatment of undocumented children is a moral issue, and treatment of undocumented immigrants is often inhumane, particularly in the context of a global pandemic, and calls for comprehensive immigration reform in the United States.		
COVID-19; IVIG; Kawasaki disease; algorithm; pediatric MIS-C	27-Jan-21	The "Golden Hours" Algorithm For the Management of the Multisystem Inflammatory Syndrome in Children (MIS-C)	Global Pediatric Health	Research Article	The global concern of increasing number of children presenting with MIS-C has escalated the need for a case-oriented clinical approach that provides timely diagnosis and management. This article shares the authors' experience managing 64 MIS-C patients at a single center in Egypt between June 9th and August 18th, 2020 guided by a risk-based algorithm. Of these 64 patients (median age 7 years; range 1 month-14 years), 19 (30%) patients were categorized as mild and moderate risk groups and were cared for in an isolation ward and 45 patients (70%) who belonged to the high-risk group were admitted to the pediatric ICU. Positive laboratory evidence of SARS-CoV-2 was found in 62 patients (either by serological test or RT-PCR). Fever and dysfunction in 2 or more organs were confirmed in all cases (100%). 50 patients (78%) presented with gastro-intestinal symptoms, while only 10 patients (16%) had respiratory manifestations. Cardiac involvement was reported in 55 (86%) cases; hypotension and shock were found in 45 patients (70%) therein circulatory support and mechanical ventilations were needed for 45 and 13 patients respectively. IV immunoglobulins (IVIG) were used for all cases and methylprednisolone was used in 60 patients (94%). 58 (91%) patients were discharged home after an average of 9 days of hospitalization. The mortality rate was 9% (6 patients). The authors conclude the algorithm proved to be a helpful tool for first-line responders and helped initiate early treatment with IVIG.	This article shares the authors' experience managing 64 MIS-C patients at a single center in Egypt guided by a risk-based algorithm. The authors conclude the algorithm proved to be a helpful tool for first-line responders and helped initiate early treatment with IV immunoglobulins.	Mahmoud S, Fouda EM, Kotby A, et al. The "Golden Hours" Algorithm For the Management of the Multisystem Inflammatory Syndrome in Children (MIS-C). Glob Pediatr Health. 2021;8:2333794X21990339. Published 2021 Jan 27. doi:10.1177/2333794X21990339
NICU, Family Centered Care, COVID-19, pandemic	27-Jan-21	Neonatal family-centered care in a pandemic	Journal of Perinatology	Perspective	Over the past 25 years family-centered care (FCC) has become the standard of care in neonatal ICUs (NICUs) across North America. This multidisciplinary approach highlights the importance of parental and family involvement with the newborn. The COVID-19 pandemic has abruptly changed the NICU environment as constraints by infection control measures severely limit visitation policies. Efforts to limit infection amongst NICU staff and newborns limit staff from providing the care they believe is best for newborns and families in both the short and long term. The authors offer a model of FCC determinants in the current COVID-19 crisis to help organize thoughts around pertinent clinical, environmental, ethical, and sociocultural responses to challenges brought forth by the pandemic. NICUs will need to strike a balance between the increasingly understood risks of spread and the less clear but nonetheless important risks that minimal contact of newborns with their parents will have on both infant adaptation, bonding and development, and parental growth and development. The authors assert it is the responsibility of hospital systems to ensure neonatal FCC is supported in the safest manner possible.	Neonatal family-centered care (FCC) has been restricted by infection control measures and visitation policies implemented during the COVID-19 pandemic. The authors urge hospital systems to support neonatal ICUs as they balance the needs of infection prevention with the needs of newborns and their families.	Carter BS, Willis T, Knackstedt A. Neonatal family-centered care in a pandemic. J Perinatol. 2021 Feb 19:1–3. doi: 10.1038/s41372-021-00976-0. Epub ahead of print. PMID: 33608627; PMCID: PMC7893841.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
COVID-19; pediatric; renal transplant; United States	27-Jan-21	An early experience of COVID-19 disease in pediatric and young adult renal transplant recipients	Pediatric Transplantation	Case Report	The authors described a case series of 4 pediatric renal transplant recipients who presented with mild-to-moderate SARS-CoV-2 infection in the United States [date not specified]. The cases included a 21-year-old Hispanic female with a living donor renal transplant from her sister in 2015, a 15-year-old Hispanic female with a deceased donor kidney transplant in 2008, an 18-year-old Hispanic male with a preemptive living-related donor renal transplant in 2012, and a 9-year-old Caucasian male with a preemptive living-related donor kidney transplant in 2018. All patients presented with upper respiratory infection symptoms, with 1 requiring hospitalization for hypoxia. The patients were treated mostly with supportive care and were successfully managed at home with close follow-up achieved using telemedicine. 2 of the patients developed acute kidney injury, which resolved 4-8 weeks after illness. All 4 patients developed SARS-CoV-2 IgG antibodies 1-2 months after becoming infected. The findings suggest that patients on immunosuppression have a mild COVID-19 clinical course which is similar to immunocompetent children	The authors described a case series of 4 pediatric renal transplant recipients who presented with mild-to-moderate SARS-CoV-2 infection in the United States. All patients presented with upper respiratory infection symptoms, with 1 requiring hospitalization for hypoxia. The patients were treated mostly with supportive care and were successfully managed at home with close follow-up achieved using telemedicine.	Solomon S, Pereira T, Samsonov D. An early experience of COVID-19 disease in pediatric and young adult renal transplant recipients. <i>Pediatr Transplant</i> . 2021:e13972. doi:10.1111/ptr.13972.
Bell's Palsy, SARS-CoV-2, childhood, COVID-19, unilateral facial palsy	27-Jan-21	Bell's Palsy Associated with SARS-CoV-2 Infection in a 2-Year-Old Child	Journal of Pediatric Neurology	Case Report	The authors present a case report of a previously healthy 2-year-old child who presented with Bell's palsy along with PCR positivity for SARS-CoV-2 disease in the United States during the COVID-19 pandemic in June of 2020. The child was evaluated initially in an emergency department for a one-day history of mild facial asymmetry while crying. His condition progressed to an inability to close the left eye and notable left-sided facial droop. The patient had no fever, rash, cough, known exposure to COVID-19, or history of tick bite. Vital signs and exam were remarkable for inability to close his left eye or wrinkle his upper left forehead and drooping of left angle of his mouth. Both RT-PCR and IgG serology were positive for SARS-CoV-2. Partial thromboplastin time (PTT) and lactate dehydrogenase (LDH) were mildly elevated. Herpes simplex virus (HSV) type-1 IgG antibody and cytomegalovirus IgG antibody were positive, but thought to be related to their common childhood seroprevalence at this age. Additional infectious disease workup in blood and cerebrospinal fluid (CSF) was negative. Head CT and CSF studies were negative. The patient was treated with a tapering dose of prednisolone for 7 days, with resolution of the facial palsy in 4 weeks. The authors present this case as a possible association of SARS-CoV-2 infection and Bell's palsy in a healthy child.	The authors present a case report of a previously healthy 2-year-old child with Bell's palsy and SARS-CoV-2 positivity via both PCR and IgG serology. A detailed investigative infectious disease workup was performed. Herpes simplex virus-1 and cytomegalovirus IgG antibodies were also positive, but thought to be related to their common childhood seroprevalence at this age. His elevated partial thromboplastin time and lactate dehydrogenase values were also supportive of SARS-CoV-2 disease. He was treated with steroids and his facial palsy resolved after 4 weeks.	Bscales S, Olson B, Gaur S, et al. Bell's palsy associated with SARS-CoV-2 infection in a 2-year-old child. [Published online 2021 Jan 1]. <i>J of Ped Neurology</i> . 2021. doi.10.1055/5-0040-172220.
COVID-19 fear; Ethiopia; pregnancy; quality of life	27-Jan-21	Health-related quality of life among Ethiopian pregnant women during COVID-19 pandemic	Brain and Behavior	Original Research	The authors conducted a cross-sectional study from August 1-15, 2020, of pregnant women receiving antenatal (ANC) services in Mettu, Ethiopia, to assess the association of fear and social support with quality of life (QOL) among mothers during the COVID-19 pandemic. 384 women participated in this study with a mean age of 31.3 years ± 7.7 (age range: 18-44 years). Middle-aged women [no age range given] had the highest mean scores for QOL indicating higher quality of life, with younger women having the lowest mean scores, although this was not statistically significant (p=0.28). The QOL mean scores were	The authors conducted a cross-sectional study from August 1-15, 2020, of pregnant women receiving antenatal (ANC) services in Mettu, Ethiopia, to assess the association of fear and social support with quality of life	Dule A, Hajure M, Mohammedhusein M, Abdu Z. Health-related quality of life among Ethiopian pregnant women during COVID-19 pandemic [published online ahead of print, 2021 Jan 27]. <i>Brain Behav</i> .

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					greater for mothers in the second trimester compared to those in their first. The QOL score was affected by family size, with families of < 5 members having higher QOL scores (p=0.002). Support from family and friends was a predictor of higher QOL and the fear of the COVID-19 pandemic had a negative effect on QOL scores (p<0.001). The authors stress that maintaining social support and addressing fears may impact the QOL for pregnant mothers.	(QOL) among mothers during the COVID-19 pandemic.	2021:e02045. doi:10.1002/brb3.2045
Remdesivir, Pediatric, Dose Selection, Physiologically-Based Pharmacokinetic Modeling	27-Jan-21	Physiologically-Based Pharmacokinetic Modeling of Remdesivir and its Metabolites to Support Dose Selection for the Treatment of Pediatric Patients with COVID-19	Clinical Pharmacology and Therapeutics	Original Research	The authors from Gilead Sciences, Inc. provide a remdesivir (RDV) dosing regimen for pediatric patients that have severe SARS-CoV-2 infections. While a few pediatric patients >12 years of age have previously been treated via compassionate use protocols with RDV, a SARS-CoV-2 RNA polymerase inhibitor, often it is children <1 year of age that have serious COVID-19 infections and might benefit from this treatment. This study discussed a physiologically-based pharmacokinetic (PBPK) model that accurately described observed adult remdesivir and metabolite levels and predicted pediatric remdesivir and metabolite levels. This adult RDV PBPK model was incorporated into the computer software SimCYP Pediatric Population Model accounting for age-dependent changes in organ volume/size, enzyme expression, plasma protein binding, blood cell distribution, and organ blood flow. For pediatric patients >40 kg, the model recommends providing 200 mg RDV loading dose on Day 1, followed then by 100 mg daily maintenance dose starting on Day 2 (same as adult dosing). For pediatric patients 2.5-40 kgs, the RDV dose is weight-based, with the recommendation of a 5 mg/kg loading dose on Day 1, followed by 2.5 mg/kg daily maintenance dose starting on Day 2, continuing through Days 5 or 10.	The authors provide a much-needed remdesivir dosing protocol for pediatric patients weighing 2.5 kg and greater.	Lutz JD, Mathias A, German P, et al. Physiologically-Based Pharmacokinetic Modeling of Remdesivir and its Metabolites to Support Dose Selection for the Treatment of Pediatric Patients with COVID-19. Clin Pharmacol Ther. 2021 Jan 27. doi: 10.1002/cpt.2176. PMID: 33501997.
child health at home; mHealth; parents	27-Jan-21	Willingness to Adopt mHealth Among Chinese Parents During the COVID-19 Outbreak: Cross-sectional Questionnaire Study	JMIR mHealth & uHealth	Original Research	This study aimed to identify the associated factors of willingness to adopt mobile health platforms (mHealth) and the use of mobile phone applications or social media for exchange of health information with medical providers, among Chinese parents during the COVID-19 outbreak, and to explore the correlation between mHealth use and parents' attitudes toward child health care at home. A total of 254 parents completed a cross-sectional online survey from January 25-February 15, 2020. The parents' ages ranged from 26-35 [mean not given], and 68.9% had at least a Bachelor degree. 202 (79.5%) of the parents expressed willingness to adopt mHealth during the COVID-19 pandemic. Factors associated with mHealth willingness were parents' interest in the COVID-19 pandemic (p<0.01), source of recommendation from a medical health provider (compared to media, p<0.01), having a child with chronic disease (p<0.001) and use of mHealth prior to the pandemic (p<0.05). Increased frequency of mHealth use correlated with proper guidance for children on handwashing (p=0.04), appropriate mask wearing (p<0.001), checking their children's temperature regularly (p=0.007) and ensuring mental health care at home (p<0.001). The authors conclude that mHealth use would be beneficial for the education and improvement in self-	This cross-sectional study aimed to assess willingness of Chinese parents to use mobile health platforms (mHealth) during the COVID-19 pandemic and identify associated factors with the willingness to adopt this technology. The authors report that nearly 80% of parents were willing to use mHealth during the COVID-19 pandemic, and that there were many associated factors for both willingness to use and frequency of use for mHealth.	Yang, S., Chen, Y., Zhou, L., et al. Willingness to Adopt mHealth Among Chinese Parents During the COVID-19 Outbreak: Cross-sectional Questionnaire Study. JMIR mHealth and uHealth, 2021. 9(1), e23155. https://doi.org/10.2196/23155

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					management of child health care at home, and that policy makers should develop strategies for the successful implementation and acceleration of this technology's adoption.		
COVID-19, SARS-CoV-2, infections, ED, pandemics	27-Jan-21	The impact of COVID-19 lockdown on infectious diseases epidemiology: The experience of a tertiary Italian Pediatric Emergency Department	The American Journal of Emergency Medicine	Original Research	In this retrospective study, the authors compared the rate and types of community-acquired respiratory infections observed in a pediatric emergency department (ED) in North-West Italy during the SARS-CoV-2 related lockdown of March 10, 2020 – April 30, 2020 to data collected during the same period of 2019. The 2 groups were compared by demographics, duration of fever before ED admission, triage code, and number of patients admitted to hospital. The authors calculated a proportion and incidence rate for airborne infections and fever, with urinary tract infections (UTI), appendicitis, and gastro-enteritis also calculated for control. 1362 children (median age 4 years, IQR 1-9 years; 53.8% male) arrived at the ED during March 10, 2020 – April 30, 2020 compared to 5628 (median age 6 years, IQR 2-10 years; 55.7% male) in the same period of 2019 (-75.8%). No difference was noticed (27.7% in 2020 vs 28.4% in 2019) in the total percentage of infectious episodes. A significant reduction in incidence and proportion were observed for upper respiratory tract infections (21.4% vs 28%, p<0.01), otitis (2.6% vs 16.2%, p<0.01), streptococcal infections (0.5% vs 5.2%, p<0.01) and bronchiolitis (2.1% vs 5.7%, p<0.01) in the period 2020 as compared to 2019. Conversely, Fever of Unknown Origin (FUO) (27.8 vs 11.1%, p<0.01), infectious mononucleosis (2.6% vs 0.4%, p<0.01), UTI (7.4% vs 2.9%, p<0.01) and appendicitis (6.8% vs 1.1%, p<0.01) significantly increased in 2020 as compared to 2019. Median time from the onset of fever and arrival in ED was significantly lower in 2020 group (2 days vs 1 day, p=0.048). The authors suggest the increase in rate of FUO and febrile conditions, together with the short time from fever onset to ED visit could be related to parental fear of a SARS-CoV-2 infection. The authors also suggest the drop in ED consultations and reduction in community acquired respiratory infections during the lockdown of 2020 compared to 2019 could be the effect of school closures.	This study compared the rate and types of community-acquired respiratory infections observed in a pediatric emergency department (ED) in North-West Italy during the SARS-CoV-2 related lockdown to data collected during the same period of 2019. The authors suggest the drop in ED consultations and reduction in community acquired respiratory infections noticed during lockdown could be the effect of school closures and the increase in febrile conditions and shorter time from fever onset to ED visit could be related to parental fear of a SARS-CoV-2 infection.	Rotulo, G., Percivale, B., Molteni, M., et al. The impact of COVID-19 lockdown on infectious diseases epidemiology: The experience of a tertiary Italian Pediatric Emergency Department. The American Journal of Emergency Medicine. 2021; doi.org/10.1016/j.ajem.2021.01.065.
COVID-19, Mental Health, Children, Schools	27-Jan-21	Addressing the Consequences of the COVID-19 Lockdown for Children's Mental Health: Investing in School Mental Health Programs	Psychiatric Services	Article	The authors advocate for global investment in school mental health programs (SMHPs) to address the widespread mental health consequences related to emotional distress, home confinement, and school closures due to the COVID-19 pandemic. Large-scale implementation of universal and targeted SMHPs should be prioritized to minimize burden on health care systems. Using their experience in Pakistan, the authors provide a scalable roadmap for extending the WHO's eastern Mediterranean region's use of SMHPs to address the mental health consequences of COVID-19. In Pakistan, the authors found that online platforms for delivering SMHPs can be flexibly adapted in response to the diverse mental health needs not only of school children but also among their parents, neighbors, and peers. The authors advocate for investment in resources to support cost-effective and efficient SMHPs in preparation for the re-opening of	The authors advocate for global investment in school mental health programs (SMHPs) to address the mental health consequences due to the COVID-19 pandemic. The authors' successful experience with children and communities in Pakistan provides a roadmap for scalable SMHPs globally.	Hamoda HM, Chiumento A, Alonge O, Hamdani SU, Saeed K, Wissow L, Rahman A. Addressing the Consequences of the COVID-19 Lockdown for Children's Mental Health: Investing in School Mental Health Programs. Psychiatr Serv. 2021 Jan 27:appips202000597. doi: 10.1176/appi.ps.202000597. Epub ahead of print. PMID: 33502220.

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					schools across the globe. The authors believe failure to support SMHPs could lead to poor mental health outcomes for the next generation and potentially precipitate long-term social and economic consequences.		
Sickle Cell Disease, COVID-19, vaso-occlusive crisis	27-Jan-21	Coronavirus Disease 2019 (COVID-19) Infection in Children With Sickle Cell Disease: Case Series From Oman [Free Access to Abstract Only]	Journal of Pediatric Hematology Oncology (JPHO)	Case Series	During the COVID-19 pandemic, patients with sickle cell disease (SCD) have been placed in the "high-risk" category of the population, but data is limited on treatment. In this study, authors reported case series of 5 sickle cell disease children in Oman (age range 2-6 years) with SARS-CoV-2 infection, illustrating differences in presentation, management, and outcomes. The classic presentation of COVID-19 with fever and respiratory symptoms were variable in these patients, ranging from asymptomatic to non-respiratory symptoms like splenic sequestration to vaso-occlusive crisis. As there are no standard guidelines in relation to the treatment of SCD patients with COVID-19, the management of such cases is guided by clinical conditions and the trend of inflammatory markers. Therapeutic options utilized for these cases included steroids, selective cytokine blockade (eg, Anakinra or Tocilizumab) and convalescent plasma. Although SCD patients are considered a high-risk group, all the cases reported here have recovered. The SCD genotype did not determine COVID-19 outcome in these patients. Correlation of favorable outcomes in COVID-19 SCD patients and their SCD mild course remains a hypothesis to be proven.	This study reported case series of 5 sickle cell disease (SCD) children (age range 2-6 years) in Oman with SARS-CoV-2 infection, illustrating differences in presentation, management, and outcomes. Although SCD patients are considered a high-risk group, all the cases reported here have recovered.	Al Sabahi A, Al Maskari N, Al Busaidi I, et al. Coronavirus Disease 2019 (COVID-19) Infection in Children With Sickle Cell Disease: Case Series From Oman [published online, 2021 Jan 27]. J Pediatr Hematol Oncol. doi:10.1097/MPH.0000000000002061
COVID-19; liver transplantation	27-Jan-21	How can we reduce the impact of COVID-19 pandemic on timely access to liver transplantation in children?	Hepatology International	Letter to the Editor	The authors assessed the impact of COVID-19 on pediatric referrals and living donor liver transplantation (LDLT) at the Institute of Liver Disease and Transplantation (Chennai, India) between 1 December 2019-30 May 2020 (n=30; "2020 era"), comparing data for children (<12 years) admitted during the same period in 2018-19 (n=28; "2019 era"). They found that children referred from April-May 2020 were sicker with higher Pediatric End-Stage Liver Disease (PELD) scores compared to the 2019 era (Median PELD score: 28 vs 13.1, p=0.0005). LDLT was performed in 67.8% (n=19) and 76.7% (n=23) of the cohort in 2018-19 and 2019-20, respectively (p=0.891). However, the time between referral and LDLT was longer in the 2020 era (33±19 days vs 52±36 days, p=0.039). The authors found that post-LDLT survival was similar in the two groups (92.3% in the 2019 era and 100% in the 2020 era [p-value not provided]). In the 2020 era, 2 children died while waiting for LDLT due to lockdown-related delays, 1 child experienced a delay due to the donor being infected with SARS-CoV-2, and 1 recipient was re-admitted 2 months after transplantation with SARS-CoV-2 infection. Hence, the authors concluded that, despite the fewer number of pediatric referrals for a liver transplant, those referred tended to be sicker, possibly reflecting selective referral during the COVID-19 pandemic. They recommend the use of electronic documentation and remote authentication to avoid logistic delays in performing LDLT in sick children.	The authors found that during the COVID-19 pandemic, despite slightly fewer pediatric liver transplant referrals in April-May 2020 compared to the previous period at their institute in India, children referred were sicker (Median Pediatric End-Stage Liver Disease (PELD) score: 28 in 2020 vs 13.1 in 2019). They also noted an increased length of time between referral and LDLT in 2020 (33±19 days in 2019 vs 52±36 days in 2020, p=0.039).	Reddy MS, Menon J, Hakeem AR, et al. How can we reduce the impact of COVID-19 pandemic on timely access to liver transplantation in children? Hepatol Int. 2021 Jan 27:1–2. doi: 10.1007/s12072-020-10128-9. PMID: 33502724; PMCID: PMC7838015.

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COVID-19; pediatric patients; bronchiolitis	27-Jan-21	Infant bronchiolitis dramatically reduced during the second French COVID-19 outbreak	Acta Paediatrica	Brief Report	The authors investigated the effect of the second COVID-19 pandemic wave in France and associated public health measures (such as hand hygiene and social distancing) on bronchiolitis at a large tertiary university pediatric hospital in Paris. They compared the number of pediatric patients admitted from week 40 (early October)-week 52 (end of December), 2020, comparing it with the same period in 2015-19. They found that in the pre-pandemic period, the bronchiolitis curves began rising from weeks 37-41 and peaked between weeks 47-49, whereas in 2020 the curves had a slight rise in week 37 and remained flat until week 52. The authors found that 78.9% of the 6052 pediatric emergency department visits during the pre-pandemic years were between weeks 41-52, with the mean number of visits for bronchiolitis being 79.2 ± 38.5 and 11.8 ± 3.6 during the pre-and post-pandemic periods, respectively ($p=0.0022$). During weeks 41-52, the mean weekly number of hospital admissions for bronchiolitis were 30.0 ± 16.6 and 3.6 ± 1.8 during the pre and post-pandemic periods, respectively ($p=0.0022$). The investigators noted 82.1% ($r^2=0.8$) and 82.5% lower pandemic season visits and hospital admissions, respectively, than that predicted by time series analysis. Hence, their findings challenged the notion of children being the primary vectors of bronchiolitis viruses, and indicated that the burden of bronchiolitis was reduced in France during the 2nd wave of the COVID-19 pandemic.	The authors noted that during the 2020 bronchiolitis season (during the 2nd wave of COVID-19 pandemic in France), there were 82.1% lower pediatric emergency department (PED) visits and 82.5% lower PED admissions for bronchiolitis than predicted. Their findings challenged the notion of children being the primary vectors of bronchiolitis viruses, and indicated that the burden of bronchiolitis was reduced in France during the 2nd wave of the COVID-19 pandemic.	Guedj R, Lorrot M, Lecarpentier T, et al. Infant bronchiolitis dramatically reduced during the second French COVID-19 outbreak. Acta Paediatr. 2021 Jan 27. doi: 10.1111/apa.15780. PMID: 33506533.
COVID-19; vaccine; SARS-CoV-2; shared decision-making; pregnancy; breastfeeding	27-Jan-21	Pregnancy, breastfeeding and the SARS-CoV-2 vaccine: An ethics-based framework for shared decision-making	Canadian Medical Association Journal (CMAJ)	Commentary	The authors propose that pregnant or breastfeeding women should be offered the SARS-CoV-2 vaccine on ethical grounds, suggesting the use of shared-decision making to guide such discussions. They note that categorical exclusion of pregnant/breastfeeding women from obtaining vaccines limits their autonomy and lacks considerations of individual factors such as values and personal circumstances, arguing that withholding the vaccine is ethically justified only if clear, substantial, and imminent maternal and fetal harms are expected. Women, being over-represented in frontline healthcare and essential service positions, are at high risk of contracting SARS-CoV-2. Thus, restricting pregnant/breastfeeding women in such categories overlooks the risks they may incur to others and themselves. Hence, the authors recommend vaccinations be offered to pregnant and breastfeeding women, with options such as delaying or forgoing vaccinations. They also recommend using a framework to support shared decision-making, to allow individuals to weigh risks and benefits given the evidence, personal values, and provider input, and make a decision. They suggest including risk tolerance, personal risk of SARS-CoV-2 infection, the potential impact of COVID-19 on the fetus and newborn, family and caregiver responsibilities, and the efficacy and safety of the vaccine for pregnant/breastfeeding women and fetuses/neonates, as well as the level of trust the individual has in the healthcare system, to be included in shared decision-making discussions.	The authors argue, on ethical grounds, that categorically excluding pregnant and breastfeeding women from obtaining vaccines would violate autonomy and overlook the risks for such women who hold frontline healthcare and essentials service jobs. They recommend using a framework to support shared-decision making in consultation with practitioner input, as well as women's personal values and evidence to make decisions best suited for themselves.	Zipursky JS, Greenberg RA, Maxwell C, et al. Pregnancy, breastfeeding and the SARS-CoV-2 vaccine: an ethics-based framework for shared decision-making. CMAJ. 2021 Jan 27;cmaj.202833. doi: 10.1503/cmaj.202833. PMID: 33504561.
Pregnancy, ectopic,	27-Jan-21	Increase rate of ruptured tubal	European Journal of	Original Research	In this single center retrospective cohort study, the authors evaluated the impact of the COVID-19 pandemic on women presenting with a	In this article, the authors evaluated the impact of the	Dvash S, Cuckle H, Maymon R. Increase rate

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emergency, complications, obstetrics		ectopic pregnancy during the COVID-19 pandemic [Free Access to Abstract Only]	Obstetrics and Gynecology and Reproductive Biology		tubal Ectopic Pregnancy (EP) in Israel. They compared the clinical presentation, treatment modalities and complications of women (n=19) presenting with a tubal EP from March 15-June 15, 2020, to a control group who presented during corresponding periods in 2018-2019 (n=30). Mean maternal age was 32.4±6.02 years for cases and 32.3±4.97 years for controls (p=0.76, range not provided). The authors found a higher rate of ruptured tubal EP during the COVID-19 pandemic compared to years prior (58% vs. 17%, P<0.005). During the pandemic, more women presented with sonographic evaluation of high fluid volume in the abdomen than in the control group (53% vs 17%, P value 0.01), an indication of more advanced disease. Additionally, in the pandemic group, there was a 4-fold larger volume of blood in the entrance to the abdomen (P<0.002). There was no significant difference in treatment modalities between the groups. The authors conclude that their institution experienced a higher rate of rupture ectopic pregnancies during the COVID-19 pandemic, which is a life-threatening early pregnancy complication for which healthcare providers should be on alert.	COVID-19 pandemic on clinical presentation, treatment modalities, and complications of women presenting with a tubal ectopic pregnancy in Israel. Compared to 2018 and 2019, there was a higher rate of ruptured tubal ectopic pregnancies that occurred during the pandemic, with more women presenting with high volume of fluid in the abdomen on sonographic evaluation, and higher volumes of blood detected on surgical entrance to the abdomen. The authors conclude that providers should be on high alert for this complication.	of ruptured tubalectopic pregnancy during the COVID-19 pandemic. <i>Eur J Obstet Gynecol Reprod Biol.</i> 2021; https://doi.org/10.1016/j.ejogrb.2021.01.054
COVID-19; SARS-CoV-2; Respiratory virus; Familial clusters; Co-infection;	27-Jan-21	Viral co-infections among SARS-CoV-2-infected children and infected adult household contacts	European Journal of Pediatrics	Research	The authors evaluated rates of viral respiratory co-infections among SARS-CoV-2-infected children and compare it to SARS-CoV-2-infected adults living in the same households from March 1-April 30, 2020. Diagnostic testing was performed at Geneva University Hospital (Switzerland). 51 children <16 years old with a positive SARS-CoV-2 RT-PCR were included and had subsequent testing for common respiratory viruses. Median age was 11.0 years (IQR 5.0–14.4) and 53% (27/51) were female. There was at least one additional respiratory virus identified in 11.7% of cases (6/51). These viruses included picornaviruses (n=3), human coronavirus NL63 (HCoV-NL63) (n=2), adenovirus (ADV) (n=1), and human metapneumovirus (hMPV) (n=1). The median age was lower among SARS-CoV-2-positive children presenting with a co-infection (4.2 years [IQR 1.7–7.3]) than without co-infection (12.3 years [IQR 7.1–14.5]; p=0.023). The authors then compared viral co-infections between SARS-CoV-2 infected children and infected adults living in the same household. There were 28 household clusters included. The median age of children was 9.3 years (IQR 3.4–14.0) and median age of adults was 43.0 years (IQR 36.5–52.0). Viral co-infection was identified in 13.3% of children (4/30) versus 0% of SARS-CoV-2 infected adults living in the same household (0/41; p=0.028). Findings also showed that the presence of common respiratory viruses was less frequent during the SARS-CoV-2 outbreak when compared to the same period last year. Authors conclude that despite partial lockdown, co-infection was significantly more frequent in SARS-CoV-2-infected children when compared to SARS-CoV-2-infected adults in the same households.	The authors evaluated rates of viral respiratory co-infections among SARS-CoV-2-infected children and compare it to SARS-CoV-2-infected adults living in the same households in Switzerland. Despite partial lockdown, co-infection was significantly more frequent in SARS-CoV-2-infected children when compared to SARS-CoV-2-infected adults in the same households.	Pigny, F., Wagner, N., Rohr, M. <i>et al.</i> Viral co-infections among SARS-CoV-2-infected children and infected adult household contacts. <i>Eur J Pediatr</i> (2021). https://doi.org/10.1007/s00431-021-03947-x

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Children, school, transmission, testing, asymptomatic	26-Jan-21	Weekly SARS-CoV-2 sentinel in primary schools, kindergartens and nurseries, June to November 2020, Germany	medRxiv	Preprint (not peer-reviewed)	In this study, a sentinel program was implemented in 5 primary schools and 5 nurseries/kindergartens in Munich, Germany to establish timely detection of SARS-CoV-2 cases over two phases: phase 1 (June 15-July 26, 2020) and phase 2 (September 7-November 1, 2020). Testing for SARS-CoV-2 via rRT-PCR from oropharyngeal swabs was conducted weekly from randomly selected children (n = 20) and staff (n = 5) in each institution. SARS-CoV-2 IgG antibody screening was also performed at 3 sequential time points on staff members. All primary school children wore face masks on school premises, except when seated for classes. 3169 individual oropharyngeal swabs were processed over the 12-week period: 2149 from children (median age 7 years; range 1 - 11 years) and 1020 from staff (median age 41 years; range 17-76 years). No SARS-CoV-2 infections were detected during phase 1. In phase 2, only week 12 yielded 2 positive samples from one of the primary schools. All SARS-CoV-2 IgG samples from staff were negative except 1 positive serologic result detected at timepoint 3 (October 2020). The authors conclude that asymptomatic children attending primary schools, kindergartens and nurseries are not significantly contributing to pandemic distribution of SARS-CoV-2 in Germany while adhering to infection control measures.	The authors describe a SARS-CoV-2 testing program across 5 primary and 5 nursery schools in Munich, Germany, in which they tested a sample of children and staff weekly for SARS-CoV-2 in 2 phases and tested staff at 3 timepoints for SARS-CoV-2 IgG antibodies. No infections were detected except for 2 positive samples in week 12 (October 2020). All SARS-CoV-2 IgG samples from staff were negative except 1 positive result detected at timepoint 3 (October 2020). The authors conclude that asymptomatic children attending primary schools, kindergartens and nurseries are not significantly contributing to pandemic distribution of SARS-CoV-2 in Germany.	Hoch M, Vogel S, Kolberg L, et al. Weekly SARS-CoV-2 sentinel in primary schools, kindergartens and nurseries, June to November 2020, Germany. medRxiv. 2021; doi.org/10.1101/2021.01.22.21249971
SARS-CoV-2, COVID-19, Kawasaki disease, Systemic vasculitis, Intensive care unit, Shock syndrome, Intravenous immunoglobulins, PIMS/MIS-C, SARS-CoV-2-related inflammatory multisystem syndrome	26-Jan-21	Delineating Phenotypes of Kawasaki Disease and SARS-CoV-2-related Inflammatory Multisystem Syndrome: A French Study and Literature Review	Rheumatology	Original Article	This study and literature review aims to better define the clinical distinctions between the new SARS-CoV-2-related pediatric inflammatory multisystem syndrome (PIMS) and Kawasaki disease (KD). The study compared three groups of patients (age range 0.1-17 years): Group 1 - cases from the national historic KD database before the pandemic (KD-HIS), Group 2 - patients with KD admitted to an ICU from the original cohort and the literature (KD-ICU) and Group 3 - patients with PIMS from the literature. KD-HIS included 425 patients, KD-ICU included 176 patients and PIMS included 404 patients. As compared with KD-HIS patients, KD-ICU and PIMS patients had a higher proportion of cardiac failure, digestive and neurological signs. KD-ICU and PIMS patients also had a lower frequency of typical KD-mucocutaneous signs, lower platelet count, higher CRP and lower sodium levels. As compared to KD-HIS and KD-ICU patients, PIMS patients were older and more frequently had myocarditis. They also had fewer coronary abnormalities and lower sodium levels. Unresponsiveness to IVIG was more frequent in KD-ICU than KD-HIS and PIMS patients. In conclusion, KD-HIS, KD-ICU and PIMS might belong to a common spectrum of non-specific pathogen-triggered hyperinflammatory states. The causes of increasing inflammation severity within the three entities and the different effects on the heart remain to be determined.	This study and literature review aims to better define the clinical distinctions between the new SARS-CoV-2-related pediatric inflammatory multisystem syndrome (PIMS) and Kawasaki disease (KD). It was concluded that KD patients from national historic database, KD patients admitted to ICU and PIMS might belong to a common spectrum of non-specific pathogen-triggered hyperinflammatory states. The causes of increasing inflammation severity within the three entities and the different effects on the heart remain to be determined.	Cherqaoui B, Koné-Paut I, Yager H, Bourgeois FL, Piram M. Delineating phenotypes of Kawasaki disease and SARS-CoV-2-related inflammatory multisystem syndrome: A French study and literature review [published online ahead of print, 2021 Jan 25]. Rheumatology (Oxford). 2021;keab026. doi:10.1093/rheumatology/keab026

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COVID-19; children; otitis media with effusion; Italy	26-Jan-21	Effects of COVID-19 Lockdown on Otitis Media With Effusion in Children: Future Therapeutic Implications	Otolaryngology –Head and Neck Surgery	Article	This retrospective study evaluated the role of social isolation during the COVID-19 lockdown in Italy in modifying the prevalence of otitis media with effusion (OME) in children and the natural history of chronic OME. The prevalence of OME among children aged 6 months-12 years who attended an outpatient clinic for hearing or vestibular disorders during 2 periods before the lockdown, May-June 2019 (n=350; 61.7% male; 44% aged 3 to <7 years) and January-February 2020 (n=366; 61.7% male; 44.8% aged 3 to <7 years), and the period immediately after the lockdown, May-June 2020 (n=216; 63.9% male; 42.6% aged <3 years) were assessed. The disease resolution rates were compared between a subgroup of children with chronic OME (n=30; n=23 male; mean age=4.7 years) diagnosed in summer 2019 and re-evaluated in May-June 2020, and a similar subgroup (n=29; n=18 male; mean age=5 years) assessed in 2018-2019. The prevalence of OME in this population was 40.6% in May-June 2019, 52.2% in January-February 2020, and 2.3% in May-June 2020. Children with chronic OME had a higher rate of disease resolution in May-June 2020 (93.3%) than those examined in May-June 2019 (20.7%, P<0.001). School closures and physical distancing were correlated with reduced OME prevalence, and favored the resolution of chronic OME among children who attended the outpatient clinic. Keeping young children with chronic OME out of group care settings for a period might help allow for OME resolution.	This retrospective study evaluated the role of social isolation during the COVID-19 lockdown in Italy in modifying the prevalence of otitis media with effusion (OME) in children and the natural history of chronic OME. School closures and physical distancing were correlated with reduced OME prevalence, and favored the resolution of chronic OME among children who attended the outpatient clinic. These findings suggest that keeping young children with chronic OME out of group care settings for a period might help allow for OME resolution.	Aldè M, Di Berardino F, Marchisio P, et al. Effects of COVID-19 Lockdown on Otitis Media With Effusion in Children: Future Therapeutic Implications. Otolaryngol Head Neck Surg. 2021. doi:10.1177/0194599820987458.
children, coronavirus, COVID-19, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), viral load, feces	26-Jan-21	Severe acute respiratory syndrome coronavirus 2 viral load in respiratory and feces specimens of children with coronavirus disease 2019	Future Virology	Original Research	In this prospective cohort study, the SARS-CoV-2 viral load of throat, nasal, and feces specimens of 10 children (7 girls, median age 4.7 years, range 11 months – 14 years) admitted to hospital with COVID-19 between 25 January -10 March 2020 in Jinan, China were analyzed. Patients were followed up regularly after discharge until 25 March 2020. PCR of stool samples were SARS-CoV-2-positive in all children (100%), and none had gastro-intestinal symptoms. The SARS-CoV-2 viral load of nasal and throat specimens decreased rapidly. On the 2nd week, 2 patients' throat swabs tested negative, and 1 patient's nasal swab tested negative. By week 3, all patients' nasal and throat swabs tested negative. The shedding time in stool samples was much longer than respiratory specimens. 7 children showed positive results (70%) in their stool specimens in the 4th week, and 4 children (40%) in the 5th week. All children tested negative in the 6th week (36–42 days). The positive rate of stool in children was higher (100%) than that reported in adults, and the shedding time in stool was longer than in respiratory specimens, sometimes lasting up to 5 weeks. The authors conclude that due to the high viral infectivity of SARS-CoV-2, long shedding time in feces, and poor hand hygiene in children, exposure to a fecal-contaminated environment may cause fecal–oral transmission of COVID-19.	In this prospective cohort study, the SARS-CoV-2 viral load of throat, nasal, and feces specimens of 10 COVID-19-positive children admitted to hospital between 25 January -10 March 2020 in Jinan, China were analyzed. The positive rate of stool in children was higher (100%) than that reported in adults, and the shedding time in stool was longer than in respiratory specimens, even without gastro-intestinal symptoms. The authors conclude that due to the high viral infectivity of SARS-CoV-2, long shedding time in feces, and poor hand hygiene in children, exposure to a fecal-contaminated environment may cause fecal–oral transmission of COVID-19.	Ma, X., Su, L., Cheng, L., et al (2021). Severe acute respiratory syndrome coronavirus 2 viral load in respiratory and feces specimens of children with coronavirus disease 2019. Future Virology, 16(2), 85–91. https://doi.org/10.2217/fv-2020-0180

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COVID-19; bereavement; childhood; children; death; grief.	26-Jan-21	"In the Same Storm, but Not on the Same Boat": Children Grief During the COVID-19 Pandemic	Frontiers in Psychology	Opinion	In this opinion paper, the authors highlight the challenges and needs of bereaved children who have lost loved ones as a result of the COVID-19 pandemic. Bereaved children are particularly vulnerable as they are already dealing with many stressors including disruptions to their daily routines, concerns regarding academics and friendships, and experiencing intense fear of themselves or others contracting SARS-CoV-2. Additionally, children may be more distant from those that support them including friends, teachers, and extended family. The circumstances surrounding COVID-19 deaths may also cause significant grief in children as losses may be unexpected, they may be grieving multiple deaths, or they are unable to visit with their loved one or attend a funeral. These circumstances may also pose challenges to a child's self-regulatory strategy as access to activities that may contribute to respite from loss are limited due to the pandemic. The authors also note that the identification of children's maladaptive grief is challenging as symptoms may not be recognized as being related to loss. Loss that is suppressed, postponed or inhibited may present as a risk for children, which may be exacerbated by a lack of social support. According to the authors, it is helpful for adults to gain awareness of their patterns of coping strategies and how these may impede connecting and communicating with their child. Lastly, school-based interventions focusing on improving children's well-being are important in order to enhance a child's emotional and social skills. The recognition of the differences faced by children and adults when processing grief is essential to adequately attend to the child's needs.	In this opinion paper, the authors highlight the challenges and needs of bereaved children who have lost loved ones as a result of the COVID-19 pandemic. The recognition of the differences faced by children and adults when processing grief is essential to adequately attend to the child's needs.	Albuquerque S, Santos AR. "In the Same Storm, but Not on the Same Boat": Children Grief During the COVID-19 Pandemic. Front Psychiatry. 2021 Jan 26;12:638866. doi: 10.3389/fpsy.2021.638866. PMID: 33574777; PMCID: PMC7870701.
COVID-19; pediatric dentistry; review	26-Jan-21	The clinical practice of Pediatric Dentistry post-COVID-19: The current evidences	Pediatric Dental Journal	Review Article	This literature review, covering 19 articles, was conducted with the goal of providing pediatric dentists guidance in their approach to work during the COVID-19 pandemic before widespread vaccination becomes available. The authors found that although some dental care was restricted to emergency cases only, most offices did in-person care, requiring disclosure of any symptoms the child might have displayed in the past 24 hours. They recommended that extra care be given to PPE, disinfection and sterilization, with the mindset that all patients and caregivers could potentially carry COVID-19. Additional trainings for staff and longer intervals between appointments were also endorsed. In clinical practice, the review found that dentists should avoid or reduce any procedures that may generate aerosols, with non-invasive or minimally invasive treatments given preference. Anesthesia and X-rays were not considered at risk procedures. Finally, it was important to have good child behavior management, as calm children spread less aerosols than those who are distressed. Donning PPE in front of children, explaining changes to patients and caregivers, and accounting for the psychological and physical stress on children due to the COVID-19 pandemic were all recommended tactics. The authors assert that the above protocols will provide safety and ease for both pediatric dentists and their patients, but professionals should be attentive to any updates based on new scientific evidence.	This literature review compiled a set of recommendations for pediatric dentists to continue their practice safely and effectively during the COVID-19 pandemic. The current recommendations include utilizing patient symptom disclosure, extensive PPE and sanitization training, prioritizing minimally invasive procedures and communication with both patients and caregivers.	Sales SC, Meyfarth S, Scarparo A. The clinical practice of Pediatric Dentistry post-COVID-19: the current evidences. Pediatr Dent J. 2021. doi:10.1016/j.pdj.2021.01.002

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pregnancy, breastfeeding, vaccination, policy	26-Jan-21	Inclusion of Pregnant and Lactating Persons in COVID-19 Vaccination Efforts	Annals of Internal Medicine	Editorial	Since as many as 300,000 healthcare workers in the US may be pregnant and included in the first wave of COVID-19 vaccinations, the authors argue that pregnant persons must be considered in frameworks to guide vaccination efforts. The Advisory Committee on Immunization Practices and the American College of Obstetricians and Gynecologists offer the following recommendations for pregnant and lactating people: pregnant persons should be offered the vaccine and encouraged to discuss vaccination plans with their provider; lactating persons should be encouraged to receive the vaccine; and persons planning to become pregnant should be encouraged to complete their vaccination series before conception. The authors provide evidence supporting these recommendations. Pregnant women with COVID-19 have higher risk than similar nonpregnant persons for poor COVID-19 outcomes and some studies have observed an association between COVID-19 and risk for preterm births and cesarean deliveries. Despite limited information about the vaccine's safety and effectiveness, the authors argue that there is no biological reason to suspect that the body's response to an mRNA vaccine would be any different during pregnancy. Available data from rats administered the Moderna mRNA vaccine show no safety signals concerning female reproduction, fetal or embryonal development, or postnatal development. Given the mechanism of action of mRNA vaccines, there is no reason for concern that vaccination would introduce virus into breastmilk. The authors specifically cite a resource developed for patients and for providers to use when counseling pregnant and lactating patients.	This editorial summarizes US recommendations regarding the vaccination of pregnant and lactating person against COVID-19 and provide evidence supporting these recommendations. Information and resources are offered to guide providers counseling with pregnant and lactating patients about their COVID-19 vaccination plans.	Riley LE, Jamieson DJ. Inclusion of Pregnant and Lactating Persons in COVID-19 Vaccination Efforts [published online ahead of print, 2021 Jan 26]. Ann Intern Med. 2021;10.7326/M21-0173. doi:10.7326/M21-0173
Children; psychological distress; associated factors	26-Jan-21	Prevalence and Risk Factors Associated With Self-reported Psychological Distress Among Children and Adolescents During the COVID-19 Pandemic in China	Journal of the American Medical Association	Original Research	This study assessed self-reported psychological distress associated with the COVID-19 pandemic among children and adolescents in Guangdong province, China. A cross-sectional survey was conducted March 8-30, 2020, with responses from 1,199,320 students included in the study (mean age 12.04 years, SD 3.01 years; 51.6% male [age range not provided]). Mental health outcomes were assessed using the 12-item General Health Questionnaire (GHQ-12), and associated factors included both COVID-19-unrelated and -related factors. 126,355 students (10.5%) self-reported psychological distress. Among non-COVID-19 related factors, high school students had higher odds of reporting distress than primary school students (OR 1.19, 95% CI 1.15-1.23, p<0.001). Students with medium (OR 1.04, 95% CI 1.02-1.07, p=0.001) and low economic status (OR 1.71, 95% CI 1.66-1.75, p<0.001) also had higher odds of distress. Compared with students who always wore face masks, students who rarely wore masks had higher odds of distress (OR 2.59, 95% CI 2.41-2.79, p<0.001). Additionally, the fewer sources of COVID-19 information the participant was aware of resulted in increased odds of distress. Compared with students who spent >1 hour per day exercising, students who spent <0.5 hours exercising also had higher odds of distress (OR 1.64, 95% CI 1.62-1.67, p<0.001). The authors conclude that it may be necessary for governments, schools, and families to	This cross-sectional study examined the prevalence of self-reported psychological distress and related factors among children and adolescents (mean age=12 years) in the Guangdong province in China during the COVID-19 pandemic. The authors report a 10.5% prevalence of psychological distress in the study population and a number of COVID-19-related and unrelated factors associated with increased distress.	Qin, Z., Shi, L., Xue, Y., et al. Prevalence and Risk Factors Associated With Self-reported Psychological Distress Among Children and Adolescents During the COVID-19 Pandemic in China. JAMA network open. 2021; 4(1), e2035487. https://doi.org/10.1001/jamanetworkopen.2020.35487

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					consider the mental health of school-aged children and adolescents during the COVID-19 pandemic, and take counter-measures to reduce the impact of the pandemic on students' mental health.		
COVID-19; respiratory virus; droplet; children; Wells-Riley equation	26-Jan-21	Estimating Aerosol Transmission Risk of SARS-CoV-2 in New York City Public Schools During Reopening	Environmental Research	Article	The authors conducted a study to estimate the risk of SARS-CoV-2 transmission among New York City (NYC, USA) public school students and teachers through aerosol transmission of SARS-CoV-2 in NYC public school classrooms. Data was collected on indoor air quality during the winter (heating season) (December 2017-March 2018) and during the spring (cooling season) (April- September 2018). 101 classrooms in 19 elementary schools were assessed, 86 during the heating season, 69 during the cooling season, and 54 during both seasons. Neighborhood income of the school was of borderline significance [significance cut-off not clearly defined] (p=0.182), with schools in the highest income (>80K) categories more likely to be at higher risk for transmission (80% median transmission rate) than middle income (>40K - ≤80K) neighborhoods (20%) and low-income (20K - ≤ 40K) neighborhoods (44.4%). Outdoor airflow was double during the cooling season (p=0.048) whether the classroom had mechanical or natural ventilation, although classrooms with broken windows had less outdoor airflow during the cooling season. Schools <50 years old (mean transmission probability ((mtp)= 0.083) and middle-aged (50-99 years) schools (mtp= 0.082) had a higher transmission probability when compared to schools > 100 years old (mtp= 0.048). The authors stress that the risk of transmission is low and that the risk is lowest in low income and older schools—however, the risk increases during the heating season. Schools may need to adjust and keep windows open and increase heat levels to increase outdoor airflow during the heating season. This method was used in NYC classrooms during the Spanish influenza outbreak.	The authors conducted a study to estimate the risk of SARS-CoV-2 transmission among New York City (NYC, USA) public school students and teachers through aerosol transmission of SARS-CoV-2 in NYC public school classrooms.	Pavilonis B, Ierardi AM, Levine L, Mirer F, Kelvin EA. Estimating aerosol transmission risk of SARS-CoV-2 in new york city public schools during reopening. Environ Res. 2021;195:110805. doi: https://doi.org/10.1016/j.envres.2021.110805.
Child maltreatment, Children and youth, COVID-19, Foster care	26-Jan-21	Child Maltreatment in the Time of COVID-19: Changes in the Florida Foster Care System Surrounding the COVID-19 Safer-At-Home Order	Child Abuse and Neglect	Article	This study examines rates of documented, substantiated child maltreatment resulting in foster care placement, as well as demographic correlates of child maltreatment within the foster care system in Florida (USA), before and during the COVID-19 pandemic. Data for all youth in the Florida (FL) foster care system from January 1, 2001 to June 30, 2020 were analyzed (n=294,462; age range 0-17.99 years). The rates and types of maltreatment during local "Safer at Home" orders (April 2020; n=993; mean age 5.89 years) were also directly compared to the year prior (April 2019; n=1308; mean age 6.31 years). Results revealed a decrease in the number of youths placed in the FL foster care system during the COVID-19 pandemic with the greatest reduction in April, 2020 (24% fewer youth in 2020 than in 2019). The authors attribute this change to fewer child abuse hotline calls during this period. However, out of all foster care placements, the percentage due to maltreatment increased from 84.17% to 87.51% (p=0.03). These increases were more pronounced for placements due to parental drug abuse (42.74% to 57.6%; p<0.01) and domestic violence (21.87% to 27.69%; p<0.01). Rates of any foster care	This study of the rates and types of child maltreatment resulting in foster care placement in Florida (USA) found a decrease in the number of youths placed in the foster care system overall during the COVID-19 pandemic, likely due to reduced hotline calls. However, the percentage of placements due to child maltreatment increased significantly between April 2020 and April 2019.	Musser ED, Riopelle C, Latham R. Child maltreatment in the time of COVID-19: Changes in the Florida foster care system surrounding the COVID-19 safer-at-home order [published online, 2021 Jan 26]. Child Abuse Negl. 2021;104945. doi:10.1016/j.chiabu.2021.104945

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					placement due to any maltreatment increased for White youth (p=0.02), while rates of placement due to inadequate supervision ((p=0.03), emotional neglect (p=0.03), and parental substance use (p<0.01) decreased for Black youth. The authors recommend a proactive, public health-oriented approach to preventing child maltreatment, utilizing health and mental health clinics, schools, child care centers, faith-based institutions, and community organizations to conduct routine and standardized measures for screening.		
COVID-19, SARS-CoV-2, pregnancy, pre-exposure prophylaxis, hydroxychloroquine, vaccine	26-Jan-21	Pre-Exposure Prophylaxis for COVID-19 in Pregnant Women	International Journal of General Medicine	Commentary	This article discusses the possibility of pre-exposure prophylaxis (PrEP) using hydroxychloroquine (HCQ) in pregnant women to prevent gestational problems and severe illness related to COVID-19. Although HCQ has not been efficacious in SARS-CoV-2-infected hospitalized patients, HCQ PrEP prior to exposure or infection has shown favorable safety and efficacy results in studies in the UK, India, and China. Furthermore, HCQ is recognized as safe for use during pregnancy and breastfeeding, especially for women in malaria-endemic regions. Thus, the authors argue that consideration should be given to prescribing HCQ at a weekly dose of 400mg during pregnancy, similar to malaria prophylaxis. This dose has been used safely in pregnant women and should avoid severe disease and maternofetal complications associated with SARS-CoV-2 infection. In conclusion, the authors suggest that HCQ PrEP should be implemented during pregnancy because pregnant women may initially not be eligible to receive COVID-19 vaccines due to the unknown effects on mother and fetus.	The authors discuss the concept of pre-exposure prophylaxis with hydroxychloroquine (HCQ PrEP) using medications that are approved for use in pregnant women to prevent gestational problems and severe illness related to COVID-19. They cite that HCQ is recognized as safe for use during pregnancy and breastfeeding, especially for women in malaria-endemic regions. Therefore, they propose the use of HCQ PrEP to attenuate or prevent SARS-CoV-2 infection until pregnant women are eligible for the COVID-19 vaccine.	Fesler MC, Stricker RB. Pre-Exposure Prophylaxis for COVID-19 in Pregnant Women. Int J Gen Med. 2021;14:279-284. Published 2021 Jan 26. doi:10.2147/IJGM.S295627
lockdown, childhood obesity, dietary habits, lifestyle	26-Jan-21	Childhood Obesity and COVID-19 Lockdown: Remarks on Eating Habits of Patients Enrolled in a Food-Education Program	Nutrients	Original Research	The authors studied the eating habits and lifestyles of medically complicated obese children and adolescents (5-17 years) engaged in the food education program at the Children’s Hospital Bambino Gesù, Italy, during the COVID-19 lockdown. The program recommends 5 small meals a day along with increasing and vegetables and drinking water instead of sugar-added drinks. 88 families completed an e-mailed, structured, non-validated questionnaire, 9 March-18 May 2020. Some healthy eating habits of the food education program were preserved: having breakfast (85.2%, N = 75), 64.3% (N=72) of children in the study chose fruits for snacks, and 46.6% (N=41) ate vegetables at lunch and dinner. 50.0% (N = 44), however, reported an increase of feeling hungry during lockdown, with a related increase in the consumption of sweets and biscuits (72.7% reported “sometimes” frequency). The authors state that the main problem during lockdown was stress and anxiety from the unexpected and sudden changes in lifestyle, including the interruption of school and sport activities, the re-organization of the day for children (online lessons), the deprivation of parental companionship, and negative news reports. Additionally, the decrease in physical activity and the increase in a sedentary	The authors studied the eating habits and lifestyles of medically complicated obese children and adolescents (5-17 years) engaged in a food education program in Italy during the COVID-19 lockdown. A healthy lifestyle during lockdown was difficult for the participants, mainly due to the increase in a sedentary lifestyle and the increase in feeling hungry, but some healthy eating habits were maintained.	Nicodemo M, Spreghini MR, Manco M, et al. Childhood Obesity and COVID-19 Lockdown: Remarks on Eating Habits of Patients Enrolled in a Food-Education Program. Nutrients. 2021; 13(2):383. https://doi.org/10.3390/n13020383

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					lifestyle during the COVID-19 lockdown were observed, with only 21.6% of the population “often” doing home workouts. The authors conclude that living a healthy lifestyle during lockdown was difficult for the participants, mainly due to the increase in a sedentary lifestyle and the increase in feeling hungry, but some healthy eating habits were maintained.		
Long COVID; persistent symptoms; symptomatic; asymptomatic; children	26-Jan-21	Preliminary Evidence on Long COVID in children	medRxiv	Preprint (not peer-reviewed)	The authors conducted a cross-sectional study of children ≤18 years in Italy with confirmed COVID-19 and interviewed the participants from September 1, 2020- January 1, 2021 on lasting symptoms of SARS-CoV-2. The authors state that there is evidence of “Long COVID” in adults, first described in Italy, but no such research on children. 129 children diagnosed with COVID-19 from March-November 2020 were enrolled in this study on Long COVID; the mean age was 11 years (±4.4 years; range not reported), and 62 (48.1%) were female. Patients were assessed on symptoms lasting an average of 162.5 days (±113.7 days) after the initial COVID-19 diagnosis. Of these, 41.8% recovered completely, 35.7% had 1-2 persistent symptoms, 22.5% had 3 or more persistent symptoms, and 52.7% had at least one symptom 120 days after diagnosis. Persistent symptoms were found in both symptomatic and asymptomatic cases of SARS-CoV-2, although more common in symptomatic patients. The most common persistent symptoms for symptomatic patients were fatigue (12.5%), nasal congestion (15.6%), muscle pain (12.5%), lack of concentration (12.5%), and insomnia (22.9%). Fatigue (6.1%), insomnia (6.1%), and skin rashes (9.1%) were the most common in asymptomatic patients. 42.6% of the patients reported being distressed by their persistent symptoms after ≥120 days. The authors stress that the possibility of lasting symptoms requires policymakers, pediatricians, and health experts to implement measures to reduce the pandemic's impact on children.	The authors conducted a cross-sectional study of children ≤18 years in Italy with confirmed COVID-19 and interviewed the participants from September 1, 2020- January 1, 2021 on lasting symptoms of SARS-CoV-2.	Buonsenso D, Munblit D, Rose CD, et al. Preliminary Evidence on Long COVID in children. medRxiv. https://www.medrxiv.org/content/10.1101/2021.01.23.21250375v1.full.pdf+html . Published January 1, 2021. Accessed January 28, 2021.
COVID-19, health disparities, pandemic, racial disparities, universal testing	26-Jan-21	Patient characteristics associated with SARS-CoV-2 infection in parturients admitted for labour and delivery in Massachusetts during the spring 2020 surge: A prospective cohort study	Paediatric and Perinatal Epidemiology	Original Research	This is a prospective cohort study to evaluate epidemiological factors associated with SARS-CoV-2 infection in pregnant women. The authors reviewed the health records of women admitted for labor and delivery at 4 hospitals in Massachusetts, USA, between 19 April - 27 June 2020. The authors calculated the risk of SARS-CoV-2 infection and associations between SARS-CoV-2 infection and demographic and clinical characteristics. Out of all the 2945 patients [precise age characteristics not included], 93 patients (3.2%) tested positive for SARS-CoV-2 infection on admission. 80 (86.0%) of the patients who tested positive were asymptomatic at the time of testing. Factors associated with SARS-CoV-2 infection included the following: younger age (OR 6.02, 95%CI 3.48, 10.13), obesity (OR 1.99, 95%CI 1.04, 5.41), African American (OR 6.14, 95%CI 3.00, 11.86) or Hispanic (OR 10.97, 95%CI 6.71, 18.65) race/ethnicity, residence in heavily affected communities (OR 11.66, 95%CI 6.42, 22.25), presence of a household member with known SARS-CoV-2 infection (OR 29.42, 95%CI 15.41, 55.20), non-healthcare essential worker occupation (OR 6.24, 95%CI 3.34, 11.15), and MassHealth or Medicaid insurance compared to	SARS-CoV-2 infection was more common in patients from disadvantaged communities in this study from Massachusetts, USA, during the COVID-19 surge in spring 2020. Racial disparities in pregnancy persist during the pandemic.	Reale SC, Lumbreras-Marquez MI, King CH, et al. Patient characteristics associated with SARS-CoV-2 infection in parturients admitted for labour and delivery in Massachusetts during the spring 2020 surge: A prospective cohort study. Paediatr Perinat Epidemiol. 2021 Jan;35(1):24-33. doi: 10.1111/ppe.12743. PMID: 33496995.

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					commercial insurance (OR 9.39, 95%CI 6.19, 14.63). The authors provide the patients' demographic and clinical characteristics data in tables. 93.8% of patients testing positive for SARS-CoV-2 on admission had one or more of the above factors associated with disease acquisition. This study demonstrates racial and economic disparities in COVID-19 in pregnant women. Public health officials and clinicians need to track and use this type of study data to implement community-specific infection control.		
Placenta, inflammation, pathology, histology, immune activation	26-Jan-21	SARS-CoV-2 infection in pregnancy is associated with robust inflammatory response at the maternal-fetal interface	medRxiv	Preprint (not peer-reviewed)	The authors assessed placental viral and immune dynamics of asymptomatic (n=17) and symptomatic (n=22) pregnant women with SARS-CoV-2 at Yale New Haven Hospital, USA [dates not provided]. First, 28 placentas were available for histological analysis and compared to a control group (n=10). No significant differences were observed except in intervillous fibrin, seen in 33% of cases (9/27) but 0 controls (p=0.036). There was no association between increased intervillous fibrin and clinical features. Amongst un-infected women, ACE2 was detected by immunohistochemistry in syncytiotrophoblast cells during early pregnancy but was rarely seen in placentas at full term. Term placentas from women with SARS-CoV-2 displayed a significant increase in ACE2 levels (p<0.0083). The authors then determined vulnerability of various placental cell types to direct infection by SARS-CoV-2 in vitro. Primary isolated cytotrophoblasts showed susceptibility to SARS-CoV-2 infection, however viral RNA was detected in the placentas of only 2 (~13%) women. Finally, through single cell transcriptomic analyses, the authors found that the maternal-fetal interface of SARS-CoV-2-infected women exhibited markers associated with pregnancy complications and robust immune responses, including increased activation of placental NK and T cells and increased expression of interferon-related genes. This study suggests that SARS-CoV-2 is associated with immune activation at the maternal-fetal interface even in the absence of detectable local viral invasion.	In this article, the authors assessed the placental viral and immune dynamics of SARS-CoV-2 infected pregnant women in the USA. Although primary isolated cytotrophoblasts showed susceptibility to SARS-CoV-2 infection in vitro, only 2 (13%) of placentas had viral RNA detected. The authors found that the maternal-fetal interface exhibited increased activation of placental NK and T cells and increased expression of interferon-related genes. This suggests that SARS-CoV-2 is associated with immune activation at the maternal-fetal interface even in the absence of detectable local viral invasion.	Lu-Culligan A, Chavan AR, Vijayakumar P, et al. SARS-CoV-2 infection in pregnancy is associated with robust inflammatory response at the maternal-fetal interface. medRxiv. 2021; doi: https://doi.org/10.1101/2021.01.25.21250452
asthma; children; SARS-CoV-2; COVID-19	26-Jan-21	COVID-19 in Children with Asthma	Lung	Review	This review reports on current literature surrounding COVID-19 progression in asthmatic children and summarizes the biological mechanisms that might prevent severe COVID-19 in this population. Wheezing and asthma have not been found to place children at increased risk of SARS-CoV-2 infection or severe COVID-19. Asthmatic children have benefitted from reduced exposure to triggers, increased steroid prescriptions, and better adherence to treatment during the COVID-19 pandemic. Children may be more likely to avoid severe COVID-19 because they have fewer ACE2 receptors in their nasal epithelium and lower airways. In adults, severe asthma is associated with worse COVID-19 outcomes, and adults with non-allergic asthma were more at risk for severe progression than those with allergic asthma. Allergic asthma, which is most common in child asthmatics, is associated with lower ACE2 receptor expression. Receptor expression is further down-regulated by type-2 inflammation in asthmatic	This review finds that, based on current research, asthmatic children are not at increased risk of SARS-CoV-2 infection or severe disease progression of COVID-19. This may be the result of a higher prevalence of allergic asthma versus non-allergic asthma in children, lower ACE2 receptor expression, and higher levels of IL-17A cytokine.	Chatziparasidis, G., Kantar, A. COVID-19 in Children with Asthma. Lung (2021). https://doi.org/10.1007/s00408-021-00419-9

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					children. In addition, children's immune systems can produce higher levels of IL-17A, a cytokine that can prevent development of acute respiratory distress syndrome. Children are also less at risk for chronic co-morbidities associated with severe COVID-19. Current data imply favorable outcomes for asthmatic children infected with COVID-19, but more exploration of the long-term effects of oral steroids and newly developed treatments is needed.		
COVID-19; placental tissue; SARS-CoV-2; Embryonic development; Molecular pathology; Obstetrics/gynecology; Reproductive Biology	26-Jan-21	Severe SARS-CoV-2 placenta infection can impact neonatal outcome in the absence of vertical transmission	The Journal of Clinical Investigation	Brief Communication	The authors conducted a clinical, morphological, and molecular analysis of placental tissues from pregnant women admitted March 12-April 23, 2020 at a hospital in Milan, Italy. There were 2 groups: SARS-CoV-2-positive women (n=21; median gestational age: 37+3 weeks) and SARS-CoV-2-negative women (n=16; median gestational age: 39+1 weeks). All neonates tested negative for SARS-CoV-2, with 1 infant born from a SARS-CoV-2-positive woman showing perinatal asphyxia requiring mechanical ventilation and oxygen supplementation, with subsequent neurological episodes that resolved by day 8 of life. The authors found no significant differences in placental histopathology between the groups, except 1 patient who displayed features consistent with placental injury, fibrin deposition, and necrosis of the syncytiotrophoblast layer. This patient's viral load was high (14 PCR cycle thresholds (Ct)), comparable to post-mortem lung specimens from SARS-CoV-2 patients used as controls, with the median Ct for SARS-CoV-2-positive women without placental injury being 32 (IQR: 31-35 Ct). The affected patient's placental tissues also displayed differential gene expression (genes for antiviral immunity, inflammatory response, and adaptive immune response) and SARS-CoV-2 RNA, which was similar to control lung samples from SARS-CoV-2-positive patients. Additionally, SARS-CoV-2 RNA was detected in the placenta of 47% (n=10) of the SARS-CoV-2-positive women; presence of the virus was not associated with any neonatal or maternal features. Hence, the authors concluded that severe placental damage induced by the virus may be detrimental to neonatal health, independent of vertical transmission.	The authors noted no significant histopathological differences between placental tissue obtained from SARS-CoV-2-positive and -negative pregnant women. However, 1 positive patient displayed placental tissue injury, fibrin deposition, and necrosis of the syncytiotrophoblast layer, as well as differential gene expression and SARS-CoV-2 RNA presence in the placenta, with viral load comparable to that seen in post-mortem lung tissue from SARS-CoV-2 patients.	Cribiù FM, Erra R, Pugni L, et al. Severe SARS-CoV-2 placenta infection can impact neonatal outcome in the absence of vertical transmission. J Clin Invest. 2021 Jan 26;145427. doi: 10.1172/JCI145427. PMID: 33497369.
disparities; lifestyle changes; body weight; diet; COVID-19	26-Jan-21	Lifestyle and Body Weight Consequences of the COVID-19 Pandemic in Children: Increasing Disparity	Annals of Nutrition and Metabolism	Editorial	In this editorial, the authors discuss the results of a survey distributed to German parents to ascertain the health effects of the COVID-19 pandemic beyond SARS-CoV-2 infection, particularly regarding children's eating habits due to stay-at-home orders. In early September 2020, the survey was administered to 1,000 German parents aged 20-65 years old, with an inclusion criterion of having at least 1 child <14 years old living in the same household. Parents were selected via a systematic random method. A total of 64% of parents reported that they worked full- or part-time from home. More families reported that their family eats healthier (14%) than less healthy (7%) in September 2020, compared to before the COVID-19 pandemic. Only 9% of parents reported that their child gained weight, and 21% of these children were in the 10-12 years old age range. Notably, 38% of parents	This paper describes a survey of 1,000 German parents to understand changes in their children's dietary habits and health due to the COVID-19 pandemic. Many parents reported their children's decreased physical activity, increased consumption of sweet and salty snacks, and weight gain. These changes were especially prevalent in 10-12-year-old children, and in	Koletzko B, Holzapfel C, Schneider U et al. Lifestyle and Body Weight Consequences of the COVID-19 Pandemic in Children: Increasing Disparity. Ann Nutr Metab. 2021;1-3. doi:10.1159/000514186

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					reported that their children's physical activity decreased. Parents also reported their children's increased consumption of sweet and salty snacks and soft drinks. Many of these dietary changes were more prevalent in children aged 10-12 years than children in other age groups. The authors also found that children from less educated families had a 2.5 times higher risk of body weight gain than those from better educated families. [No statistical significance values included.] This socio-economic disparity is an important one to address in interventions during and after the COVID-19 pandemic.	children from families with a less educated background.	
SARS-CoV-2. COVID-19. Angiotensin-converting enzyme II. Children	26-Jan-21	SARS-CoV-2 impact on oral health: A general view	Boletín Médico del Hospital Infantil de México	Review	This article compares oral manifestations of COVID-19 in adults and children. In various studies in European countries, oral signs associated with COVID-19 have been reported, such as lesions (ulcers, ampules, macules) in the oral cavity. Further, taste alteration has been reported as an early sign of SARS-CoV-2 infection in adults. SARS-CoV-2 infects cells by entering via the ACE2 receptor. Current theories suggest that the high expression of ACE2 in epithelial cells in the oral cavity and salivary glands make these cells a prime target for SARS-CoV-2 infection. However, to date no association with oral signs or taste alterations and COVID-19 in the pediatric population have been reported. This is thought to be due to lower expression of ACE2 receptor in children, which tends to increase with age. This lack of expression is thought to not only decrease the oral symptoms seen in the adult population, but also could explain the relatively less severe clinical manifestations and reduced periods of disease among pediatric patients.	This article compares oral manifestations of COVID-19 in adults and children. While adults experience oral lesions and taste alterations with some frequency during COVID-19 disease course, these are not widely reported in children. This disparity can be explained by reduced expression of ACE2 receptor in children.	Parra-Ortega I, Rodriguez-Ortega D. SARS-CoV-2 impact on oral health: A general view [published online ahead of print, 2021 Jan 26]. Bol Med Hosp Infant Mex. 2021;10.24875/BMHIM.20.000192. doi:10.24875/BMHIM.2000192
Multisystem Inflammatory Syndrome in Children (MIS-C); Kawasaki Disease (KD); COVID-19; Interferon-gamma (IFN-γ); interleukin-1 (IL-1)	26-Jan-21	Similarities and differences between the immunopathogenesis of COVID-19-related pediatric inflammatory multisystem syndrome and Kawasaki disease	The Journal of Clinical Investigation	Research	Despite some common features, notable differences exist between MIS-C and KD, including the increased incidence of MIS-C, presentation at an older age, increased gastro-intestinal and neurological signs, a higher incidence of myocarditis and cardiac involvement, and increased ferritin, leukopenia, lymphopenia and thrombocytopenia. In order to understand the similarities and differences between these two entities, the authors evaluated the circulating cytokine levels in pediatric patients with MIS-C, pre-pandemic KD and mild-COVID and the presence of SARS-CoV-2 of immune complexes in MIS-C patients. This cross-sectional study in Spain conducted April 23 - June 5, 2020 included 74 children including 14 with MIS-C (median age 2.9 years, range 0.3-14), 14 with pre-pandemic KD (median age 2 years, range 0.5-6), 9 COVID patients with positive (RT)-PCR (mean age 10 years, range 0.1-14) and 37 healthy controls (median age 5 years, range 1-11). Cytokine profiling was performed in serum or plasma samples prior to immunomodulatory treatment at a median time from disease onset of 5.50, 4.50 and 1.50 days for MIS-C, KD and COVID patients, respectively. Interferon-gamma (IFN-γ) related cytokines, and cytokines related to interleukin-1 and inflammatory monocytes were the main contributors to acute inflammation both in MIS-C and KD patients. There was a noticeable increase in IFN-γ-related cytokines in a subgroup of MIS-C patients (MIS-Cplus); this group showed a trend	This study in Spain compared the immunopathogenesis of MIS-C and pre-pandemic Kawasaki's Disease. There was a noticeable increase in IFN-γ-related cytokines in a subgroup of MIS-C patients (MIS-Cplus), which showed a trend towards more severe multisystemic disorder.	Esteve-Sole A, Anton J, Pino-Ramirez RM, et al. Similarities and differences between the immunopathogenesis of COVID-19-related pediatric inflammatory multisystem syndrome and Kawasaki disease. Journal of Clinical Investigation. January 2021.

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					towards more severe multisystemic disorder. These findings may help guide the development of targeted treatments to both optimize management and ultimately reduce mortality in patients with MIS-C.		
Asymptomatic, COVID-19, newborn, transmission	25-Jan-21	An asymptomatic carriage of severe acute respiratory syndrome coronavirus 2 by a pregnant woman and her newborn	Polish Archives of Internal Medicine	Case Report	This is the case of a 28-year-old pregnant woman admitted for delivery without any COVID-19 symptoms on September 11, 2020, in Poland. She tested positive for SARS-CoV-2 PCR during the mandatory hospital screening. The patient was re-examined the next day and showed a positive result. She was discharged after 2 days of hospitalization and recommended to stay quarantined. A healthy infant was delivered vaginally on September 11, in the 40th week of pregnancy. After birth, the newborn practiced skin-to-skin contact. However, after the mother's SARS-CoV-2 test returned positive, the newborn was immediately transferred to an isolation facility. The infant's SARS-CoV-2 test was negative on the day of delivery. Laboratory results showed an increase of C-reactive protein (CRP) from 9.1 mg/L (day 1) to 33.8 mg/L (day 2). On day 5, the CRP level decreased to 4.6 mg/L, and a repeat SARS-CoV-2 test was positive. On day 10, SARS-CoV-2 was re-assessed and remained positive. The infant never had COVID-19 symptoms. Screening all pregnant women for the presence of SARS-CoV-2 before delivery is recommended. Contact with the infected mother after delivery may explain the transmission in this case. The authors present a series of RT-PCR graphs that show the amplification of the viral E-gene, RdRp/S genes, and the human β -actin gene of both mother and newborn samples.	This is the case of a SARS-CoV-2-positive 28-year-old pregnant woman admitted for delivery without any symptoms on September 11, 2020, in Poland. The newborn tested positive for SARS-CoV-2 on the 5th day of life, most likely due to initial skin-to-skin contact with the mother. COVID-19 screening before delivery is critical to protect mothers' and newborns' health.	Komiazek M, Aptowicz A, Książek I, et al. An asymptomatic carriage of severe acute respiratory syndrome coronavirus 2 by a pregnant woman and her newborn [published online, 2021 Jan 25]. Pol Arch Intern Med. 2021. doi:10.20452/pamw.15777
Coronavirus; diabetic ketoacidosis; diabetes mellitus; pediatric; SARS virus	25-Jan-21	Diabetic ketoacidosis precipitated by atypical coronavirus disease in a newly diagnosed diabetic girl	Journal of Taibah University Medical Sciences	Case Report	The authors report on a 7-year-old healthy female who presented to a hospital in Saudi Arabia for a 2-week history of increased thirst, urination, weight loss, and 2-days of fatigue and vomiting during the COVID-19 pandemic. Additional testing confirmed the diagnosis of type-1 diabetes mellitus and diabetic ketoacidosis. According to hospital policy, she was admitted to the ICU for close observation with an RT-PCR SARS-CoV-2 test. The nasopharyngeal swab was positive for SARS-CoV-2, but the patient had no history of fever or respiratory symptoms. The authors report that the incidental finding of SARS-CoV-2 may have been missed if hospital protocol did not require routine testing for all admitted patients. The patient remained asymptomatic for SARS-CoV-2 and was discharged after more than 3 days of education regarding diabetes, nutrition, and subcutaneous insulin therapy. The authors suggest that the SARS-CoV-2 infection may have triggered her type 1 diabetes and diabetic ketoacidosis.	The authors report on a 7-year-old female with type 1 diabetes who presented to a hospital in Saudi Arabia for a 2-week history of increased thirst, urination, weight loss, and 2-days of fatigue and vomiting. The authors suggest SARS-CoV-2 infection may have triggered diabetic ketoacidosis.	Albuali WH, AlGhamdi NA. Diabetic ketoacidosis precipitated by atypical coronavirus disease in a newly diagnosed diabetic girl. Journal of Taibah University Medical Sciences. 2021. https://www.sciencedirect.com/science/article/pii/S1658361221000342 . doi: https://doi.org/10.1016/j.jtumed.2021.01.011 .
COVID-19; Emergency high ligation; Incarcerated inguinal hernia; Pediatric case; SARS-CoV-2;	25-Jan-21	Emergency high ligation in a suspected COVID-19 pediatric patient with incarcerated	Annals of Medicine and Surgery	Case Report	This is a case report of an 11-month-old, 7-kg male infant with incarcerated inguinal hernia and suspected COVID-19 in Indonesia. He presented with fever, shortness of breath, and recurrent vomiting 1 day before admission. Physical examination showed signs of moderate dehydration, increased bowel sounds, a distended abdominal wall, and a lump in the left scrotum. Laboratory findings showed leukocytosis. Radiograph revealed dilated bowel loops, suggesting ileus. Rapid SARS-	This case study describes an 11-month-old male infant in Indonesia who presented with incarcerated inguinal hernia and potential COVID-19. While the patient eventually tested negative for SARS-CoV-2,	Gunadi, Makkadafi M, Fauzi AR, et al. Emergency high ligation in a suspected COVID-19 pediatric patient with incarcerated inguinal hernia: A case report. Ann Med Surg (Lond).

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Tertiary protection regulations		inguinal hernia: A case report			CoV-2 antibody testing was positive [IgG/IgM were not specified]. Emergency high ligation was performed using full PPE. Intra-operatively, a small intestine loop was found to be trapped in the scrotum and stuck in the inguinal canal without necrosis or perforation. Post-operatively, the infant continued to be managed as COVID-19-positive while waiting for the RT-PCR results. The patient tested negative for 2 consecutive swab tests. In this case, the patient's high fever could have been caused by ileus complications, causing fluid sequestration to the third cavity, which can result in dehydration and bacterial translocation. His shortness of breath might have been caused by abdominal distension due to bowel dilatation. Although the patient eventually tested negative for SARS-CoV-2 in this case, surgeons should always be aware of the possibility of cross-transmission from the patient and take necessary precautions. Appropriate use of PPE and selecting the quickest and most effective procedures are critical to shorten potential exposure time for surgeons.	surgeons should always be aware of the possibility of cross-transmission from the patient and take necessary precautions.	2021;62:261-264. doi:10.1016/j.jamsu.2021.01.075
COVID-19; Caesarean section; breastfeeding; labor; pregnancy	25-Jan-21	Delivery and breastfeeding in pregnant patients with COVID-19 (Review)	Experimental and Therapeutic Medicine	Review	This review synthesizes outcomes of mothers with COVID-19 regarding birth method, labor management, C-section management, and breastfeeding indications. A search of articles published until April 30, 2020 yielded 50 records; 13 papers were included that reported the birth method and indications for C-section, neonatal investigations of SARS-CoV-2 transmission, and maternal and fetal outcomes. These studies summarized 167 births with 169 newborns; all mothers (age 20-44 years; mean age 30 years) were diagnosed with COVID-19 upon admission [testing details not reported]. Of the 167 births, 113 were C-section and 54 delivered vaginally. Among those that reported gestational age, mean gestational age upon delivery was 38 weeks, 103 women delivered at term, and 25 were preterm births before 34 weeks. 1 stillbirth and 1 neonatal death upon thrombocytopenia and altered liver function were reported. Of 169 newborns, 5 cases reported positive for SARS-CoV-2 (2.95%). 1 newborn was separated from the mother after birth and tested positive on day 3; 1 newborn had 2 positive tests on days 1 and 3 after direct contact with the mother without mask; 3 newborns tested positive for SARS-CoV-2, but samples of amniotic fluid, cord blood, and breast milk were negative. The majority of infants were separated from their mothers and monitored in the neonatal ward. In one study, 10 mothers with SARS-CoV-2 were permitted to breastfeed their newborns while wearing masks. Another study tested 6 breast milk samples of infected mothers, which all resulted negative for SARS-CoV-2. The authors caution that mother-infant separation can disrupt bonding and lactation, and can increase risk for postpartum depression. However, as breastfeeding directly may facilitate transmission via direct contact, separation may be indicated; in these cases, the authors recommend lactation still be initiated and the mother's milk offered due to its neonatal immune protections and a current lack of evidence to suggest	This review synthesizes outcomes of mothers with COVID-19 regarding birth method, labor management, C-section management, and breastfeeding indications. Of 169 newborns born to mothers with SARS-CoV-2, 5 tested positive. The authors consider maternal-infant separation unwarranted and harmful in cases of asymptomatic or paucisymptomatic infection; if separation is indicated, lactation should be initiated and the infant fed with the mother's breast milk.	Dumitrascu MC, Cirstoiu MM, Nenciu AE, et al. Delivery and breastfeeding in pregnant patients with COVID-19 (Review). Exp Ther Med. 2021;21(3):278. doi:10.3892/etm.2021.9709

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					that SARS-CoV-2 is present in breast milk. If the mother is asymptomatic or paucisymptomatic, the dyad should be cared for together to stimulate breastfeeding and facilitate their interaction.		
Pediatric Emergency Medicine, COVID-19, Epicenter, Asthma	25-Jan-21	Pediatric Emergency Medicine, COVID-19, Epicenter, Asthma	American Journal of Emergency Medicine	Original Research	The goal of this retrospective study was to compare pediatric emergency department (PED) visits via chart review of children (<21 years) at a children's hospital in The Bronx, NY (USA) from March 15 – July 6, 2020 (pandemic cohort) and the same interval in 2019 (comparison cohort). The Bronx has the highest prevalence of asthma in the US, and was also an early COVID-19 epicenter, making it a unique study location. A total of 19,981 visits were included. 14,996 PED visits (median age = 6 years, 49% female) during the 17-week period of 2019 were compared to 4,925 (median age = 7 years, 50% female) visits during the corresponding pandemic cohort of 2020 [age ranges not reported]. Visits declined by 66% during 2020. Proportions of asthma visits (2% vs. 7%, p<0.0001) and minor medical problems (61% vs. 67%, p<0.0001) had significant declines in the pandemic cohort, while major medical problems (13% vs. 8%, p<0.0001), appendicitis (1% vs. 0.4%, p<0.0001) and other surgical complaints (1% vs. 0.5%, p<0.0001) had proportional increases in the pandemic cohort. No significant proportional changes were noted among psychosocial and trauma groups between the two cohorts. The pandemic cohort experienced a substantial decrease in PED volume, but an increase in acuity and admission rates. Despite being in an asthma hub, the incidence of asthma-related PED visits declined in the pandemic cohort. The authors suggest the significant decline in asthma PED visits (2% vs. 7%, p<0.0001) highlights the complex nature of various allergens on asthma exacerbations. The authors conclude that future studies examining the effects of indoor allergens in isolation on pediatric asthma are needed.	This US study compared pediatric emergency department (PED) visits during the COVID-19 pandemic in a community with high prevalence of asthma from March 15 – July 6, 2020 with the same interval in 2019 (comparison cohort). The study shows that asthma visits decreased significantly, along with overall PED visits.	"Levene R, Fein D, Silver E, et al. The ongoing impact of COVID-19 on asthma and pediatric emergency health-seeking behavior in the Bronx, an epicenter, Am J Emerg Med (2021), doi.org/10.1016/j.ajem.2021.01.072."
Anxiety; pregnancy; knowledge; attitudes; practices; COVID-19	25-Jan-21	Knowledge, attitudes, practices, and influencing factors of anxiety among pregnant women in Wuhan during the outbreak of COVID-19: A cross-sectional study	BioMed Central (BMC) Pregnancy and Childbirth	Original Research	This study aimed to evaluate the socio-demographic characteristics, knowledge, attitudes, and practices (KAP) towards COVID-19, and anxiety level of pregnant women during the COVID-19 pandemic in Wuhan, and investigate the influencing factors for prenatal anxiety. An online, cross-sectional survey was conducted from March 7-23, 2020, on 817 women attending 2 maternal hospitals in 2 districts for routine ultrasound. The mean age was 29.1 years (+/- 4.0 years), and 95% had at least a high school education. The self-assessed prenatal anxiety prevalence in this population was 20.8%. Knowledge scores were high (mean=13.2 on a 14-point scale). 71% of respondents were very concerned about the news of COVID-19 and roughly 2/3 delayed or cancelled antenatal care visits. Logistic regression analysis revealed a number of factors associated with prenatal anxiety (p<0.05). Factors related to increased odds of prenatal anxiety included previous children in the family (OR = 1.60, 95% CI: 1.10-2.32), and not postponing antenatal appointments (OR = 1.45, 95% CI: 1.00-2.09). Those related to decreased odds of prenatal anxiety included higher knowledge score (OR = 0.85, 95% CI: 0.72-0.99), increased media trust	This cross-sectional study assessed the knowledge, attitudes, practices, and anxiety levels of pregnant women in Wuhan, China during the COVID-19 pandemic in March 2020. The authors report prevalent prenatal anxiety in their study, and share factors associated with both increased and decreased odds of prenatal anxiety.	Ding, W., Lu, J., Zhou, Y., et al. Knowledge, attitudes, practices, and influencing factors of anxiety among pregnant women in Wuhan during the outbreak of COVID-19: a cross-sectional study. BMC Pregnancy and Childbirth. 2021. 21(1), 80. https://doi.org/10.1186/s12884-021-03561-7

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					(OR = 0.62, 95% CI: 0.43-0.889), and not worrying about getting COVID-19 (OR = 0.31, 95% CI: 0.16-0.59). The authors conclude by recommending that health administrators provide accurate and updated information continuously, and that the care of pregnant women be tailored individually for women's mental health.		
COVID-19; pandemic; early childhood education and care (ECEC) sector; family support; economic policies; educator wellbeing	25-Jan-21	Responses to Coronavirus Pandemic in Early Childhood Services Across Five Countries in the Asia-Pacific Region: OMEP Policy Forum	International Journal of Early Childhood	Original Article	The authors provide accounts from China, Korea, Thailand, Japan, and Australia of the impact of the COVID-19 pandemic on the Early Childhood Education and Care (ECEC) sector in each country. ECEC refers to center-based services for children, including kindergarten, preschool, and childcare services. 4 issues emerged: cultural differences; economic issues; safety and psychological issues; and educational and professional matters. Each country's culture may have played a role in its ability to prevent the spread of COVID-19. Japanese, Korean, Chinese, and Thai citizens are accustomed to wearing masks during flu outbreaks and Thai, Korean, and Japanese citizens' greetings do not involve physical touching. Each of the 5 countries provided some economic support for families, educators, and ECEC services, although these varied widely from Australia, which offered free childcare to children 0-5 years to China, which provided no direct aid to families and government assistance for ECEC services varied by municipality and province. Educators' safety and physiological issues were met either by closing ECEC services or ensuring stricter hygiene measures. Educators faced increased workloads and anxiety due to their health and the children's health under their care. Educational access varied as only 21% of Thai households have computers, while in Japan, 50% of children age 3 years use the internet. The COVID-19 pandemic has exacerbated the digital divide between these 5 countries in the Asia-Pacific region and threatens the viability of ECEC services. The authors state that it is time to advocate to build comprehensive solutions to support families and protect children's access to food, health, and early education.	The authors provide accounts from China, Korea, Thailand, Japan, and Australia of the impact of the COVID-19 pandemic on the Early Childhood Education and Care sector in each country.	Park E, Logan H, Zhang L, Kamigaichi N, Kulapichit U. Responses to Coronavirus Pandemic in Early Childhood Services Across Five Countries in the Asia-Pacific Region: OMEP Policy Forum [published online, 2021 Jan 25]. <i>Int J Early Child.</i> 2021;1-18. doi:10.1007/s13158-020-00278-0
ASIA syndrome; COVID-19; autoimmune disorder; adjuvants	25-Jan-21	COVID-19 in a pregnant ASIA syndrome patient	European Review for Medical and Pharmacological Sciences	Letter to the Editor	The author describes the case of a 28-year-old pregnant woman in Brazil diagnosed with autoimmune/inflammatory syndrome induced by adjuvants (ASIA) in 2017, who developed COVID-19 at 18 weeks gestation in September 2020. The patient was previously treated for ASIA symptoms with vitamin D3 20,000 IU/day, hydroxychloroquine 400 mg/day, and had silicone breast implants removed, which alleviated nearly all ASIA symptoms. However, she presented to the emergency department in September 2020 with mild dyspnea, ageusia, and anosmia and tested positive for SARS-CoV-2. The patient was treated with hydroxychloroquine and vitamin D. She recovered and was discharged home for observation and quarantine due to normal peripheral oxygen saturation levels and chest imaging. She was asymptomatic after 1 month, with her fetus continuing normal development. The author suggests exploring whether using hydroxychloroquine and vitamin D as adjuvants to COVID-19	The authors present the case of a 28-year-old pregnant woman in Brazil diagnosed with autoimmune/inflammatory syndrome induced by adjuvants (ASIA) in 2017, who developed mild COVID-19 at 18 weeks gestation in September 2020. The patient was previously treated for ASIA with hydroxychloroquine and vitamin D and recovered after mild COVID-19 symptoms. The authors suggest exploring	de Carvalho JF. COVID-19 in a pregnant ASIA syndrome patient. <i>Eur Rev Med Pharmacol Sci.</i> 2021;25(1):11-13. doi:10.26355/eurrev_2021_01_24337

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					management may be beneficial, although several studies showed no role for hydroxychloroquine.	hydroxychloroquine and vitamin D as adjuvants to COVID-19 management, although several studies showed no role for hydroxychloroquine.	
COVID-19; hematology; oncology; pediatrics; healthcare; resilience; telehealth; United States	25-Jan-21	"I've Weathered Really Horrible Storms Long Before This...": The Experiences of Parents Caring for Children with Hematological and Oncological Conditions during the Early Months of the COVID-19 Pandemic in the U.S.	Journal of Clinical Psychology in Medical Settings	Article	The study investigated the impact of the COVID-19 pandemic on children with hematological/oncological conditions in the United States. From the end of April-beginning of June 2020, 11 parents (91% mothers) of such children participated in semi-structured interviews, focused on the effect of COVID-19 on the daily lives and healthcare of their children. The children were 2-18 years of age (mean=8.73 ± 5.33, median=9 years; 54.5% male) with non-malignant (n=9, 81.8%) and malignant (n=2, 18%) conditions. The majority (n=8, 72.7%) of the children were diagnosed prenatally or at birth. Most (n = 8, 72.7%) had private insurance. Qualitative analysis identified common themes, such as caution, uncertainty, adaptation, and the role of healthcare providers and early medical experiences. The findings indicate that parents exercised caution to reduce infection risk, driven in part by feelings of vulnerability, uncertainty, and ultimately adaptation. Their adaptation was considerably bolstered by support from their healthcare providers, as well as the sense of resilience they had ingrained in them from years of coping with and caring for chronic illnesses. These themes have important implications for children with and without chronic conditions, and can better help the healthcare community respond to current and emerging needs of children in the pandemic.	The study recruited parents of children with hematological/oncological conditions in the United States for semi-structured interviews to investigate the impact of the COVID-19 pandemic on the daily lives and healthcare of their children. The findings indicate that parents exercised caution to reduce infection risk, driven in part by feelings of vulnerability, uncertainty, and ultimately adaptation. Their adaptation was considerably bolstered by support from their healthcare providers, as well as the sense of resilience they had ingrained in them from years of coping with and caring for chronic illnesses.	Steinberg DM, Andresen JA, Pahl DA, et al. "I've Weathered Really Horrible Storms Long Before This...": The Experiences of Parents Caring for Children with Hematological and Oncological Conditions during the Early Months of the COVID-19 Pandemic in the U.S. J Clin Psychol Med Settings. 2021:1-8. doi:10.1007/s10880-020-09760-2.
COVID-19; mental health; quality of life; anxiety; depression; children and adolescents	25-Jan-21	Impact of the COVID-19 pandemic on quality of life and mental health in children and adolescents in Germany	European Child and Adolescent Psychiatry	Original Research	This representative study investigated COVID-19-pandemic-related lifestyle changes' potential impact on children's (mean age = 12.25 years, age range = 7-17 years) mental health and health-related quality of life (HRQoL) in Germany. The study utilized online survey data from 1,586 families collected May 26 - June 10, 2020, collected via parent proxy reports and self-reports from 11-17-year-olds. HRQoL scores were categorized into low and normal/high groups. 70.7% of children and adolescents reported feeling burdened by the pandemic. The proportion of low HRQoL scores increased from 15.3% to 40.2% during the pandemic, with the most drastic increase seen in 11-13-year-olds (7.7% to 41.3%; p<0.001). Generalized anxiety increased in 11-17-year-olds (14.9% to 24.1%). There was no significant change in prevalence of depressive symptoms, which the author states could be due to low COVID-19 mortality and incidence rates in Germany at the time. Children from families with low education, <20m2 living space per person, or a migration background were at higher risk than their peers for adverse social, behavioral, and mental health impacts (p<0.001). The authors state that those from migrant backgrounds or low socio-	This representative study examined self-report and parent-proxy data on mental health and health-related quality of life (HRQoL) changes in children and adolescents 7-17 years old during the COVID-19 pandemic in Germany. The COVID-19 pandemic adversely impacted children's anxiety and HRQoL, and children of migrant backgrounds or low socio-economic status were more at risk of negative impacts than their non-migrant or higher socioeconomic status peers.	Ravens-Sieberer, U., Kaman, A., Erhart, M. et al. Impact of the COVID-19 pandemic on quality of life and mental health in children and adolescents in Germany. Eur Child Adolesc Psychiatry (2021). https://doi.org/10.1007/s00787-021-01726-5

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					economic status should be the target of initiatives preventing negative consequences of COVID-19 lockdown in children.		
Pregnancy; SARS-CoV-2; treatment	25-Jan-21	COVID-19: can we treat the mother without harming her baby?	Journal of Developmental Origins of Health and Disease	Review	In this review, the authors outline the need to better understand the safety and efficacy of currently available therapeutics for COVID-19 in pregnant women and their infants. The authors discuss the unique immunological changes during pregnancy that respond differently to respiratory infections. Review of SARS-CoV-2 cases in pregnant women in the US and UK have shown that 7-15% of women presenting for term delivery tested positive for the virus in March/April 2020. The course of COVID-19 in pregnancy can include fever, cough, dyspnea as well as severe acute respiratory disease. Symptomatic pregnant women, especially those with pneumonia, may be at increased risk of preterm delivery. Many studies have focused on vertical transmission and while this remains theoretically possible, smaller studies have not identified evidence of this. There is no evidence that vaginal delivery, breastfeeding or remaining with the mother postnatally increase the risk of neonatal infection, as long as appropriate contact precautions while the mother remains infectious. With regard to drug safety in pregnancy, some medications proposed for treatment of COVID-19 during pregnancy already have a characterized maternal and fetal safety profile; however, knowledge gaps remain around potential new drugs. When determining the selection criteria for therapeutics to treat COVID-19 symptoms in pregnant women, it is important to consider the effects on the fetus, thus highlighting that preclinical studies should be performed. Additionally, limited data exists for medications in clinical trials for COVID-19 in pregnant women and their neonates. The article also stresses the need for preclinical studies to be performed on species where the timing of fetal development aligns with that of humans (both in sheep and guinea pigs).	This review outlines the need to better understand the safety and efficacy of currently available therapeutics for COVID-19 in pregnant women and their infants. Pregnant women are especially vulnerable to the effects of COVID-19, yet there is still research needed to provide clear guidance on therapeutics that are both effective for the mother and safe for the developing fetus.	Wiese MD, Berry MJ, Hissaria P, et al. COVID-19: can we treat the mother without harming her baby? J Dev Orig Health Dis. 2021 Jan 25:1-11.
Antenatal screening; COVID-19; Postpartum depression; Vital statistics	25-Jan-21	Postpartum Depressive Symptoms during the Beginning of the COVID-19 Pandemic: An Examination of Population Birth Data from Central New Jersey	Maternal and Child Health Journal	Brief Report	The authors aimed to examine the mental health of women in the perinatal period prior to and during the COVID-19 pandemic. The authors used the New Jersey Vital Statistics provisional birth file for all live births occurring in central New Jersey, USA in 2019 and early 2020, to evaluate whether giving birth during the pandemic is associated with elevated depressive symptoms. All analyses were performed using time-matched (September 2019-April 2020; n=18,531) and month-matched (January-April 2019 and January-April 2020; n=18,346) samples. Women completed the Edinburgh Postnatal Depression Scale (EPDS) prior to discharge from the birth hospitalization. EPDS response categories range from 0 (not at all) to 3 (all the time); higher scores indicate higher levels of postpartum depressive symptoms. The average level of depressive symptoms was higher during March 2020 (mean=2.72) than in both the time- (mean=2.59; b=0.09) and month-matched samples (mean=2.61; b=0.09). The level of symptoms, however, in April 2020 (mean=2.60) was similar to that of pre-pandemic time periods in both samples (mean=2.59 and 2.60). [Tables	The authors used the New Jersey Vital Statistics provisional birth file for all live births occurring in the central region of New Jersey, USA in 2019 and early 2020 for this study, to test whether giving birth during the pandemic is associated with elevated depressive symptoms. Women who gave birth in March 2020, but not in April, reported higher levels of depressive symptoms than those who gave birth prior to the pandemic in time-matched and month-matched samples.	McFarland MJ, McFarland CAS, Hill TD, et al. Postpartum Depressive Symptoms during the Beginning of the COVID-19 Pandemic: An Examination of Population Birth Data from Central New Jersey [published online 2021 Jan 25]. Matern Child Health J. 2021;1-7. doi:10.1007/s10995-020-03116-w

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					include full statistical analyses.] Results from this population-based study suggest that giving birth during the first month of the COVID-19 pandemic was associated with more postpartum depressive symptoms, while giving birth during the second month of the pandemic was unrelated to depressive symptoms. The former finding is consistent with the notion that the pandemic contributed to emotional distress by precipitating new and unique forms of stress and uncertainty, while the latter finding suggests some habituation of pandemic stress or perhaps some form of resource mobilization on the part of pregnant women.		
COVID-19; children; mental health; psychological harm; vulnerable groups; Ireland	25-Jan-21	A Qualitative Study of Child and Adolescent Mental Health during the COVID-19 Pandemic in Ireland	International Journal of Environmental Research and Public Health	Article	The qualitative study examined how COVID-19-related restrictions in Ireland impacted the psychological well-being of children. 94 children and parents (43 mothers, 6 fathers, 21 girls, 24 boys) [ages not specified] were interviewed during a national lockdown [dates not specified]. A thematic approach to Interpretative Phenomenological Analysis was used. Among the themes identified, 80% referred to social isolation, 69% to stress over home-schooling, and 53% to children having borne the brunt of COVID-19. Parents and children discussed the negative impact of the restrictions on young people's wellbeing. Children and adolescents experienced adverse mental health effects, including feelings of social isolation, depression, anxiety, and increases in maladaptive behavior. Families with children with Autism Spectrum Disorders (ASD) reported increased mental health difficulties during this period, mostly due to changes to routine. The findings highlight the impact of severe restrictions on vulnerable populations' wellbeing and mental health outcomes, including children, adolescents, and those with ASD.	This interview-based qualitative study examined how COVID-19-related restrictions in Ireland impacted the psychological well-being of children. The most frequently occurring themes were social isolation, stress over home-schooling, and children having borne the brunt of COVID-19. The findings highlight the impact of severe restrictions on vulnerable populations' wellbeing and mental health outcomes, including children, adolescents, and those with ASD.	O'Sullivan K, Clark S, McGrane A, et al. A Qualitative Study of Child and Adolescent Mental Health during the COVID-19 Pandemic in Ireland. Int J Environ Res Public Health. 2021;18(3):1062. doi:10.3390/ijerph18031062.
COVID-19; EPDS; TOPSE; couple satisfaction; depression; newborn; parental self-efficacy; perinatal period; quality of life.	24-Jan-21	New Parents Experienced Lower Parenting Self-Efficacy during the COVID-19 Pandemic Lockdown	Children (Basel)	Original Research	This study evaluates how the COVID-19 pandemic restrictions changed parenting self-efficacy, depressive symptoms, couple satisfaction, and health-related quality of life in parents with neonates in Switzerland. The authors conducted a prospective study from December 2018-June 2020 and compared questionnaire responses at 1 week, six weeks, and 3 months postpartum of 53 parents during the pandemic to 58 parents before the pandemic. They assessed parents' self-efficacy using Tool to measure Parental Self-Efficacy (TOPSE) where a higher score indicates higher self-efficacy, depression using Edinburgh Postnatal Depression Scale (EPDS) where a higher score indicates higher depression, couple satisfaction using Couple Satisfaction Index (CSI) where higher scores indicate more couple satisfaction, and health-related quality of life using Short Form 12 (SF-12) where higher scores indicate a higher health-related quality of life. SF-12 sub-scores for physical and mental health were analyzed separately. Parents exhibited lower self-efficacy according to TOPSE score (p=0.0497), SF-12 total (p=0.361) and SF-12 physical (p=0.123) during the pandemic. There were no significant changes in EPDS (p=0.823), CSI (p=0.863), and SF-12 mental (p=0.532) scores during the pandemic. On simple linear regression, a significant association between TOPSE score and gestational age (p=0.044), birth	This study evaluates how the COVID-19 pandemic restrictions changed parenting self-efficacy, depressive symptoms, couple satisfaction, and health-related quality of life in parents with neonates in Switzerland. This study demonstrated a significantly lower parental self-efficacy during the phase when the COVID-19 pandemic measures in Switzerland were active, compared to the situation before or after the restrictions.	Xue A, Oros V, Marca-Ghaemmaghami P, et al. New Parents Experienced Lower Parenting Self-Efficacy during the COVID-19 Pandemic Lockdown. Children (Basel). 2021;8(2):79. Published 2021 Jan 24. doi:10.3390/children802079

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					weight (p=0.035), siblings (p=0.055), and distance from home to the hospital (p=0.043). Parental self-assessment of quality of life was positively associated with higher TOPSE scores (p=0.0297), suggesting that those who experience a higher self-efficacy also have a higher quality of life. This study demonstrated a significantly lower parental self-efficacy during the phase when the COVID-19 pandemic restrictions in Switzerland were active, compared to the situation before or after the restrictions.		
COVID-19; maternity care; research; local; priority setting	23-Jan-21	Establishing information needs and research priorities in response to the Covid-19 pandemic in the local maternity setting	Midwifery	Original Research	The authors sought to identify gaps in the evidence base and research priorities for maternity care in the United Kingdom during the COVID-19 pandemic. 58 respondents, including midwifery experts, maternal health researchers, clinical practitioners, and service users were asked to submit their feedback on priority topics from May-September 2020. Research topics were compiled based on answerability, novelty, effectiveness, sustainability, and equity. 15 steps were implemented for the midwifery research priority setting exercise (details for each step provided in a chart in the article). The 8 most highly ranked research topic areas included wellbeing of the workforce, women's mental health and emotional wellbeing, experiences of maternity care leaders, education and training, choice and decision making, breastfeeding, women with protected characteristics (disability, low socio-economic status, LGBTQ, minority), and the need for companionship. The authors noted that the methodology allowed for a systematic approach to identify research ideas while accounting for diverse opinions, and that the process identified under-prioritized aspects of maternity care.	This article describes a participatory process for identifying maternity care research priorities in the United Kingdom during the COVID-19 pandemic. 8 under-prioritized research areas were identified through the process.	Evans K, Janiszewski H, Evans C, et al. Establishing information needs and research priorities in response to the Covid-19 pandemic in the local maternity setting. <i>Midwifery</i> . 2021;95:102922. doi:https://doi.org/10.1016/j.midw.2021.102922.
COVID-19; children; anosmia; ageusia; United States	23-Jan-21	Sudden anosmia and ageusia in a child: A COVID-19 case report	Otolaryngology Case Reports	Case Report	In this case report, the authors described isolated sudden anosmia and ageusia as an uncommon clinical presentation of a 17-year-old male with COVID-19 in the United States [date not specified]. The child presented with sudden anosmia and ageusia for 3 months. The patient did not have symptoms of upper respiratory tract infection or gastrointestinal infection. There was no history of trauma. Examination of the ears, nose, and throat were all unremarkable. Magnetic resonance imaging documented the presence of both olfactory bulbs and olfactory sulci. SARS-CoV-2 IgG testing was positive. Anosmia was confirmed by the University of Pennsylvania Smell Identification Test with a score of 27.5%. This case represents a non-classical presentation of COVID-19 in a child. Clinicians should be cognizant of uncommon presentations of COVID-19 in previously asymptomatic children.	In this case report, the authors described isolated sudden anosmia and ageusia as an uncommon clinical presentation of a 17-year-old male with COVID-19 in the United States. Clinicians should be cognizant of uncommon presentations of COVID-19 in previously asymptomatic children.	Wang E, Ulualp SO, Liu C, et al. Sudden anosmia and ageusia in a child: A COVID-19 case report. <i>Otolaryngology Case Reports</i> . 2021;18:100267. doi:10.1016/j.xocr.2021.100267.
coronavirus infection, pandemics, pregnancy, psychology, anxiety, SARS-CoV-2	23-Jan-21	Impact of COVID-19 Pandemic on the Psychological Status of Pregnant Women	Cureus	Original Article	This study evaluated the psychological status of pregnant women during the SARS-CoV-2 outbreak. The authors conducted a cross-sectional survey from July 15 - September 15, 2020 in districts of Uttarakhand, India. A total of 333 pregnant women were surveyed through an online platform, and 53.5% were in the third trimester. The psychological impact of the SARS-CoV-2 outbreak was measured using the Impact of Event-Revised (IES-R) scale, and anxiety levels were measured using the Generalized Anxiety Disorder-7 (GAD-7) scale.	The authors conducted a cross-sectional survey to evaluate the psychological status of pregnant women during the SARS-CoV-2 outbreak in India. The study found that outbreak-related psychological impacts and	Jelly P, Chadha L, Kaur N, et al. Impact of COVID-19 Pandemic on the Psychological Status of Pregnant Women. <i>Cureus</i> . 2021;13(1):e12875. Published 2021 Jan 23. doi:10.7759/cureus.12875

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					Results showed that 73.6% of the women reported minimal psychological impact, with a mean IES-R score of 16.93 +/- 11.23 (out of 88 possible points, with "normal" score being 0-23), whereas 69.4% of respondents had a minimal level of anxiety, with a mean GAD-7 score of 3.09 +/- 3.73 (out of 21 possible points, with 0-4 indicating "no anxiety symptoms"). Multivariate linear regression found a significant association between psychological impact and gestational age, occupation, religion, locality, conception type, and history of abortion (all p<0.05). Also, the level of anxiety was associated with education, occupation, monthly income, religion, marital and family support, history of mental illness (all p<0.01), as well as conception type and awareness regarding SARS-CoV-2 (both p<0.05). In conclusion, outbreak-related psychological impacts and anxiety levels were minimal in pregnant women in Uttarakhand. Early identification of high-risk women is important to formulate strategic planning to reduce complications associated with maternal psychological stress.	anxiety levels in pregnant women were found to be minimal, and that early identification of high-risk women is important to formulate strategic planning to reduce complications associated with maternal psychological stress.	
Social distancing; Mask-wearing; COVID-19; Health behavior; Adolescence	23-Jan-21	Youth Mask-Wearing and Social-Distancing Behavior at In-Person High School Graduations During the COVID-19 Pandemic [Free Access to Abstract Only]	Journal of Adolescent Health	Original Article	The authors observed 1,152 youth's [mean age not reported] mask-wearing and social-distancing behaviors during 5 in-person live-streamed high school graduations from 1 U.S. public school district in July 2020. Multiple researchers took ethnographic field notes and systematically recorded public health behaviors for each graduation. Authors also used data from the local public health department, school district, newspapers, community observations, and the National Center for Education Statistics. A descriptive quantitative analysis of mask-wearing status by gender, ethnicity, and school was conducted along with a qualitative thematic analysis. The authors report that overall, 70% of students wore their masks properly while receiving their diploma, although 9.6% wore no mask and 18.7% struggled with mask fit. Significant school variation, but no gender or ethnic variation was found in student mask-wearing. School variation in improper mask wearing ranged from 31.7% students at Deerfield to only 2.4% students at Eastwood. These differences aligned with both school staffs' visible commitment to public health safety and with students' emphasis on social justice and the Black Lives Matter movement in graduation speeches, which may be indicative of school differences in cultural norms or political views. All schools struggled with social distancing throughout the ceremony, except when students were seated in socially distanced chairs. This study provides insights into youth conformity to COVID-19 guidelines and strategies to protect public health during in-person schooling. The authors reiterate the need for positive, clear, consistent interventions to encourage youth to wear masks and for training in proper mask use.	Youth mask-wearing and social-distancing behavior was observed among graduating high school seniors from different schools within 1 U.S. public school district. Findings suggest that while there are no gender or ethnic variations in mask wearing, there are school variations which align with school staffs' visible commitment to public health safety and with school cultural and political norms.	Mueller, A., Diefendorf, S., Abrutyn, S. et al. Youth Mask-Wearing and Social-Distancing Behavior at In-Person High School Graduations During the COVID-19 Pandemic. Journal of Adolescent Health. 23 Jan 2021. https://doi.org/10.1016/j.jadohealth.2020.12.123

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post-partum, pregnancy, psychology, telehealth, mental health	23-Jan-21	Maternal psychological health in context with COVID-19 pandemic	Taiwanese Journal of Obstetrics and Gynecology	Correspondence	This article outlines steps governing bodies should take to support the mental health of pregnant and postpartum women during the COVID-19 pandemic. Lockdowns are essential, but may lead to negative psychological effects, which only escalate the psychological burden of pregnant women. Further, the lack of data surrounding the fetal effects of COVID-19 in mothers is likely to add to psychological stress. Especially in low-income and immigrant communities, lockdowns may result in increases in domestic violence and/or suicide rates. Given these potential outcomes, the author lists "essential guidance" for the provision of maternal psychological health care. This includes 9 key areas of focus, such as providing women-centered tele-health, screening pregnant women for pre-existing mental health conditions, acknowledging the increased risk of infection in under-served communities, normalizing feelings of loss/grief/anxiety in labor and birth, maintaining infant/mother bonding, promoting skin-to-skin care and breastfeeding, re-evaluating psychological symptoms postpartum, and providing virtual access to mental health resources, especially for pregnant and postpartum women working front-line jobs. The author asserts that government agencies should actively develop appropriate strategies to care for the well-being of this population.	This article outlines steps governing bodies should take to support the mental health of pregnant and postpartum women during the COVID-19 pandemic. It encourages governing bodies to consider 9 "essential guidance" steps to alleviate the psychological burden on mothers.	Panda SR. Maternal psychological health in context with COVID-19 pandemic. Taiwan J Obstet Gynecol. 2021. doi:https://doi.org/10.1016/j.tjog.2020.12.002
Remdesivir; COVID-19; SARS-CoV-2; pediatric; bradycardia	23-Jan-21	Severe sinus bradycardia associated with Remdesivir in a child with severe SARS-CoV-2 infection	European Journal of Pediatrics	Correspondence	In this letter to the editor, the authors respond to an article by Mendez-Echevarria et al., who shared their experience of treating 8 SARS-CoV-2 pediatric patients (no ages defined) with Remdesivir without complications. The authors want to add their experience of treating a 13-year-old boy who did develop severe bradycardia after receiving Remdesivir for COVID-19. Remdesivir is known to cause cardiovascular side effects in adults with COVID-19. There is limited evidence in children, and the authors noted that none of the patients in the previous article had known cardiovascular disease. Remdesivir is an adenosine analog that could cause bradycardia and its binding to human mitochondrial RNA-polymerase could produce cardiotoxicity. After stopping the Remdesivir, the authors state that the patient's heart rate did normalize within 24 hours and that all cardiac biomarkers and echocardiography were normal. The authors stress the need to place all patients on continuous cardiac monitoring while receiving Remdesivir.	The authors respond to another case series by adding their experience of treating a 13-year-old boy who developed severe bradycardia after receiving Remdesivir for COVID-19.	Sanchez-Codez MI, Rodriguez-Gonzalez M, Gutierrez-Rosa I. Severe sinus bradycardia associated with Remdesivir in a child with severe SARS-CoV-2 infection [published online ahead of print, 2021 Jan 23]. <i>Eur J Pediatr</i> . 2021;10.1007/s00431-021-03940-4. doi:10.1007/s00431-021-03940-4
SARS-CoV-2; neonate; passive immunity; antibody levels; asymptomatic infection; cord blood; mother	23-Jan-21	SARS-CoV-2 serology levels in pregnant women and their neonates	American Journal of Obstetrics and Gynecology	Original Research	The aim of this article was to characterize serologic response against SARS-CoV-2 in pregnant women and to study how this serologic response correlated with maternal clinical presentation, as well as with the rate and level of passive immunity from mothers to neonates. 88 women giving birth in a New York City hospital (USA) from March 22 - May 31, 2020 who tested positive for semi-quantitative IgM/IgG antibodies against SARS-CoV-2 were included in the study. Retrospective chart review was conducted to determine presence and onset of COVID-19 symptoms and use of oxygen support, which were used as predictors for neonatal IgG levels. Timing of peak IgM/IgG antibodies was recorded. To test neonates born to these serology-	This article investigates levels of antibodies against SARS-CoV-2 in both pregnant women and their neonates. They conclude that higher levels of maternal antibodies are associated with passive immunity to neonates, and that maternal IgG levels predict neonatal IgG levels.	Kubiak JM, Murphy EA, Yee J, et al. SARS-CoV-2 serology levels in pregnant women and their neonates. <i>Am J Obstet Gynecol</i> . 2021 Jan 23. doi: 10.1016/j.ajog.2021.01.016.

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					positive pregnant women, umbilical cord blood samples were taken. Results indicated that antibody levels are higher in symptomatic pregnant women compared to asymptomatic pregnant women (p=0.029). Data from the 34/88 women with documented dates of COVID-19 symptoms indicated that maternal IgM/IgG levels peak around 15 and 30 days after symptom onset, respectively. Additionally, 78% of neonates showed passive immunity in the form of IgG antibodies. . Maternal oxygen support, a marker of disease severity, was also predictive of neonatal IgG levels. The authors conclude that maternal serologies correlate with symptomatic maternal infection, and that higher levels of maternal antibodies are associated with passive immunity to neonates. Furthermore, they assert that maternal IgG levels and the use of maternal oxygen support predict neonatal IgG levels.		
COVID-19; pediatrics; surgery; delay; United States	22-Jan-21	Emergency department utilization by children with general surgical conditions during the COVID-19 pandemic	British Journal of Surgery	Letter to the Editor	This report describes changes in emergency department utilization by children with general surgical conditions during the COVID-19 pandemic in a tertiary pediatric hospital in the United States. The surgical utilization was compared before the pandemic (March 13-May 13, 2019) with the first 2 months of the pandemic (March 13-May 13, 2020). There was a 38% reduction in general surgical consultations (85 consultations in 2019 and 53 consultations in 2020). There was a 36% reduction in patients with a confirmed general surgical diagnosis (50 patients in 2019 and 32 patients in 2020). The most common diagnoses were appendicitis (18 versus 10 patients; 44% reduction), superficial abscesses (10 versus 7 patients; 30% reduction) and inguinal pathologies (4 versus 3 patients; 25% reduction). Furthermore, there was a 50% decrease in general surgery admissions from the emergency department during the pandemic (28 versus 14 patients). The duration of stay in the emergency department was also shorter during the pandemic (612 min versus 329 min; 46% reduction). These findings suggest a decrease in the health-seeking behavior of children with general surgical conditions in early stages of the COVID-19 pandemic in the United States.	This report describes changes in emergency department utilization by children with general surgical conditions during the COVID-19 pandemic in a tertiary pediatric hospital in the United States. Results suggest a decrease in the health-seeking behavior of children with general surgical conditions in early stages of the COVID-19 pandemic in the United States.	Balvardi S, Fiore J, Feldman LS, et al. Emergency department utilization by children with general surgical conditions during the COVID-19 pandemic [published online 2021 Jan 22]. Br J Surg. 2021. doi:10.1093/bjs/znaa096
COVID-19; children; MIS-C	22-Jan-21	Multisystem Inflammatory Syndrome in Children Related to SARS-CoV-2	Paediatric Drugs	Article	The authors discussed multisystem inflammatory syndrome in children (MIS-C) as a severe manifestation of COVID-19. MIS-C is characterized by a number of multisystemic manifestations resembling other known previously described illnesses, mainly Kawasaki disease, especially in cases with shock, toxic shock syndrome, and macrophage activation syndrome. Available literature shows that knowledge of MIS-C is largely incomplete. MIS-C development in strict relation with SARS-CoV-2 infection seems documented and, in most cases, can be considered a post-infectious manifestation secondary to an abnormal immune response for some aspects, similar to that seen in adults several days after SARS-CoV-2 infection. However, in a minority of cases, a clinical picture with symptoms fulfilling MIS-C diagnosis criteria develops during the acute phase of SARS-CoV-2 infection. It is highly likely that the criteria currently used to diagnose MIS-C are too broad,	The authors discussed multisystem inflammatory syndrome in children (MIS-C) as a severe manifestation of COVID-19. MIS-C is characterized by a number of multisystemic manifestations resembling other known previously described illnesses, mainly Kawasaki disease, especially in cases with shock, toxic shock syndrome, and macrophage activation syndrome. Further studies are	Esposito S, Principi N. Multisystem Inflammatory Syndrome in Children Related to SARS-CoV-2. Paediatr Drugs. 2021;1-11. doi:10.1007/s40272-020-00435-x.

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					suggesting that children with different diseases are included. As clarity on the pathogenesis of MIS-C is lacking, different therapeutic approaches have been used, but no specific therapy is currently available. Whether a genetic susceptibility to MIS-C exists is unknown, and the long-term prognosis of MIS-C is not completely defined. Further studies are urgently needed to improve our definition of MIS-C, define the real impact on child health, and elucidate the best clinical and therapeutic approach and accurate prognosis.	urgently needed to improve our definition of MIS-C, define the real impact on child health, and elucidate the best clinical and therapeutic approach and accurate prognosis.	
MIS-C, children, MRI, microhemorrhages, SARS-CoV-2	22-Jan-21	Critical illness-associated brain microhemorrhages in a child with multisystem inflammatory syndrome secondary to coronavirus disease 2019	Pediatrics and Neonatology	Case Report	This is the case of a 7-year-old male who presented with fever, vomiting, and cutaneous rash for 5 days in Brazil. He tested positive for SARS-CoV-2 RT-PCR. After 4 days, he became hypoxic and desaturated (oxygen saturation of 85%). He was intubated and admitted to the ICU. Laboratory tests revealed leukopenia and thrombocytopenia. He was extubated 10 days after the ICU admission. Considering the possibility of MIS-C, CT angiography was performed, revealing coronary artery ectasia. Due to dizziness and confusion, a susceptibility-weighted sequence of brain MRI was performed and showed micro-hemorrhages in the splenium of the corpus callosum. A similar case of cerebral micro-hemorrhages was previously reported. Hypoxia, secondary to acute respiratory failure, can lead to hydrostatic or chemical-related blood-brain-barrier disruption and red blood cell extravasation, unrelated to diffuse intravascular coagulation. Endothelial damage caused by SARS-CoV-2 invasion has been previously reported; however, blood-brain-barrier dysfunction is the primary mechanism leading to cerebral micro-hemorrhages in patients with severe COVID-19, including MIS-C. Brain micro-hemorrhages could probably occur at the moment of greatest hypoxia.	This is a case of MIS-C in a 7-year-old male in Brazil who presented with fever, vomiting, and cutaneous rash for 5 days. A susceptibility-weighted sequence of brain MRI showed micro-hemorrhages in the splenium of the corpus callosum, possibly due to blood-brain-barrier disruption.	Corrêa DG, da Cruz LCH Jr. Critical illness-associated brain microhemorrhages in a child with multisystem inflammatory syndrome secondary to coronavirus disease 2019 [published online, 2021 Jan 23]. <i>Pediatr Neonatol.</i> 2021;S1875-9572(21)00008-5. doi:10.1016/j.pedneo.2021.01.007
adolescent; COVID-19; mental health; school closures; SARS-CoV-2;	22-Jan-21	Development of Psychological Problems Among Adolescents During School Closures Because of the COVID-19 Lockdown Phase in Italy: A Cross-Sectional Survey	Frontiers in Pediatrics	Original Research	This cross-sectional study evaluated the impact of school closure on older children and adolescents (11-19 years old) during the COVID-19 pandemic in Italy, particularly with a focus on modifications to their current lifestyle and the development of significant mental health challenges. Subjects completed an anonymous, online questionnaire which was disseminated through schools. Data collection took place from April 8–21, 2020, 1 month following the school closures due to the COVID-19 pandemic. A total of 7 schools in different regions of Italy participated in this study. The online form contained questions covering several topics including demographic data and school location, knowledge and concerns about COVID-19, additional information related to COVID-19, the psychological impact of the COVID-19 outbreak, and mental health status. A total of 2,064 students (62.8% females; mean age, 15.4 ± 2.1 years) completed and returned the questionnaire. The lethality of COVID-19 was highlighted more frequently by females than males (p < 0.01), while the lack of an effective therapy for the disease was more frequently reported by older students (14-19 years) than younger students (11-13 years) (58.6 vs. 49.2%; p < 0.001). With regard to lifestyle, males and older adolescents reported using face masks less than females and younger	This study evaluated the impact of school closure on the lifestyle and mental health of older children and adolescents during the COVID-19 pandemic in Italy. The authors confirm that school closure can cause relevant mental health problems in older children and adolescents.	Esposito S, Giannitto N, Squarcia A, et al. Development of Psychological Problems Among Adolescents During School Closures Because of the COVID-19 Lockdown Phase in Italy: A Cross-Sectional Survey. <i>Front Pediatr.</i> 2021 Jan 22;8:628072. doi: 10.3389/fped.2020.628072.

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					adolescents ($p < 0.001$). The feeling of sadness was significantly more frequent in females (84%) than in males (68.2%) ($p < 0.001$) and in the 14–19-year age group (79.2%) ($p < 0.001$). The authors conclude that data on the psychological impact of school closures in children and adolescents as a result of the COVID-19 lockdown highlight that school closures should be avoided and that school system infrastructure, the number of employees and their education on infectious disease prevention should be improved to ensure safe school attendance.		
Kawasaki disease; multiple inflammatory syndrome in children; Nepal; respiratory syndrome coronavirus 2	22-Jan-21	Kawasaki Disease like Multisystem Inflammatory Syndrome in a Toddler during SARS-CoV-2 Pandemic in Nepal	Journal of Nepal Health Research Council	Case Report	The authors report on a 17-month-old male child from Nepal who presented to a hospital in Kathmandu on September 19, 2020, for a fever lasting 7 days and a rash on his face and trunk whose parents had tested positive for SARS-CoV-2 via RT-PCR. The RT-PCR for this boy was negative on admission; however, his anti-SARS-CoV-2 IgG serology was positive. The child had developed a maculopapular rash on his face and trunk, bilateral non-exudative bulbar conjunctivitis, and swelling of both hands and feet on the fourth day of his fever. A chest x-ray performed on admission showed infiltration in the right lower lobe, muffled heart tones, a hemoglobin level of 87g/L, leucocyte count of 15.4x10 ⁹ /L (neutrophil 58%, lymphocyte 39%), platelet count 210x10 ⁹ /L, C-reactive protein 90.4mg/L, erythrocyte sedimentation rate 60mm/hour, albumin 27g/L, lactate dehydrogenase 542 U/L, triglyceride 4.2 mmol/L, d-dimer 21 µg/ml, and echocardiography showing ectasia and non-tapering of the coronary arteries with minimal pericardial effusion. Tests for other viruses were all negative. A diagnosis of MIS-C was made due to age below 21 years, fever, skin and cardiovascular systems involvement, the above laboratory results, and no other alternative diagnoses. He was treated with IV immunoglobulin and discharged on oral aspirin. The authors stress that all children presenting with Kawasaki like disease should be investigated for MIS-C.	The authors report on a 17-month-old boy from Nepal who presented to a hospital in Kathmandu on September 19, 2020, for a fever lasting 7 days and a rash on his face and trunk whose parents had tested positive for SARS-CoV-2 via RT-PCR.	Rayamajhi A, Sharma M, Deo MK, Shrestha S, Bista KP, Paudel KP. Kawasaki Disease like Multisystem Inflammatory Syndrome in a Toddler during SARS-CoV-2 Pandemic in Nepal. <i>J Nepal Health Res Counc.</i> 2021;18(4):789-791. Published 2021 Jan 22. doi:10.33314/jnhrc.v18i4.3281
Amniotic fluid; Breastmilk; COVID-19; Cord blood; Placenta; Pregnancy; SARS-CoV-2; Vertical transmission	22-Jan-21	Gestation and COVID-19: clinical and microbiological observational study (Gesta-COVID19)	BioMed Central (BMC) Pregnancy and Childbirth	Protocol	The presence of SARS-CoV-2 has been demonstrated in biological samples during pregnancy (placenta, umbilical cord or amniotic fluid); however, maternal and fetal effects of the virus are not well known. The authors describe a protocol for a longitudinal, observational study in 8 tertiary care hospitals throughout Spain that are referral centers for pregnant women with COVID-19. The study will aim to include 150 pregnant women who tested positive for SARS-CoV-2 via RT-PCR test during pregnancy or 14 days pre-conception as well as their newborns. Pregnant women will be followed up until 4 weeks after delivery and neonates will be followed until 6 months after delivery. Primary outcomes include: rates of preterm delivery, pre-eclampsia, hospitalization during pregnancy, and ICU admission. Secondary outcomes include: maternal COVID-19 symptoms, maternal mortality, fetal mortality, fetal morbidity (miscarriage, stillbirth, fetal malformation, and intra-uterine growth restriction), behavior of the virus and serological response in biological fluids (urine, faeces, cord and peripheral blood, placenta, and breastmilk), rate of neonatal	This protocol describes a longitudinal, observational study in Spain that will include SARS-CoV-2 infected pregnant women and their newborns to evaluate the effects of COVID-19 on maternal, fetal, and neonatal morbidity and mortality.	Suy A, Garcia-Ruiz I, Carbonell M, et al. Gestation and COVID-19: clinical and microbiological observational study (Gesta-COVID19). <i>BMC Pregnancy Childbirth.</i> 2021;21(1):78. Published 2021 Jan 22. doi:10.1186/s12884-021-03572-4

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					infection at 24, 48 hours, and 7 days after birth, neonatal morbidity (infection, pneumonia, ICU admission), and neonatal mortality. Analysis will also explore the association of adverse maternal, fetal and neonatal outcomes with each specific drug used to treat COVID-19.		
COVID-19; children; impact; inequality; undernutrition; obesity	22-Jan-21	A hidden side of the COVID-19 pandemic in children: the double burden of undernutrition and overnutrition	International Journal for Equity in Health	Commentary	The authors comment on the indirect effects the COVID-19 pandemic is having on children, including poor diets, mental health impacts, social isolation, addiction to screens, lack of schooling, and lack of health care access. The pandemic has shifted the lifestyle habits of families. In high-income countries, those with low incomes are most at risk, needing to queue to receive free food parcels, ration food, or make cheaper and unhealthy food choices. Low-income countries see disruptions in nutrition and health care programs, with undernutrition expected to increase by 6.7 million children in 2020 and an expected 10,000 additional child deaths per month due to the COVID-19 crisis. The authors surveyed an emergency department in Switzerland of parents of children (no ages defined) from mid-March to the end of April 2020 on eating and lifestyle habits during the COVID-19 semi-confinement period. The parents reported an increase of 40% in eating and snacking during the confinement. Screen times increased by 75% in children and 100% in adolescents, and the proportion of children not getting 2 hours of physical exercise daily doubled. One-third of parents estimated that their children had gained weight during the pandemic as well as increases in sleep disturbances, stress, and anxiety. Vulnerable groups are the most at risk for inadequate nutrition, including migrants, refugees, children with mental health issues, low-income and low-education families. Migrants face the double burden of nutrition problems with undernutrition upon arrival in a host country and then obesity as they settle into a westernized environment. The authors stress the need for ongoing studies on the pandemic's impact on children's nutritional status in all contexts.	The authors comment on the indirect effects the COVID-19 pandemic is having on children and stress the need for ongoing studies on the pandemic's impact on children's nutritional status in all contexts.	Zemrani B, Gehri M, Masserey E, Knob C, Pellaton R. A hidden side of the COVID-19 pandemic in children: the double burden of undernutrition and overnutrition. <i>Int J Equity Health</i> . 2021;20(1):44. Published 2021 Jan 22. doi:10.1186/s12939-021-01390-w
COVID-19, anxiety, depression, eHealth, lockdown, pregnant women, quarantine	22-Jan-21	Social, Cognitive, and eHealth Mechanisms of COVID-19-Related Lockdown and Mandatory Quarantine That Potentially Affect the Mental Health of Pregnant Women in China: Cross-Sectional Survey Study	Journal of Medical Internet Research	Original Research	This article discusses data from an online cross-sectional survey conducted 25 February - 10 March 2020. The authors investigated the COVID-19 lockdown and mandatory quarantine's effects on pregnant women's mental health in China. The study sample included 19,515 participants at all stages of pregnancy, with average gestational age of 25.4 weeks (SD 9.8 weeks). [Precise age characteristics not included.], 12,209/19,515 (62.6%) experienced lockdown, and 737 (3.8%) experienced mandatory quarantine. 8,712 out of the 19,515 participants (44.6%) had mild to severe depression, 5,696 (29.2%) had mild to severe anxiety, and 1,442 (7.4%) had suicidal ideations. According to the authors' model, quarantine was directly and indirectly associated with poor mental health through decreased perceived social support and increased maladaptive cognition (B=.04; β=.02, CI 0.01-0.02, P=.001). The authors present a mediation model to demonstrate multiple pathways between lockdown/quarantine and mental health. Lockdown was indirectly associated with mental health, and interestingly, was found to increase perceived social support (P<0.001)	In this survey-based study from China, quarantine during the COVID-19 pandemic was strongly associated with pregnant women's poor mental health status. Integrating mental health care into electronic healthcare (eHealth) is critical to implement evidence-based mental health promotion among pregnant women.	Yang X, Song B, Wu A, et al. Social, Cognitive, and eHealth Mechanisms of COVID-19-Related Lockdown and Mandatory Quarantine That Potentially Affect the Mental Health of Pregnant Women in China: Cross-Sectional Survey Study. <i>J Med Internet Res</i> . 2021 Jan 22;23(1):e24495. doi: 10.2196/24495. PMID: 33302251.

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					in this study. The authors hypothesize that increased time spent with families might have improved the women's relationships at home, thus counteracting the negative impact on mental health. Social media use also strengthened the protective effect of perceived social support on mental health (P<0.001). Incorporating mental health care and prenatal care into electronic healthcare (eHealth) will be essential in supporting healthy pregnancies during the pandemic. Identifications of similarities and differences across different countries will be critical to validate these study findings in the future.		
BMI; boredom; child eating behavior; food parenting practices; snacking; stress	22-Jan-21	Child eating behaviors, parental feeding practices and food shopping motivations during the COVID-19 lockdown in France: (how) did they change?	Appetite	Original Research	This cross-sectional study explored how food shopping, preparation, and eating behaviors changed during COVID-19 lockdown among families with children in France (mean age=7.3 years, age range= 3-12 years). Self-reported data were collected from 498 parents across France through an anonymous online questionnaire open April 30 - May 10, 2020. Of children observed to have eating behavior changes during lockdown (60%), average emotional eating (p<0.001), average food responsiveness (p<0.001), and average food enjoyment significantly increased (p<0.001). Between-meal snack frequency increased in 36% of children, with increased consumption of candy, sodas, chips, and pastries (p<0.001). Increased boredom was significantly associated with increased emotional overeating (p<0.001), food responsiveness (p<0.001), and snack frequency (p=0.01). Parents who reported changes in feeding practices during lockdown (60%) used food to soothe children more often (p<0.001), gave children autonomy on deciding when to eat (p<0.001), and adhered less to feeding children on a schedule (p<0.001). Average stress of parents increased significantly during lockdown (p<0.001), which was associated with giving children more autonomy to decide their food intake amount (p=0.02). These results shed light on how both parents' and children's stress levels can change familial eating behaviors, which has long-lasting implications beyond the scope of the COVID-19 pandemic.	In this cross-sectional study, the authors examine changes in food shopping, preparation and eating behaviors during COVID-19 lockdown among families with children between 3-12 years old in France. Increases in food approach behaviors in children and more lax regulation from parents in lockdown may be connected to increased boredom and stress, respectively.	Philippe K, Chabanet C, Issanchou S, et al. Child eating behaviors, parental feeding practices and food shopping motivations during the COVID-19 lockdown in France: (how) did they change? Appetite. 2021 Jan 22:105132. doi: 10.1016/j.appet.2021.105132.
COVID-19; childbirth; doulas; intimate labor; labor support; reprod uction	22-Jan-21	Practising intimate labour: Birth doulas respond during COVID-19	Anthropology in Action	Original Article	The authors describe the experiences of doulas (n > 500) working during the COVID-19 pandemic in the United States from April-June 2020. Doulas described a transformation in their work amidst restrictions regarding birth practices, including restrictions on those allowed to attend births in hospitals. Specific restrictions described by the doulas included limitations on having only one or two support people present during births, requiring doulas to show certification before attending a birth, or restricting all support people. Changes in experiences for birthing people noted by the doulas included interruption in intimacy, feelings of uncertainty due to evolving restrictions, mental and emotional trauma from not having a partner present during birth, and the decision to have a home delivery instead of a hospital delivery to decrease the risk of SARS-CoV-2 infection. The authors call for more attention to supporting birthing people during the COVID-19 pandemic, and for raising questions about the medical structure of maternal care.	This article describes the transformation in the experience of doulas in the United States during the COVID-19 pandemic. Doulas described changes to hospital policies and the effects on the experiences of birthing people, including mental and emotional trauma from altered plans or restrictions on who can attend births.	Castañeda AN, Searcy J. Practising Intimate Labour. Anthropology in Action. 2021. 28(1), 21-24. https://doi.org/10.3167/ai.a.2021.280104

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chronic illness; health disparities and inequities; health promotion and prevention	22-Jan-21	What COVID-19 Teaches Us About Implicit Bias in Pediatric Health Care	Journal of Pediatric Psychology	Article	The authors conducted a topical review of recent literature to highlight the impact of the COVID-19 pandemic on exacerbating implicit biases among pediatric health care providers (HCPs) that further health disparities and inequities among children during the COVID-19 pandemic. This bias manifests in how HCPs experiencing stress due to the ongoing pandemic may use "cognitive shortcuts," such as stereotypes, to diagnose and treat patients efficiently; these biases may occur toward individuals of different race, ethnicity, gender, age, and weight. Rates of pediatric HCPs' implicit bias have been documented as similar to the high levels of implicit bias found in the general population, with HCP bias negatively impacting clinical decision-making and outcomes for marginalized pediatric populations. Implicit bias especially impacts patients and families from low socio-economic status backgrounds, or those who are Black, with HCPs making judgments of these patients as "noncompliant" without regard to their unique social structures and environments that create inequity. The COVID-19 pandemic has especially exacerbated social inequities and created opportunities for some populations to be left behind in clinical care, so HCPs must be especially aware of biases impacting care delivery. Implicit bias must be addressed at the individual, institutional, educational, and scientific levels to actively prevent the promotion of health disparities in disadvantaged and minority pediatric populations.	The authors highlight the many ways in which implicit bias impacts pediatric health care providers' delivery of care, especially to patients of low socio-economic background and patients who are Black. This is particularly true during the COVID-19 pandemic, when providers are notably stressed and disparities have been amplified. There is thus great need to address implicit bias at the individual, institutional, educational, and scientific levels to prevent health disparities.	Mulchan SS, Wakefield EO, Santos M. What COVID-19 Teaches Us About Implicit Bias in Pediatric Health Care. J Pediatr Psychol. 2021;jsaa131. doi:10.1093/jpepsy/jsaa131
Anxiety; inattention; mental health; children; COVID-19; mindfulness-based interventions; philosophy for children interventions	22-Jan-21	Philosophy for children and mindfulness during COVID-19: Results from a randomized cluster trial and impact on mental health in elementary school students	Progress in Neuro-Psychopharmacology and Biological Psychiatry	Original Research	The authors aimed to compare the impact of online mindfulness-based interventions (MBI) and philosophy for children (P4C) interventions on mental health during the beginning of the COVID-19 pandemic. MBIs teach children to focus on their sensory experiences and recognize and accept their thoughts and emotions, leading to better emotional regulation skills. P4C interventions aim to foster basic psychological need (BPN) satisfaction, especially the need for autonomy. The authors conducted a randomized cluster trial in Quebec, Canada to assess and compare the impact of both interventions on 37 elementary school students' (mean age 8.18 years [no range given]) anxiety and inattention symptoms, as well as on their BPN satisfaction. Participants completed selected items from the anxiety (3 items) and inattention (4 items) subscales of the Behavior Assessment Scale for Children, and a mean score was used. BPN satisfaction was determined by participants rating how competent, autonomous, and related they felt in school, by answering a 5-item scale. The P4C intervention improved anxiety and inattention, controlling for baseline levels (p=0.016). Participants in the P4C group showed lower scores on anxiety and inattention at post-test (adjusted mean=3.67) than participants in the MBI group (adjusted mean=5.35). The MBI group had improved levels of BPN satisfaction (p=0.009). Participants in the MBI intervention reported greater BPN satisfaction at post-test (adjusted mean=11.46) than participants in the P4C intervention (adjusted mean=9.52). Results from this study suggest that, in the current context of the COVID-19 pandemic, a P4C	The authors conducted a randomized cluster trial in Canada to assess and compare the impact of online mindfulness-based interventions (MBI) and philosophy for children (P4C) interventions on 37 elementary school students' anxiety and inattention symptoms, as well as on their basic psychological need (BPN) satisfaction. Results from this study suggest that, in the current context of the COVID-19 pandemic, a P4C intervention centered around COVID-19-related themes may help reduce mental health difficulties such as anxiety and inattention, that a MBI may be useful to satisfy BPN, and that both interventions were easy	Malboeuf-Hurtubise C, Léger-Goodes T, Mageau GA, et al. Philosophy for children and mindfulness during COVID-19: Results from a randomized cluster trial and impact on mental health in elementary school students [published online 2021 Jan 22]. Prog Neuropsychopharmacol Biol Psychiatry. 2021;107:110260. doi:10.1016/j.pnpbp.2021.110260

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					intervention centered around COVID-19-related themes may help reduce mental health difficulties such as anxiety and inattention, that a MBI may be useful to satisfy BPN, and that both interventions were easy to offer online to elementary school students.	to offer online to elementary school students.	
COVID-19; SARS-CoV-2; asthma; atopic dermatitis; infections; pediatrics; rhinitis	22-Jan-21	Asthma and allergic diseases are not risk factors for hospitalization in children with COVID-19	Annals of Allergy, Asthma and Immunology	Original Research	The authors aimed to determine whether allergic diseases are a risk factor for hospitalization in children with COVID-19. The authors conducted a study of 107 pediatric patients (median age 102 months, IQR 35-180 months) who were admitted to a COVID-19 clinic or hospital in Istanbul, Turkey with COVID-19 symptoms between March 15-May 31, 2020, and were evaluated for allergic diseases 1-4 months after discharge or having a negative PCR test for SARS-CoV-2. 57% of patients were hospitalized, and 43% of patients were followed closely in the outpatient clinic. The prevalence of allergic rhinitis (AR), recurrent wheezing, atopic dermatitis (AD), and asthma was 10.3%, 5.5%, 4.7%, and 3.7%, respectively, within the whole study population. While having asthma, AR, AD, aero-allergen sensitization, food allergen sensitization, and passive tobacco exposure were not found to be related to hospitalization due to COVID-19, having a pet at home was related to a decreased risk of hospitalization (p=0.021). Spirometry tests revealed a higher forced expiratory volume in the first second/forced vital capacity (FEV1/FVC) ratio and a peak expiratory flow (PEF) reversibility in hospitalized patients compared to non-hospitalized ones (p=0.023 and p=0.003, respectively). The authors concluded that asthma and allergic diseases do not appear to be risk factors for hospitalization from COVID-19 in children, and having a pet at home can have a protective effect.	The authors conducted a study of 107 pediatric patients who were admitted to a COVID-19 clinic or hospital in Istanbul, Turkey with COVID symptoms and were evaluated for allergic diseases. The authors concluded that asthma and allergic diseases do not appear to be risk factors for hospitalization due to COVID-19 in children, and having a pet at home can be a protective effect.	Beken B, Ozturk GK, Aygun FD, et al. Asthma and allergic diseases are not risk factors for hospitalization in children with COVID-19 [published online 2021 Jan 22]. Ann Allergy Asthma Immunol. 2021;S1081-1206(21)00053-3. doi:10.1016/j.anai.2021.01.018
COVID-19; pediatric; diabetes; endocrinology	22-Jan-21	Pediatric Endocrinology in the Time of COVID-19: Considerations for the Rapid Implementation of Telemedicine and Management of Pediatric Endocrine Conditions	Hormone Research in Paediatrics	Review	This review summarizes common adaptations for telemedicine during the COVID-19 pandemic with respect to the practice of pediatric endocrinology, and discusses the benefits and potential barriers to telemedicine. Telemedicine has been an essential tool during the pandemic, as it has allowed providers to deliver care to their patients, albeit with some compromises and adjustments. The broad implementation of telemedicine has the potential for expanding access to care and improvement in the management of chronic conditions. Lessons learned during the pandemic should be used as the first step to address the long-term use of telemedicine practices in specific, well-defined scenarios. Research assessing the impact of telemedicine on the care of pediatric endocrinology conditions will be necessary to justify its continued use beyond the pandemic. Institutional policies and procedures will need to be updated to address patient privacy and provider workflow as telemedicine is likely to remain part of pediatric endocrine care. Finally, continued adequate payer reimbursement for care coordination and remote monitoring will be necessary, in order to	This review summarizes common adaptations for telemedicine during the COVID-19 pandemic with respect to the practice of pediatric endocrinology, and discusses the benefits and potential barriers to telemedicine. Telemedicine has been an essential tool during the pandemic, as it has allowed providers to deliver care to their patients, albeit with some compromises and adjustments. Research assessing the impact of telemedicine on the care of	Regelmann MO, Conroy R, Gourgari E, et al. Pediatric Endocrinology in the Time of COVID-19: Considerations for the Rapid Implementation of Telemedicine and Management of Pediatric Endocrine Conditions. Horm Res Paediatr. 2021;1-8. doi:10.1159/000513060.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					assure long-term viability of telemedicine practices in pediatric endocrinology.	pediatric endocrinology conditions will be necessary to justify its continued use beyond the pandemic.	
US: vaccination coverage; 2019-2020 school year; COVID-19; disruptions; MMR; DTap; pertussis	22-Jan-21	Vaccination Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarten-United States, 2019-20 School Year	Morbidity and Mortality Weekly Report (MMWR)	Report	The authors state that it is critical to follow immunization rates due to vaccination disruptions during the COVID-19 pandemic. This report provides data on national (US) vaccination coverage for the state-required number of doses of diphtheria and tetanus toxoids, and acellular pertussis vaccine (DTap), measles, mumps, and rubella vaccine (MMR), and varicella vaccine during the 2019-2020 school year (of 4,024,574 children enrolled in kindergarten). National vaccination coverage was 94.9% (range: 84.0% [Indiana] to 99.1% [Mississippi]) for the DTap, 95.2% (range: ≥86.6% [Alabama] to ≥99.1% [Mississippi]) for 2 doses of MMR and 94.8% (range: ≥86.6% [Alabama] to 99.1% [Mississippi]) for state-required doses of varicella. 2.5% (range: 0.1% [New York and West Virginia] to 7.6% [Idaho]) of children had an exemption from at least one vaccine, which remains unchanged from the 2018-2019 school year. Another 2.3% of children are not up to date on MMR vaccinations and do not have exemptions. Children may attend school during a grace period or provisional enrollment in some states. 28 states reported data on these provisionally enrolled students, which was 1.6% (range: <0.1% [Hawaii and Mississippi] to 6.1% [Ohio]). Of the 28 states reporting <95% MMR coverage, 24 could reach ≥95% if all nonexempt kindergartners were vaccinated. The authors report that vaccination coverage may have already been reduced due to the COVID-19 pandemic. Reduced appointment availability at provider's offices and delayed preventative health visits may reduce the vaccination coverage in the 2020-2021 school year. The 2020-2021 school year began during the pandemic, and many schools may not have enforced vaccination policies due to remote learning.	The authors report that vaccination coverage in the US may have already been reduced due to the COVID-19 pandemic; reduced appointment availability and delayed preventative health visits may further reduce vaccination coverage in the 2020-2021 school year.	Seither R, McGill MT, Kriss JL, et al. Vaccination Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarten — United States, 2019–20 School Year. MMWR Morb Mortal Wkly Rep 2021;70:75–82. DOI: http://dx.doi.org/10.15585/mmwr.mm7003a2 xternal icon.
Prevalence, children, testing, seropositivity, spread	22-Jan-21	Prevalence of SARS-CoV-2 Infection in Children and Their Parents in Southwest Germany	Journal of the American Medical Association (JAMA) Pediatrics	Original Research	This large-scale, multi-center, cross-sectional investigation assessed point prevalence of SARS-CoV-2 in children aged 1-10 years and a corresponding parent from April 22- May 15, 2020, in southwest Germany. SARS-CoV-2 RT-PCR testing of nasopharyngeal and oropharyngeal swabs, ELISA testing of serological samples against the viral S1 protein, and an immunofluorescence test on SARS-CoV-2–infected VeroE6 cells were performed for all samples. A total of 2482 children (median age 6 years [range, 1-10 years]; 1265 boys [51.0%]) and 2482 parents (median age 40 years [range, 23-66 years]; 615 men [24.8%]) were included. 2 (0.04%) participants (child and parent) tested positive for SARS-CoV-2 RNA. The estimated SARS-CoV-2 seroprevalence was low in parents (1.8% [95% CI, 1.2–2.4%]) and 3-fold lower in children (0.6% [95% CI, 0.3-1.0%]). The combination of a parent with seropositivity and a corresponding child with seronegativity was 4.3 times higher than the combination of a parent who was seronegative and a corresponding child with seropositivity	In this multi-center investigation of point prevalence of SARS-CoV-2 in children 1-10 years of age and a corresponding parent in Germany, the authors found low seroprevalence in parents (1.8% [95% CI, 1.2–2.4%]) and 3-fold lower in children (0.6% [95% CI, 0.3-1.0%]). Only 2 participants (0.04%) tested positive for SARS-CoV-2 RT-PCR. The authors conclude that children did not likely play a key role in the spread of	Tönshoff B, Müller B, Elling R, et al. Prevalence of SARS-CoV-2 Infection in Children and Their Parents in Southwest Germany. JAMA Pediatr. 2021; doi:10.1001/jamapediatrics.2021.0001

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					(95% CI, 1.19-15.52). Virus-neutralizing activity was confirmed for 66 of 70 IgG-positive serum samples (94.3%). The authors conclude that the low seroprevalence in children likely indicates that they did not play a key role in the spread of SARS-CoV-2 infection during this period in southwest Germany.	SARS-CoV-2 in Germany during the study period.	
COVID-19; children; sports; United States	22-Jan-21	New guidelines for children returning to sports after Covid-19	Journal of Pediatric Nursing	Article	The author discusses the American Academy of Pediatrics's revised guidelines for children returning to athletic activities in the United States during the COVID-19 pandemic. These guidelines are designed to reduce the risk of viral transmission and emphasize the use of fitted cloth face masks for all children engaging in vigorous sports, except for swimming, diving, gymnastics, cheerleading, and wrestling. Cloth face masks should be used during competitions, group training sessions, on the sidelines, traveling, and in the locker room. Also included are clarifications of cardiac risks to children who have had COVID-19. Children who have an asymptomatic or mild disease (<4 days of fever) need to be screened by their primary care providers before returning to play. The guidelines recommend children who have tested positive for SARS-CoV-2 to increase activity slowly after at least 10 days of rest and be symptom-free for 7 days. Children with more severe disease (fever for >4 days, more severe and prolonged symptoms of muscle aches, chills or lethargy, or hospitalization) should see a cardiologist after the symptoms resolve and before starting play. Care providers should also refer to their state regulations and guidance associated with returning to sports as states are allowing practice and competition to resume at different stages.	The author discusses the American Academy of Pediatrics' revised guidelines for children returning to athletic activities during the COVID-19 pandemic. These include strengthening the recommendations for cloth mask wearing for all children engaging in vigorous sports and clarifications of cardiac risks to children who have had COVID-19.	McBride DL. New guidelines for children returning to sports after Covid-19. J Pediatr Nurs. 2021. doi:10.1016/j.pedn.2021.01.013.
COVID-19, pandemic, lockdown, disabilities, mental health, physical activity	22-Jan-21	The effects of COVID-19 restrictions on physical activity and mental health of children and young adults with physical and/or intellectual disabilities	Disability and Health Journal	Original Research	This study's objective was to investigate the effects of COVID-19 lockdown restrictions on the physical activity and mental health of children/young adults with physical and/or intellectual disabilities. Parents and caregivers of children with disabilities in the UK (average age 12 years old) completed an electronic survey between June - July 2020 on behalf of their child. The survey assessed physical activity levels, mental health, access to specialist facilities and equipment aid with physical activity, and the short and long-term concerns around ongoing lockdown restrictions. The results indicated that respondents reported negative effects of lockdown restrictions. 61% reported a reduction in physical activity levels, and over 90% reported a negative impact on mental health (including poorer behavior, mood, fitness, and social and learning regression). Additionally, many respondents claimed that a lack of access to specialist facilities, therapies, and equipment was a driving factor in this negative impact and raised concerns about the possibility of long-term effects due to the lack of access to their specific needs. The authors concluded that this paper highlights the negative impact of lockdown restrictions on the physical and mental activity of children with disabilities. They state that further research is needed to assess what support these individuals may need when the restrictions are eased.	This article highlights the negative impact of COVID-19 lockdown restrictions on the physical and mental activity of children with disabilities, citing that many of these impacts are due to disruptions to a children's therapy and specialist needs.	Theis N, Campbell N, De Leeuw J et al. The effects of COVID-19 restrictions on physical activity and mental health of children and young adults with physical and/or intellectual disabilities. Disability and Health Journal. 2021:101064. doi: https://doi.org/10.1016/j.dhjo.2021.101064.

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COVID-19; pregnant women; health behavior change; United States	22-Jan-21	Variations in health behaviors among pregnant women during the COVID-19 pandemic	Midwifery	Article	The study examined changes in lifestyle behaviors early in the COVID-19 pandemic among pregnant women in the United States. A cross-sectional internet-based survey was completed by 706 pregnant women aged 18-44 years (mean age=29.6 years ± 3.2) from 6-8 May 2020 to assess self-reported changes in diet, physical activity, and sleep. A substantial number of women participated in each of the 3 pregnancy trimesters. Participants were predominately Non-Hispanic Black, married, well-educated (at least a Bachelor degree), and employed. Approximately 17% of women reported their diets worsened during the COVID-19 pandemic, 42% reported improvements, and 41% reported no change. For physical activity, 22% reported they stopped being active, 2% reported they became active, and 76% reported no change. Approximately 28% of participants reported getting less sleep. The factors consistently associated with adverse lifestyle changes (worse diet, stopped being active, and reduced sleep) were experiences of pregnancy complications (aOR=2.65, 95% CI=1.41, 4.98; p<0.001), loss of income due to COVID-19 (aOR=3.08, 95% CI=1.59, 5.98; p<0.001), and changes in social connections due to COVID-19 (aOR=1.41, 95% CI=1.05, 1.89; p<0.001). Interventions during the pandemic to optimize health behaviors in pregnant women, especially among those with pregnancy complications, should address economic disadvantages and social support.	The study examined changes in lifestyle behaviors early in the COVID-19 pandemic among pregnant women in the United States. The factors consistently associated with adverse lifestyle changes (worse diet, stopped being active, and reduced sleep) were experiences of pregnancy complications, loss of income due to COVID-19, and changes in social connections due to COVID-19. Interventions during the pandemic to optimize health behaviors in pregnant women, especially among those with pregnancy complications, should address economic disadvantages and social support.	Whitaker KM, Hung P, Alberg AJ, et al. Variations in health behaviors among pregnant women during the COVID-19 pandemic. Midwifery. 2021. doi:10.1016/j.midw.2021.102929.
pediatric; SARS-CoV-2; serology	21-Jan-21	Pediatric evaluation of clinical specificity and sensitivity of SARS-CoV-2 IgG and IgM serology assays	Clinical Chemistry and Laboratory Medicine	Letter to the Editor	This study evaluated the Abbott Architect and Alinity IgM and IgG serology assays in the pediatric population, focusing on clinical specificity. 1,496 pediatric samples from 3 Canadian cohorts were evaluated: (1) 500 samples from November 2018-March 2019 (true negative historical controls), (2) 500 from September 2019-February 2020, and (3) 496 from May-June 2020. In addition to those cohorts, another 22 PCR-positive pediatric and adult samples were assayed for sensitivity assessment. The results showed a negative percent agreement (NPA) of 99.6% (95% CI: 98.7-100%) for IgG and 99.8% (95% CI: 98.9-100%) for IgM within the true negative historical controls. In the 2nd cohort, NPA was 100% (95% CI: 99.3-100%) for IgG and 99.6% (95% CI: 98.7-100%) for IgM. All positives in the 1st and 2nd cohorts were considered false positives. In the 3rd cohort, NPA was 99.2% (95% CI: 98-100%) for IgG. All values agreed between Architect and Alinity except for the IgM assay within the 3rd cohort. NPA was 99.8% (95% CI: 98.9-100%) on Architect and 99.6% (95% CI: 98.5-100%) on Alinity. Positive percent agreement (PPA) for all 22 specimens with corresponding positive RT-PCR results was 73% for IgM (95% CI: 49.8-89.3%) and 77% (95% CI: 54.6-92.2%) for IgG. PPA for specimens >10 days post symptom onset was 93% (95% CI: 77.2-99.9%) for IgM and 100% (95% CI: 84.6-100%) for IgG. Minimal antibody positivity was observed across cohorts, suggesting both SARS-CoV-2 IgG and IgM assays have high specificity in the detection of SARS-CoV-2 antibodies	This study evaluated the Abbott Architect and Alinity IgM and IgG serology assays in the pediatric population, focusing on clinical specificity. Their findings demonstrate assay specificities reported in adults are comparable to findings in pediatrics. These results are encouraging towards the application of serology tests to seroprevalence studies where high specificity is needed to achieve appropriate positive predictive value.	Bohn MK, Hall A, Wilson S, Taher J, Sepiashvili L, Adeli K. Pediatric evaluation of clinical specificity and sensitivity of SARS-CoV-2 IgG and IgM serology assays [published online ahead of print, 2021 Jan 21]. Clin Chem Lab Med. 2021;10.1515/ccclm-2020-1822. doi:10.1515/ccclm-2020-1822

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					on both Architect and Alinity. Their findings demonstrate assay specificities reported in adults are comparable to findings in pediatrics.		
COVID-19; parental worry; disaster education; wellbeing; children; emotional distress	21-Jan-21	Parental worry, family-based disaster education and children's internalizing and externalizing problems during the COVID-19 pandemic	Psychological Trauma: Theory, Research, Practice, and Policy	Original Research	The authors examined the relationship of parental worry, family-based disaster education, and children's internal and externalizing psychological problems for families in China from February 28 to March 5, 2020, of the COVID-19 pandemic. Parents (n = 662 mothers and n = 230 fathers, average age = 36.13 SD = 5.6) reported on their level of worry, participation in family-based disaster education, and their children's (5-8 years n = 245; 9-13 years n = 245) psychological internalizing and externalizing problems. The results demonstrated that parental worry showed significant and positive relation to young elementary school children's internalizing and externalizing problems ($\beta = 0.58$ and 0.25 , respectively, $p < .001$). The relationship between family-based disaster education and young elementary school children's internalizing and externalizing problems also appeared significant but negative ($\beta = -0.12$ and -0.26 , respectively, $p < .05$). Parental worry and family-based disaster education showed a significant and positive interaction effect on young elementary school children's internalizing problems ($\beta = 0.10$, $p < .05$). However, the relationship between family-based disaster education and early adolescents' internalizing and externalizing problems appeared nonsignificant ($\beta = -0.00$ and -0.01 , respectively, $p > .05$). The authors suggest that family-based disaster education can be adapted to children's ages and that parents should be aware of the effect of their display of excessive worry on internalizing and externalizing problems of their children. Early adolescents (ages 9-13 years) may benefit from seeking independent sources of disaster-related information and support.	The authors examined the relationship between parental worry, family-based disaster education, and children's internalizing and externalizing psychological problems for families living in China during the COVID-19 pandemic. Parental worry was positively and significantly associated with children's internalizing and externalizing problems, and family-based disaster education was associated with less internalizing and externalizing problems, but only for younger children. The authors suggest that family-based disaster education can be adapted to children's ages and that parents should be aware of the effect of their display of excessive worry on internalizing and externalizing problems of their children.	Li X, Zhou S. Parental worry, family-based disaster education and children's internalizing and externalizing problems during the COVID-19 pandemic [published online, 2021 Jan 21]. Psychol Trauma. 2021;10.1037/tra0000932. doi:10.1037/tra0000932
lactation support; neonatal health; NICU; telemedicine	21-Jan-21	Telemedicine in neonatal medicine and resuscitation [Free Access to Abstract Only]	Current Opinion in Pediatrics	Review	The COVID-19 pandemic has rapidly accelerated the adoption of telemedicine across the world. This review describes the most recent advancements in neonatal telehealth, including its applications in the context of the COVID-19 pandemic. Remote rounding has allowed neonatologists to expand their reach into rural and underserved areas through videoconferencing with onsite neonatal nurse practitioners. Similarly, remote rounding has been used during the COVID-19 pandemic to reduce exposure and conserve PPE while continuing to provide family-centered care. Webcams have also been used to retain family support in the neonatal ICU (NICU) during the COVID-19 pandemic. A feasibility study was conducted of 3 NICU patients wherein only essential personnel could enter the room and a digital Bluetooth stethoscope was used for assessment. In this case, the multidisciplinary team was able to meet outside of the room, visually assess the patient remotely, and discuss care plans. Lactation/breastfeeding support services were provided to mothers virtually. The authors note that tele-lactation services can improve access to lactation support, citing evidence that telemedicine-based lactation services implemented in rural areas had high utilization rates	This review describes the most recent advancements in neonatal telehealth, including its applications in the context of the COVID-19 pandemic. The authors describe strategies to facilitate family-centered care, multidisciplinary collaboration, and lactation support while minimizing risk and conserving PPE.	Lapcharoensap W, Lund K, Huynh T. Telemedicine in neonatal medicine and resuscitation [published online, 2021 Jan 21]. Curr Opin Pediatr. 2021. doi:10.1097/MOP.0000000000000995

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					and high rates of satisfaction. The authors recommend an initial test tele-lactation call prior to hospital discharge to help ease mothers' apprehension about talking to a stranger over video.		
COVID-19; pediatric; caregiver visitation policies; hospital restrictions; United States	21-Jan-21	COVID-19 Caregiver Restrictions in Pediatrics	Hospital Pediatrics	Article	The author discussed caregiver restrictions in pediatric care during the COVID-19 pandemic. Caregiver restriction policies represented a key strategy for hospitals and clinics to limit exposure risks and conserve PPE in the United States. However, there is presently a lack of evidence to assess if stringent caregiver restriction policies have decreased viral spread within health care systems. Policies that preclude families from supporting medically ill children during times of stress place caregivers at increased risk for significant and sustained negative psycho-social sequelae. Families with under-represented minority backgrounds or lower socio-economic status may be disproportionately affected. Caregiver visitation policies that restrict parents from the bedside of an ill child also pose moral and ethical challenges for frontline pediatric clinicians. The author recommended rethinking caregiver visitation policies, since primary caregivers are essential for pediatric health care provision and are the child's pre-eminent advocate. As with essential medical personnel, hospital systems can and should undertake strategies (symptom screening, universal masking, social distancing, use of PPE as needed) to decrease exposure risks while prioritizing the presence of essential caregivers.	The author discussed caregiver restrictions in pediatric care during the COVID-19 pandemic in the United States. The author recommended rethinking caregiver visitation policies, since primary caregivers are essential for pediatric health care provision and are the child's pre-eminent advocate. As with essential medical personnel, hospital systems can and should undertake strategies (symptom screening, universal masking, social distancing, use of PPE as needed) to decrease exposure risks while prioritizing the presence of essential caregivers.	Kaye EC. COVID-19 Caregiver Restrictions in Pediatrics. <i>Hosp Pediatr.</i> 2021;11(1):e12-e14. doi:10.1542/hpeds.2020-004291.
COVID-19; imaging characteristics; meta-analysis; pediatrics; SARS-CoV-2; computed tomography	21-Jan-21	Imaging characteristics of coronavirus disease 2019 (COVID-19) in pediatric cases: a systematic review and meta-analysis	Translational Pediatrics	Meta-analysis	This meta-analysis is aimed to summarize the chest imaging characteristics of pediatric COVID-19 cases and provide a reference for the diagnosis and control of pediatric COVID-19. According to the authors, chest CT has been used as an additional diagnostic tool for the diagnosis of COVID-19 in some countries, including China. Studies were accessed from medical databases with the publication date limited to April 1, 2020 and updated on May 1 and May 27, 2020. Studies consisting of confirmed COVID-19 cases with accurate imaging characteristics from patients under 18 years old were included. A total of 364 citations were initially received from various databases, however due to exclusion criteria, only 23 were eligible for use (totaling 517 pediatric COVID-19 cases). CT testing was performed in 23 studies with 514 pediatric COVID-19 cases. The studies consisted of 282 males (55.5%) and 235 females (45.4%) and were from 26 cities throughout China. The mean age was 14.5 years old and 145 cases were asymptomatic. The incidence of CT abnormalities was 70%; some CT findings included ground-glass opacities (25%), halo signs (26%), increased lung markings (31%) and bronchopneumonia-like signs (15%). Pericardial effusions though seen in adult cases, were not found in pediatric cases. The authors suggest that the results of this meta-analysis of CT abnormalities in pediatric cases may be useful as a reference to help clinicians diagnose COVID-19 in children.	This meta-analysis summarizes the chest imaging characteristics of pediatric COVID-19 cases as a reference for the diagnosis and control of pediatric COVID-19.	Zang ST, Han X, Cui Q, et al. Imaging characteristics of coronavirus disease 2019 (COVID-19) in pediatric cases: a systematic review and meta-analysis. <i>Transl Pediatr.</i> 2021 Jan;10(1):1-16. doi: 10.21037/tp-20-281. PMID: 33633932; PMCID: PMC7882282.

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vaccination; health communication ; pregnancy; COVID-19	21-Jan-21	The Costs of Contradictory Messages About Live Vaccines in Pregnancy [Free Access to Abstract Only]	American Journal of Public Health	Article	This article highlights the importance of including pregnant people in COVID-19 vaccine development and deployment and calls for consistent messaging around the risks and benefits associated with vaccination. Should a replicating candidate emerge as a front-runner in the COVID-19 vaccine race or in future pandemic contexts, research and public health communities will face difficult questions around its study and use in pregnancy. Replicating vaccines are generally contraindicated in pregnancy because of concerns that the attenuated pathogen will replicate, cross the placenta, and harm the fetus. However, the authors consider these risks to be largely theoretical with little evidence base. The authors cite evidence from past Ebola virus, yellow fever, and rubella outbreaks to illustrate the cost of early theoretical precautions in derailing public health interventions. Contradictory messages around the safety of live vaccines in pregnancy can result in delayed and denied access to potentially life-saving protection to pregnant women, slowed epidemic control, and termination of otherwise desired pregnancies. Examples of contradictory messages include simultaneously recommending against vaccination in pregnancy and recommending against pregnancy testing during vaccination campaigns, or recommending against vaccination in pregnancy but providing assurance that vaccination is not an indication for pregnancy termination. The authors recommend congruent messaging between legislative and regulatory bodies and careful risk communication to mitigate inconsistencies in vaccine safety perception among pregnant women.	This article highlights the importance of including pregnant people in COVID-19 vaccine development and deployment and calls for consistent messaging around the risks and benefits associated with vaccination. The authors cite evidence from previous outbreaks to illustrate the public health cost of early, theoretical caution and contradictory messaging about the safety of vaccination in pregnancy.	Jaffe E, Goldfarb IT, Lyerly AD. The Costs of Contradictory Messages About Live Vaccines in Pregnancy. Am J Public Health. 2021;111(3):498-503. doi:10.2105/AJPH.2020.306045
SAS-CoV-2, COVID-19, spike protein, fetal brain, pregnancy, BrainSpan, scRNA seq, vertical transmission	21-Jan-21	Novel Targets of SARS-CoV-2 Spike Protein in Human Fetal Brain Development Suggest Early Pregnancy Vulnerability	Frontiers in Neuroscience	Original Research	To investigate whether maternal SARS-CoV-2 infection during pregnancy might result in fetal brain infection, the authors studied expression of known and novel S (spike) protein interactors involved with SARS-CoV-2 cell entry in publicly available fetal brain bulk as well as cell RNA sequencing data sets. Looking at RNA sequencing datasets from fetal brain specimens spanning 8-37 weeks post conception (wpc) age, the authors found low levels of ACE2 and TMPRSS2, high levels of FURIN S protein receptors, as well as high expression of novel S protein interactors ZDHC5, GOLGA7, and ATP1A1. The peak expression of these 3 novel interactors is between 12 and 26 wpc. They also showed that these novel receptors were more expressed in neurons, rather than neural progenitors and astrocytes. This evidence suggests that fetal brain pathogenesis can be affected by maternal SARS-CoV-2 infection.	The authors show high expression of 3 novel and 1 known Spike protein interactors involved with SARS-CoV-2 cell entry in fetal brain bulk tissue and cell RNA sequencing data sets, suggesting that maternal SARS-CoV-2 infection during pregnancy may affect fetal brain pathogenesis.	Varma P, Lybrand ZR, Antopia MC, et al. Novel Targets of SARS-CoV-2 Spike Protein in Human Fetal Brain Development Suggest Early Pregnancy Vulnerability. Front Neurosci. 2021 Jan 21;14:614680. doi: 10.3389/fnins.2020.614680. PMID: 33551727; PMCID: PMC7859280.
severe acute respiratory syndrome, Coronavirus 2, COVID-19, childhood cancer, meta-analysis,	21-Jan-21	Survival and Complications in Pediatric Patients with Cancer and COVID-19: A Meta Analysis	Frontiers in Oncology	Systematic Review	The authors presented the results of a meta-analysis comparing the outcomes of SARS-CoV-2-positive pediatric patients (<18 years of age) with hematological versus solid tumor cancers in relationship to mortality, hospitalizations, ICU admissions, and need for ventilatory support. The literature search was conducted up to July 18, 2020 using multiple search engines, 7 well-known peer review journals, and MedRxiv. The authors identified 191 pediatric cancer patients with COVID-19 from 15 studies and stratified them to hematological and	The authors presented the results of a meta-analysis comparing the outcomes of SARS-CoV-2-positive pediatric patients with hematological versus solid tumor cancers in relationship to mortality, hospitalizations, number of	Dorantes-Acosta E, Ávila-Montiel D, Klünder-Klünder M, et al. Survival and Complications in Pediatric Patients With Cancer and COVID-19: A Meta-Analysis. Front Oncol. 2021 Jan

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systematic review, mortality, hospitalization					solid tumor cancer groups. The overall survival rate was 99.4%. One patient with Burkitt's lymphoma died. No statistically significant differences were found in hospitalization (OR= 2.94, 95%CI 0.48-18.3, p=0.24), ICU admittance (OR=1.42, 95%CI 0.35-5.81, p=0.49), or ventilatory support (OR=0.50, 95% 0.11–2.40, p = 0.77) between the hematological and tumor cancer groups, respectively. The authors note that most of these reports of SARS-CoV-2 PCR-positive patients were on hospitalized patients in tertiary cancer centers just after they received chemotherapy, and may not reflect the outcomes of pediatric cancer patients in other institutions or settings. The authors report that currently there are insufficient data to evaluate deferred therapies, cancer development, patient age, and type of chemotherapy in relationship to outcomes with concurrent COVID-19.	ICU admissions, and need for ventilatory support. No significant differences were seen. The authors note that most of their evidence came from hospitalized pediatric cancer patients in cancer centers found to have COVID-19 just after chemotherapy, and does not present a broader perspective of all pediatric oncology patients with COVID-19.	21;10:608282. doi: 10.3389/fonc.2020.608282. PMID: 33552980; PMCID: PMC7861039.
breastfeeding; maternal infection; birth outcomes; postpartum care; labor and delivery; symptoms	21-Jan-21	Neonates Born to Mothers With COVID-19: Data From the Spanish Society of Neonatology Registry [Free Access to Abstract Only]	Pediatrics	Original Research	This study aimed to describe neonatal and maternal characteristics of a cohort of newborns born to mothers with SARS-CoV-2 infection in Spain. Data was collected from the nationwide registry of the Spanish Society of Neonatology. 503 infants born to 497 mothers from March 8-May 26, 2020 were included in the analysis. SARS-CoV-2 infection was confirmed by RT-PCR tests. The mothers' median age was 33 years (IQR 29-37), and 28% (N=139) had a previous co-morbidity such as obesity, hypothyroidism, diabetes, or heart disease. 49.3% were asymptomatic and 5% were experiencing severe symptoms at the time of delivery. 33% delivered via C-section, 81.5% of whom had moderate or severe COVID-19. 15.7% of infants were born premature, double the typical rate of 7.54% [p-value not provided]. 51.8% of infants experienced skin-to-skin contact postpartum, with the mothers wearing face masks. 76.5% of neonates received maternal milk. 19.5% of infants were admitted to the neonatal ICU (NICU) because of clinical symptoms [symptoms not specified]. After 2 rounds of PCR tests, 6 infants tested positive 48 hours postpartum: 1 delivered by C-section with subsequent maternal separation, 3 were admitted to the NICU from birth, and 2 roomed in with the mother. All were asymptomatic except 1, who was born prematurely with transient respiratory distress. The authors conclude that there is no need for separation of mothers from neonates. They recommend allowing delayed cord clamping and skin-to-skin contact along with maintenance of breastfeeding in a high percentage of newborns from mothers with COVID-19.	This study, conducted in Spain from March-May 2020, examined maternal and neonatal characteristics and birth outcomes in a cohort of infants born to SARS-CoV-2-positive mothers. The authors reported higher rates of preterm deliveries, but also high rates of skin-to-skin contact and breastfeeding, with minimal rates of SARS-CoV-2 transmission.	Sánchez-Luna, M., Fernández Colomer, B., de Alba Romero, C., et al. (2021). Neonates Born to Mothers With COVID-19: Data From the Spanish Society of Neonatology Registry. Pediatrics, e2020015065. doi:0.1542/peds.2020-015065
COVID-19, SARS-CoV-2, neonate, diagnosis, testing, mechanisms	21-Jan-21	The Public Health and Clinical Importance of Accurate Neonatal Testing for COVID-19	Pediatrics	Commentary	This commentary emphasizes that SARS-CoV-2 exists in newborn infants but the mechanisms, transmission, and best methods for neonatal testing and diagnosis are not yet clear. The authors highlight that the mechanism and frequency of SARS-CoV-2 vertical transmission differ significantly from those of other respiratory RNA virus infections. A meta-analysis of 176 published cases estimated that ~30% of neonates with SARS-CoV-2 acquired the infection before birth, compared to rare intra-uterine transmission with other RNA virus infections. The authors ask if sampling the nasopharyngeal or	This commentary emphasizes that SARS-CoV-2 exists in newborn infants, but the mechanisms and transmission are not yet clear. The authors conclude that neonatologists/pediatricians should test at risk infants, but best methods for neonatal	Schwartz DA, De Luca D. The Public Health and Clinical Importance of Accurate Neonatal Testing for COVID-19. Pediatrics. 2021. Jan 21:e2020036871. doi: 10.1542/peds.2020-036871.

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					oropharyngeal mucosa after delivery is effective for diagnosing a neonate with SARS-CoV-2 infection before birth. Testing of children and adults is commonly performed via the upper respiratory tract, but for comprehensive perinatal diagnosis, testing of fetal and neonatal tissues and fluid is required. In many studies, investigators are not performing these tests. The authors state that epidemiological and clinical knowledge of COVID-19 is hampered by inadequate data on appropriate testing and sampling for neonatal diagnosis of SARS-CoV-2, fetal and neonatal shedding of the virus, and test positivity in neonatal upper respiratory specimens, as well as an ascertainment bias in publishing selected cases of infection. Developing and implementing reliable, sensitive, and specific neonatal testing is important in addressing these questions. The authors conclude that neonatologists/pediatricians should test at-risk infants for SARS-CoV-2, but the best methods and timing of testing remain to be clarified.	testing and diagnosis remain to be clarified.	
COVID-19, hotspot analysis, transmission analysis, real-time monitoring, geographic information system	21-Jan-21	Identification of potential lockdown areas during COVID-19 transmission in Punjab, Pakistan	Public Health	Original Research	The aim of this article was to provide real-time COVID-19 spread mapping and monitoring in order to identify lockdown and semi-lockdown areas in Punjab, Pakistan. Hotspot analysis and geographic information systems were used alongside near-future prediction modeling methods, to evaluate the risk of COVID-19. The hotspot analysis technique was used to identify the number of areas in danger zones and the number of people affected by COVID-19, and complete lockdown areas were marked geographically to be selected by the Pakistani government, based on increased case numbers. Data for all COVID-19 cases were collected until 20 October 2020 in the Punjab Province. Results indicated that over 9.2 million people were infected with SARS-CoV-2 by 20 October 2020 in the Punjab Province. The authors determined that the compound growth rate decreased to 0.012% per day, with the doubling time increased to 364.5 days on October 13, 2020. Additionally, they determined that the Punjab Province entered into peak disease rates around the first week of July 2020, with a decline in the growth rate starting soon afterwards. Hospital load analysis indicated that the age group >60 years dominated the hospitalized population. The authors conclude that Pakistan is experiencing a high number of COVID-19 cases, specifically with large amounts originating from the Punjab Province.	The authors of this paper provide a hotspot analysis for COVID-19 in Pakistan. They determined that the country experienced its peak in July 2020, and that the 60+ age group >60 years dominated the hospitalized population.	Saeed U, Sherdil K, Ashraf U, et al. Identification of potential lockdown areas during COVID-19 transmission in Punjab, Pakistan. Public Health. 2021 Jan;190:42-51. doi: 10.1016/j.puhe.2020.10.026.
COVID-19; health equity; neonatal care; health disparities	21-Jan-21	Advancing Health Equity by Translating Lessons Learned from NICU Family Visitations During the COVID-19 Pandemic	NeoReviews	Review Article	The authors describe lessons learned from the COVID-19 pandemic regarding advocacy and equity in neonatal care. These lessons stem from observations amidst changes to neonatal ICU (NICU) visitation guidance and policies in the United States instituted to promote social distancing, and the authors discuss how such measures may exacerbate pre-existing disparities along racial and socio-economic lines. The effects of limits on NICU visitation include reduced parent-infant attachment, increased infant stress, disruption of healthy infant development pathways, and worsening infant neuro-developmental outcomes. Descriptions of advocacy activities related to this issue are included in the article, including parents sharing their stories with	This article describes the impact of changes to NICU visitation policies and guidance in the United States during the COVID-19 pandemic. The authors describe how such changes can lead to worsening outcomes and widening health disparities, and suggest consideration of social	Pang EM, Sey R, De Beritto T, et al. Advancing Health Equity by Translating Lessons Learned from NICU Family Visitations During the COVID-19 Pandemic. Neoreviews. 2021;22(1):e1-e6. doi:10.1542/neo.22-1-e1

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					providers and state and local officials, and calling for accommodations to keep families together in a safe manner while their neonate is in the NICU. Specific barriers experienced by caregivers with neonates in the NICU that further compound disparities in health outcomes are highlighted, including financial strain, conflict between visitation in the NICU and work, linguistic barriers in navigating public transportation, and inadequate childcare and maternity leave for facilitating visitation in the NICU. The authors recommend special consideration of social determinants of health in future decision making in the NICU, along with increased patient advocacy and supportive social programming for families.	determinants of health in future NICU decision making.	
COVID-19; public health; schools; cluster randomized trial; design; research ethics	21-Jan-21	Reopening schools safely in the face of COVID-19: Can cluster randomized trials help? [Free access to abstract only]	Clinical Trials	Perspective	The authors discuss key scientific, ethical, and resource considerations both to inform a rigorous and ethical cluster randomized trial (CRT) design of school re-openings, and to prompt discussion of the merits and feasibility of conducting such a trial, to aid in policymakers' decision-making for school re-openings during the COVID-19 pandemic. CRTs, unlike current observational studies in schools, are able to randomize intact social units (geographic regions, municipalities, schools) and measure outcomes on members of each cluster. By comparing continued school closure and partial school re-opening (a hybrid school format) among clusters, the CRT design can use a parallel arm design that maintains temporality between clusters and examines differences in SARS-CoV-2 infection and transmission among both kinds of clusters without time-related biases. The authors discuss several ways in which the CRT design may allow researchers and policymakers to conclude whether school re-openings are safe in the context of community spread and COVID-19 incidence rates. Ethical considerations for CRT design include minimization of risks, protection for vulnerable participants, involvement of gatekeepers, and informed consent, which the authors argue are sufficiently addressed in this design, though community leadership/politicians should be consulted before trials are initiated. The CRT design is thus a promising research approach to understanding risks associated with school re-opening or closure, and maximizing students' and community health.	The authors present the cluster randomized trial (CRT) design to understand the risks associated with school re-openings and closures, by randomizing geographic regions, municipalities, or schools to either partial opening or closure and analyzing differences in SARS-CoV-2 infection and transmission. The CRT design may be especially useful to policymakers in making widely applicable decisions to maximize the health of students and the surrounding community.	Weijer C, Hemming K, Phillips Hey S et al. Reopening schools safely in the face of COVID-19: Can cluster randomized trials help? Clin Trials. 2021;1740774520984860. doi:10.1177/1740774520984860
Ophthalmology ; COVID-19 pandemic; alcohol-based hand sanitizer; pediatric eye exposures; pediatric; children	21-Jan-21	Pediatric Eye Injuries by Hydroalcoholic Gel in the Context of the Coronavirus Disease 2019 Pandemic	Journal of the American Medical Association (JAMA) Ophthalmology	Brief Report	The authors aimed to describe the epidemiologic trend of pediatric eye exposures to alcohol-based hand sanitizer (ABHS) and report the severity of ocular lesions in children during the COVID-19 pandemic. They conducted a retrospective study of cases of ocular exposure to chemical agents in children <18 years from the National French Poison Control Centers (PCC) database and from a pediatric ophthalmology hospital in Paris, France, from April 1-August 24, 2020. They compared the number of eye exposures to ABHS in children between April to August 2020, to April to August 2019. The results showed that there were 7 times more pediatric cases of ABHS eye exposures reported in the PCC database during the study period in 2020 than in 2019 (9.9% vs. 1.3%; p<0.001). The number of cases occurring in public places	The authors conducted a retrospective study to describe the epidemiologic trends of pediatric eye exposures to alcohol-based hand sanitizers (ABHS) during the COVID-19 pandemic in France and report the severity of ocular lesions. Between April 1-August 24, 2020, there were 7 times more pediatric cases of ABHS eye exposures compared with the	Martin GC, Le Roux G, Guindolet D, et al. Pediatric Eye Injuries by Hydroalcoholic Gel in the Context of the Coronavirus Disease 2019 Pandemic [published online, 2021 Jan 21]. JAMA Ophthalmol. 2021. doi:10.1001/jamaophthal mol.2020.6346

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					increased in 2020 (from 16.4% in May to 52.4% in August). Similarly, admissions to the pediatric ophthalmology hospital for ABHS exposure increased during the study period in 2020 (16 children, mean [SD] age: 3.5 [1.4] years) compared to 2019 (1 child, aged 16 months). 8 children presented with a corneal and/or conjunctival ulcer, involving more than 50% of the corneal surface for 6 of them, while 2 cases required amniotic membrane transplant. These findings support the likelihood of an increasing number of unintentional ocular exposures to ABHS in children. The authors suggest that despite the importance of ABHS for controlling the spread of COVID-19, these agents should be used with caution in young children.	same period in 2019 (p<0.001). The authors conclude that these findings support the likelihood of an increasing number of unintentional ocular exposures to ABHS in children and suggest that these agents should be used with caution in young children.	
COVID-19; pediatric care; emergency services; caretaker hesitancy	21-Jan-21	Parent-reported hesitancy to seek emergency care for children at the crest of the first wave of COVID-19 in Chicago	Academic Emergency Medicine	Research Letter	The authors conducted a web-based survey in the 1st week of May 2020, sampling caregivers of patients <18 years old from the Ann & Robert H. Lurie Children’s Hospital in Chicago, USA. They included patients whose appointment was cancelled/rescheduled due to COVID-19 or who were seen >2 times in the previous year with a chronic condition placing them in the hospital’s influenza vaccine registry, or were seen in the emergency department (ED) from March 16-April 22, 2020. 46% of the 3896 patients were female, with 24% being <36 months old, 21% being 3-5 years old, 29% being 6-11 years old, and 36% being 12-18 years old. 23% (n=879) of caregivers reported hesitancy in seeking emergency care for children. 27% of caregivers from very low/low child opportunity index (COI) areas, 23% from moderate COI areas, and 19% from high/very high COI areas reported hesitancy in seeking emergency care (p<0.001). Other factors associated with caregiver hesitancy (all p<0.05) were: Black/African American, Latinx, or Asian race/ethnicity; child age >3 years old; caregiver age 18-30 years old; language other than English; public payer; areas with high COVID-19 rates; and having an appointment cancelled/rescheduled due to COVID-19. However, the authors noted less caregiver hesitancy for seeking ED care for children with a sore throat or head injury, suggesting lower emergency care literacy and higher perceived risks of contracting COVID-19 as factors influencing hesitancy in seeking care.	The authors found that during the first wave of COVID-19 at a pediatric hospital in Chicago, USA, 23% of caregivers for children <18 years of age reported hesitancy in seeking emergency care for them, a larger proportion of whom were from (very) low child opportunity index areas (27%) compared to medium or high COI areas (23% and 19%, respectively). However, they also determined that hesitancy for seeking in-person visits and emergency department care was lower amongst caregivers whose children had a sore throat or head injury.	Macy ML, Smith TL, Cartland J, et al. Parent-reported hesitancy to seek emergency care for children at the crest of the first wave of COVID-19 in Chicago. <i>Acad Emerg Med</i> . 2021 Jan 21. doi: 10.1111/acem.14214. PMID: 33475211.
COVID-19; child; quality of life; oral health; longitudinal studies	21-Jan-21	COVID-19 pandemic reduces the negative perception of oral health-related quality of life in adolescents	Quality of Life Research	Article	This study evaluated the effects of the COVID-19 pandemic on the oral health-related quality of life (OHRQoL) of 290 school-going adolescents aged 10-15 years [no mean age provided], before and after the COVID-19 outbreak in Brazil, from December 2019 to February 2020 (T1) and from June to July 2020 (T2). Researchers assessed both OHRQoL and degree of social distancing in T1 and in T2 and compared changes in OHRQoL using a selected set of questions from the Child Perceptions Questionnaire (CPQ). The CPQ requires participants to respond to questions of their oral symptoms, functional limitations, social well-being, and emotional well-being, with higher scores indicating worse overall OHRQoL. The overall CPQ mean score was significantly lower during the pandemic, reducing from 10.8 at T1 to 7.7 at T2 (p<0.01), meaning OHRQoL increased during this period. This significant	This study examined the oral health-related quality of life (OHRQoL) of 290 school-going adolescents in Brazil before and after the COVID-19 outbreak using the Child Perceptions Questionnaire. OHRQoL significantly increased after the outbreak, except among adolescents from families with low adherence to social distancing or who were	Knorst JK, Brondani B, Tomazoni F, et al. COVID-19 pandemic reduces the negative perception of oral health-related quality of life in adolescents. <i>Qual Life Res</i> . 2021;1-7. doi:10.1007/s11136-021-02757-w

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					reduction was also observed for all CPQ domains, indicating a lower negative impact of oral conditions on adolescents' quality of life during the pandemic. Adolescents from families that had a middle or low degree of social distancing during the pandemic and whose parents were affected by unemployment or job loss had higher CPQ scores and worse OHRQoL.	affected by unemployment or job loss.	
COVID-19; pregnancy; Romania	20-Jan-21	SARS-CoV-2 Infection in Seven Childbearing Women at the Moment of Delivery, a Romanian Experience	Cureus	Article	The authors assessed the outcome of delivery in Romanian pregnant women that acquired SARS-CoV-2 infection shortly before giving birth. They retrospectively analyzed 7 infected pregnant women (mean age=30.42 ± 8.12 years, range 23-43; median gestational age=39 weeks, range 35-40) who gave birth between 1 July-30 November 2020. The most frequent SARS-CoV-2 symptoms encountered in the pregnant women at the time of admission included fever (14.28%), cough (28.57%) and anosmia (14.28%). 71.42% of women did not present any symptoms. 3 women presented with ruptured membranes at hospital admission and 4 gave birth by C-section. The women infected with SARS-CoV-2 progressed to recovery. 5-minute Apgar score was 9 for all neonates, and they all tested negative for SARS-CoV-2. There were no maternal deaths. 1 neonate was preterm but did not have a low birth weight or low Apgar score. C-section as a method of birth did not influence vertical transmission, since no neonates tested positive. The authors recommend individualizing care for each case of maternal SARS-CoV-2 infection according to the experience of the obstetrician and the severity of maternal infection.	The authors assessed the outcome of delivery in Romanian pregnant women in Romania that acquired SARS-CoV-2 infection shortly before giving birth. The women infected with SARS-CoV-2 progressed to recovery. C-section as a method of birth did not influence vertical transmission, as no neonates born vaginally or by C-section tested positive. The authors recommend individualizing care for each case of maternal SARS-CoV-2 infection, according to the experience of the obstetrician and the severity of maternal infection.	Radu MC, Boeru C, Marin M, et al. SARS-CoV-2 Infection in Seven Childbearing Women at the Moment of Delivery, a Romanian Experience. Cureus. 2021;13(1):e12811. doi:10.7759/cureus.12811.
COVID-19; Index case epidemiology; Patient zero epidemiology; Pediatrics	20-Jan-21	Epidemiological burden of parents being the index cases of COVID-19 infected children	World Journal of Methodology	Review Article	The aim of this study is to quantify the epidemiologic burden of parents as the index cases of SARS-CoV-2 transmission in children. This review included 13 eligible studies, consisting primarily of descriptive reports and case series. These studies sourced the data from 622 children in 33 nations. The overall weighted prevalence of parents being the index case of COVID-19 in children was 54% (95%CI: 0.29-0.79; I ² : 62.3%, Chi ² P < 0.001). This was highest in Asia (75%; 95%CI: 0.45-0.97), followed by Europe (58%; 95%CI: 0.52-0.63). In > 70% of children, their index case parent was symptomatic due to COVID-19 at the time of transmission. The crude prevalence of parents not being the index case was 46% (95%CI: 0.21-0.71; I ² : 62.3%; Chi ² P < 0.01). This was substantial in the North (100%) and South (89%) United States. Only 27.0% (95%CI: 0.00-0.67; I ² : 44.3%) of these cases were symptomatic. These findings suggest that a considerable proportion of the parents were the index cases of COVID-19 transmission to their children. This emphasizes the importance of isolating SARS-CoV-2 positive parents when they are living with their children in the same household, in order to break the chain of transmission. Moreover, as most index case parents were symptomatic, early SARS-CoV-2 testing in adults, particularly in those residing with their families is recommended, to ensure early diagnosis and isolation.	This study quantified the epidemiologic burden of parents as the index cases of SARS-CoV-2 transmission in children. Findings suggest that there was a considerable proportion of parents that served as the index case of infection and further emphasizes the importance of isolating SARS-CoV-2 positive parents when they are living with their children in the same household, in order to break the chain of transmission.	Saha S, Saha S. Epidemiological burden of parents being the index cases of COVID-19 infected children. World J Methodol. 2021 Jan 20;11(1):1-14. doi: 10.5662/wjm.v11.i1.1. PMID: 33575170; PMCID: PMC7852346.

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COVID-19; SARS-CoV-2; pediatrics; lung disease; chronic lung disease in childhood; low middle-income countries; pediatric tuberculosis	20-Jan-21	COVID-19 and Pediatric Lung Disease: A South African Tertiary Center Experience	Frontiers in Pediatrics	Mini Review	The authors reviewed the literature on COVID-19 and chronic lung disease and co-morbidities in children and added experiences from a South African pediatric pulmonary center. Epidemiological data from South Africa shows a low burden of COVID-19 among children < 18 years with 8% of all diagnosed cases and 3% of COVID-19 admissions. A decrease in hospital admissions for other viral lower respiratory tract infections and no significant increase in COVID-19 admissions were found. Those that were admitted for COVID-19 did not develop severe disease. The pediatric center followed 120 children with bronchiectasis or bronchiolitis obliterans and saw no increase in admissions for the underlying diagnosis and no COVID-19 admissions. Asthma admissions decreased during the COVID-19 lockdown in South Africa, and the authors report no delayed spike in admissions from poor control of asthma. 3 cases of COVID-19 in cystic fibrosis (CF) patients [no ages given] have been documented in South Africa, with none described at the pediatric center. Routine procedures for CF have been canceled due to aerosolization concerns, and the authors stress the need to reinstate routine care for CF patients. None of the patients followed at the pediatric center for interstitial lung disease were admitted for COVID-19. Of the 202 children followed by the pediatric center for tracheostomy care, 2 developed mild COVID-19. However, the support groups for families of children with tracheostomies were suspended, and the authors report increased parental emotional and psychological stress. The co-morbidities of HIV and tuberculosis (TB) do not appear to be major risk factors for children to die from COVID-19; however, more longitudinal evidence is needed. The clinical presentation for HIV, TB, and COVID-19 is non-specific, so the authors stress the need to test for each in areas of high disease burden. Pre-existing respiratory disease does not appear to be a significant risk factor for children developing severe COVID-19.	The authors reviewed the literature on COVID-19 and chronic lung disease and co-morbidities in children and added experiences from a South African pediatric pulmonary center. They conclude that HIV, tuberculosis, and pre-existing respiratory disease did not appear to be risk factors for severe COVID-19.	Gray DM, Davies MA, Githinji L, et al. COVID-19 and Pediatric Lung Disease: A South African Tertiary Center Experience. <i>Front Pediatr</i> . 2021;8:614076. Published 2021 Jan 20. doi:10.3389/fped.2020.614076
COVID-19, EBV, pediatric, cutaneous, pancytopenia, leukemia, Epstein-Barr	20-Jan-21	Pediatric Acute B-Cell Lymphoblastic Leukemia Developing Following Recent SARS-CoV-2 Infection [Free Access to Abstract Only]	Journal of Pediatric Hematology Oncology	Case Report	The authors report the case of an 8-year-old boy who presented with fever and pharyngitis in Switzerland. He was initially treated with amoxicillin due to a positive group A Streptococcus rapid antigen test. Physical examination showed fever, cervical and inguinal lymphadenopathy, mild liver enlargement, and diffuse maculopapular rash without mucosal involvement. Laboratory tests revealed elevated C-reactive protein, elevated lactate dehydrogenase, and pancytopenia. The patient tested positive for SARS-CoV-2 and Epstein-Barr virus (EBV). Differential diagnoses included MIS-C, amoxicillin-induced rash, and EBV/SARS-CoV-2-related rash. MIS-C was ruled out, as there was no sign of severe multi-system inflammation. 2 weeks later, he complained of fever, fatigue, and knee pain. Laboratory examination showed pancytopenia, blast cells percentage of 11% on blood, and 97% on bone marrow aspirates. Flow cytometry confirmed a non-hyperleukocytosis B-cell precursor acute lymphoblastic leukemia (B-ALL). This case demonstrates how viral infections may trigger malignancy, possibly through normal hematopoiesis suppression,	This is a case report of an 8-year-old boy, co-infected with SARS-CoV-2 and EBV, who presented with pancytopenia in Switzerland. The patient eventually developed B-cell precursor acute lymphoblastic leukemia.	Leclercq C, Toutain F, Baleyrier F, et al. Pediatric Acute B-Cell Lymphoblastic Leukemia Developing Following Recent SARS-CoV-2 Infection. <i>J Pediatr Hematol Oncol</i> . 2021 Jan 20. doi:10.1097/MPH.0000000000002064

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					leading to B-ALL clone proliferation. Some cases of COVID-19 and ALL co-occurrences have been reported; one of the reports similarly described the infection of SARS-CoV-2 before ALL. EBV can activate oncogenes and influence B-cell replication. The authors recommend that pancytopenia be investigated to rule out oncological etiology, even after establishing a diagnosis of viral infection.		
COVID-19; Carers; cross sectional; post-traumatic growth; well-being	20-Jan-21	Post-traumatic growth during the COVID-19 pandemic in carers of children in Portugal and the UK: cross-sectional online survey	BJPsych Open	Original Research	The authors examined anxiety, well-being, and post-traumatic growth of caregivers of children ages 6-16 years in the United Kingdom and Portugal during the COVID-19 pandemic. A cross-sectional survey was administered to 385 caregivers (n = 185 for Portugal, n = 200 for United Kingdom), of which 341 (88.6%) were mothers from May 1 - June 27, 2020. Some sources of anxiety for the respondents included a reduction in income (45.2%, n = 174), teaching children at home (93%, n = 358), and having a family member with suspected or confirmed SARS-CoV-2 infection (19.5%, n = 75). 341 caregivers (88.6%) identified positives arising from COVID-19, most commonly related to the post-traumatic growth domains of improved relationships, a greater appreciation of life, discovering and embracing new possibilities, and positive spiritual change. Those who did not report a positive aspect (n=34) had significantly lower well-being scores (P = 0.025) compared to those who reported positive aspects (n= 341), but there was no significant difference in anxiety scores between the two groups. These findings suggest that the positives aspects participants identified as arising from the COVID-19 pandemic were associated with less anxiety and improved well-being, raising the possibility that post-traumatic growth might mitigate some of the adverse psychological effects of the pandemic.	This article examined anxiety, well-being, and post-traumatic growth of caregivers of children in the United Kingdom and Portugal during the COVID-19 pandemic. While most caregivers indicated a source of anxiety associated with the pandemic, a majority also noted positive aspects associated with the COVID-19 pandemic, indicating possible post-traumatic growth.	Stallard P, Pereira AI, Barros L. Post-traumatic growth during the COVID-19 pandemic in carers of children in Portugal and the UK: cross-sectional online survey. <i>BJPsych Open</i> . 2021;7(1):e37. Published 2021 Jan 20. doi:10.1192/bjo.2021.1
SARS-CoV-2; COVID-19; pregnancy; disease severity; risk factors	20-Jan-21	Risk factors for severe and critical Covid-19 in pregnant women in a single center in Brazil	Journal of Maternal-Fetal & Neonatal Medicine	Short Report	The authors reviewed records of all pregnant women with positive SARS-CoV-2 tests managed at a single tertiary private maternity center in Sao Paulo, Brazil, between March-June 2020. Women were categorized as having non-severe or severe COVID-19, according to World Health Organization (WHO) criteria. The authors conducted multivariable analyses to identify differences in socio-demographic and clinical characteristics of the two groups as risk factors for severe COVID-19. During the study period, 114 pregnant women had positive SARS-CoV-2 qRT-PCR tests on nasopharyngeal swabs, 81% had non-severe COVID-19, and 19% had severe COVID-19. All 22 women with severe COVID-19 were hospitalized, and 9 delivered during their hospital stay, with no maternal deaths reported. Pregnant women with severe COVID-19 were significantly older, more likely to have a comorbidity or a history of asthma, and likely to have a higher median maternal body mass index (BMI) than those with non-severe COVID-19. A history of asthma (OR 34.469, 95% CI 1.515–78.030, p = .026), non-white ethnicity (OR 7.932, 95% CI 1.311–47.973, p = .024), and older maternal age ≥ 34 (OR 1.195, 95% CI 1.001–1.427, p = .048) were risk	The authors reviewed records of all pregnant women with positive SARS-CoV-2 tests managed at a single tertiary private maternity center in Sao Paulo, Brazil, between March-June 2020 and described severe vs. non-severe COVID-19 in 114 pregnant women. A history of asthma, non-white ethnicity, and older maternal age were statistically significant risk factors for COVID-19, while higher gestational age was protective against severe/critical COVID-19 in pregnant Brazilian women.	Tutiya C, Mello F, Chaccor G, et al. Risk factors for severe and critical Covid-19 in pregnant women in a single center in Brazil. <i>J Matern Fetal Neonatal Med</i> . 2021;1-4. doi:10.1080/14767058.2021.1880561

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					factors for severe COVID-19, while gestational age \geq 35 weeks (OR 0.876, 95% CI 0.780–0.983, $p = .025$) was protective against severe/critical COVID-19 in pregnant Brazilian women. Knowledge of these risk factors can guide the prevention and management of pregnant women with COVID-19.		
COVID-19, children; SARS-CoV-2; household; seroprevalence	20-Jan-21	Seroprevalence of anti-SARS-CoV-2 IgG antibodies in children with household exposure to adults with COVID-19: Preliminary findings	Pediatric Pulmonology	Original Research	This is a prospective analysis of anti-SARS-CoV-2 IgG antibodies in children with household exposure to SARS-CoV-2 in Lazio, Italy. The study began after the April 2020 creation of a post-acute outpatient service for individuals discharged from hospital after recovery from COVID-19. [Exact study dates not provided.] 33 of 405 adults in this service (index cases) reported living with children <18 years of age. 30 (90.9%) of these households with children were enrolled in the study. The 30 adult participants had a total of 80 household contacts; 53 of household contacts were children (median age 10 years, range 0-18) and 27 were adult partners (median age 45 years, range 26-56). Anti-SARS-CoV-2 IgG antibodies were present in 44/80 household contacts (55%). 16/27 (59.3%) of adult partners were positive for IgG antibodies, and similarly, 28/53 (52.8%) of pediatric contacts were positive ($P > 0.05$). 15/16 (93.7%) of these IgG-positive adult contacts and 20/28 (71.4%) of IgG-positive pediatric contacts developed COVID-19 symptoms. Children 5-18 years of age had a similar probability of having SARS-CoV-2 IgG antibodies (21/39, 53.8%) as those <5 years old (7/14, 50%) ($P > 0.05$). This report suggests that children are susceptible to infection similarly to adults. Evidence that children can easily be infected with SARS-CoV-2 should be used to implement public health recommendations, including hand and respiratory hygiene, physical distancing, masking, and active surveillance to reduce and/or prevent SARS-CoV-2 transmission to children.	This prospective analysis of anti-SARS-CoV-2 IgG antibodies in children with household exposure to SARS-CoV-2 in Lazio, Italy found that children and adults have the same likelihood of developing anti-SARS-CoV-2 IgG antibodies when exposed to a household member with COVID-19. The age of the child did not affect this result. Evidence that children can easily be infected with SARS-CoV-2 should be used to implement public health recommendations during the ongoing pandemic.	Buonsenso D, Valentini P, De Rose C, et al. Seroprevalence of anti-SARS-CoV-2 IgG antibodies in children with household exposure to adults with COVID-19: preliminary findings. <i>Pediatr Pulmonol.</i> 2021 Jan 20. doi: 10.1002/ppul.25280. PMID: 33470561.
SARS-CoV-2; antigen test; PCR: COVID-19	20-Jan-21	Diagnostic accuracy of the Panbio SARS-CoV-2 antigen rapid test compared with RT-PCR testing of nasopharyngeal samples in the pediatric population	The Journal of Pediatrics	Brief Report	The authors conducted a multi-center validity study of the Panbio COVID-19 antigen rapid test by comparing nasopharyngeal samples tested by the Panbio antigen test to the RT-PCR test for pediatric (0-16 years) patients with SARS-CoV-2 symptoms of \leq 5 days. 1620 patients were included, and 2 nasopharyngeal swabs were obtained from each patient by a nurse. The Panbio COVID-19 antigen test was performed on-site, and the RT-PCR test was performed within 24 hours of collection. 77 (4.8%) of the patients tested positive by RT-PCR for SARS-CoV-2 and 38 (2.3%) tested positive by the Panbio antigen test. 35 (2.1%) patients were positive by both testing methods. Discordant results occurred in 45 antigen tests when compared to the RT-PCR (2.7%). The antigen test had 3/1543 (0.2%) false-positive tests, and 42/77 (54.5%) false-negative tests. The authors conclude that the overall sensitivity for the Panbio antigen tests was 45.5% (95% CI 34.1-57.2), and the specificity was 99.8% (95% CI 99.4-99.9). The high proportion of false-negatives could have significant public health implications if those people believe they do not have SARS-CoV-2 but are contagious. The authors question the value of using the Panbio antigen test as a diagnostic tool. Recognizing its cheap and rapid	The authors conducted a multi-center validity study of the Panbio COVID-19 antigen rapid test by comparing nasopharyngeal samples tested by the Panbio antigen test to the RT-PCR test for pediatric (0-16 years) patients with SARS-CoV-2 symptoms of \leq 5 days.	Villaverde S, Domínguez-Rodríguez S, Sabrido G, et al. Diagnostic Accuracy of the Panbio SARS-CoV-2 Antigen Rapid Test Compared with Rt-Pcr Testing of Nasopharyngeal Samples in the Pediatric Population [published online ahead of print, 2021 Jan 20]. <i>J Pediatr.</i> 2021;S0022-3476(21)00034-2. doi:10.1016/j.jpeds.2021.01.027

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					capabilities, they recommend practitioners use it as a first screening tool only.		
Vaccination; pediatrics; children; SARS-CoV-2; COVID-19; measles; monitoring; pediatric trials; vaccination campaign	20-Jan-21	Vaccinating Children against Covid-19 — The Lessons of Measles	New England Journal of Medicine (NEJM)	Editorial	The authors consider lessons from recent measles epidemics in the USA to guide SARS-CoV-2 vaccination campaigns. Vaccinating children is likely to have direct (protecting children against rare severe pediatric cases of COVID-19 and postinfectious conditions MIS-C) and indirect (protecting others by reducing spread) benefits. To motivate parents to accept vaccination, robust safety data, including pediatric-focused studies and post-licensure monitoring for rare potential outcomes such as vaccine-associated MIS-C, are needed. Just and equitable access to vaccination should be ensured. The measles vaccine story demonstrates the obligation to provide equitable access and clear information; that coordinated, federally supported efforts are essential; and that doubt, distrust, and disinformation can undermine safe, effective vaccines and worthy public health initiatives. Vaccination campaigns must prepare for disinformation campaigns that prey on parental fears and target communities made vulnerable through histories of medical neglect, health disparities, and racism. Planning for the implementation of SARS-CoV-2 vaccination requires working out details of distribution, priority, and cold chains and strategies for reaching people who are distrustful, hesitant, dubious, or frankly opposed.	The authors consider lessons from recent measles epidemics in the USA to guide SARS-CoV-2 vaccination campaigns. Planning for the implementation of SARS-CoV-2 vaccination requires working out details of distribution, priority, and cold chains and strategies for reaching people who are distrustful, hesitant, dubious, or frankly opposed.	Klass P, Ratner AJ. Vaccinating Children against Covid-19 — The Lessons of Measles. N Engl J Med. 2021. doi: 10.1056/NEJMp2034765
Acute respiratory distress syndrome; Biomarkers; COVID-19; Multisystem inflammatory syndrome; SARS-CoV-2.	20-Jan-21	The different manifestations of COVID-19 in adults and children: a cohort study in an intensive care unit	BioMed Central Infectious Diseases (BMC)	Research Article	The authors aimed to describe and compare the characteristics of severe COVID-19 in adults and children, including their clinical and analytical characteristics and outcomes. The authors conducted a prospective observational cohort study of 20 patients, 16 adults (median age 32, IQR 23.3-41.5 years) and 4 children (median age 13.5, IQR 5.5-16.5 years), infected with SARS-CoV-2 and admitted to the pediatric ICU of a hospital in Barcelona, Spain between March-June 2020. All the adults were admitted due to acute respiratory distress syndrome (ARDS), of which 81.3% needed mechanical ventilation and 37.5% needed inotropic support due to the sedation. All the children were admitted due to MIS-C, of which 50% required mechanical ventilation, and all needed inotropic support. The difference in the inotropic requirements between the two populations was statistically significant (37.5% adults vs. 100% children, p<0.001). Biomarker values were higher in children than in adults: mid-regional pro-adrenomedullin 1.72 vs. 0.78 nmol/L (p=0.017), procalcitonin 5.7 vs. 0.19 ng/mL (p=0.023), and C-reactive protein 328.2 vs. 146.9 mg/L (p=0.005). N-terminal pro-B-type natriuretic peptide and troponins were higher in children than in adults (p=0.034 and p=0.039, respectively). The authors concluded that children and adults showed different clinical manifestations related to SARS-CoV-2: adults developed severe ARDS requiring increased respiratory support, whereas children presented with MIS-C and greater inotropic requirements. Furthermore, biomarkers as procalcitonin and mid-regional pro-adrenomedullin could be useful to classify and stratify	The authors conducted a prospective cohort study to describe and compare the characteristics of severe COVID-19 in adults and children in Barcelona, Spain. Findings from this study showed that adults and children had different clinical manifestations. Adults developed severe ARDS requiring increased respiratory support, whereas children presented with MIS-C and greater inotropic requirements.	Girona-Alarcon M, Bobillo-Perez S, Sole-Ribalta A, et al. The different manifestations of COVID-19 in adults and children: a cohort study in an intensive care unit. BMC Infect Dis. 2021;21(1):87. Published 2021 Jan 20. doi:10.1186/s12879-021-05786-5

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					these patients since their values change depending on the clinical manifestations.		
Neonates; neonatal period; SARS-CoV-2 infection; SARS-CoV-2; ventilation; asymptomatic	20-Jan-21	The ability of the neonatal immune response to handle SARS-CoV-2 infection	Lancet Child and Adolescent Health	Correspondence	The authors aimed to determine the impact of SARS-CoV-2 infection in the neonatal period after reviewing the article by Gale et al. 2020 on neonatal SARS-CoV-2 infection during the first COVID-19 wave in the UK. The authors argue that Gale et al. appear to contradict themselves in the discussion section, initially stating that “neonatal SARS-CoV-2 infection led to severe disease in 42% of cases” and highlighting that 33% of babies required respiratory support. However, Gale et al. later state that “most babies are only mildly affected in the neonatal period.” Therefore, the authors conducted secondary data analyses on 35 neonatal COVID-19 cases (aged<28 days) from their previously published data on 582 children with PCR-confirmed SARS-CoV-2 infection, involving 82 health-care institutions in 25 European countries. 4/35 (11%) neonates required mechanical ventilation compared to 21 (4%) of 547 children (>1 month old), but 3 of those neonates had comorbidities that might have caused the need for ventilatory support, rather than SARS-CoV-2. The authors suggest that if the analysis is repeated with the only patient who required mechanical ventilation for SARS-CoV-2 infection alone, the proportion of neonates requiring ventilation would be similar to that observed in older children without pre-existing comorbidities (3% vs. 2%; p=0.5059). Of note, most (80%) neonates did not require respiratory support at any stage, and 17% were entirely asymptomatic. Importantly, all 35 neonates survived, and none had evidence of COVID-19-related sequelae at discharge. The authors concluded that the neonatal immune system, despite its inherent immaturity, can handle SARS-CoV-2 effectively, with most infected neonates either being asymptomatic or experiencing mild disease.	The authors conducted secondary data analyses on 35 neonatal COVID-19 cases (aged<28 days) from a multicenter study on SARS-CoV-2 infection to determine the impact of SARS-CoV-2 infection in the neonatal period. The authors conclude that the neonatal immune system, despite its inherent immaturity, can handle SARS-CoV-2 effectively, with most infected neonates either being asymptomatic or experiencing mild disease.	Göttinger F, Santiago-Garcia B, Fumadó-Pérez V, et al. The ability of the neonatal immune response to handle SARS-CoV-2 infection. Lancet Child Adolesc Health. 2021. doi:10.1016/S2352-4642(21)00002-X
COVID-19 lockdown; COVID-19 pandemic; Gender based violence; Intimate partner violence	20-Jan-21	Home was not a safe haven: women's experiences of intimate partner violence during the COVID-19 lockdown in Nigeria	BioMed Central (BMC) Women's Health	Research Article	This paper describes 7 de-identified case reports of intimate partner violence (IPV) in Nigeria from an organization serving abused women (n=4) and media reports from the internet (n=3) during the COVID-19 pandemic from March 30-May 2, 2020. IPV experiences were documented, including physical (beating, hitting, choking), sexual (unwanted sexual intercourse, the pressure to have sex without consent), psychological (abuse, humiliation, threat) or economic (refusing to give financial support, taking wife's money/economic resources). In most cases, reports identified IPV occurring before the COVID-19 lockdown but increased in severity or involved new types of violence during the lockdown. The case scenarios included physical, economic, psychological, and sexual violence. Several women also reported threats of being thrown out of their homes by perpetrators, which threatens women's ability to protect themselves from exposure to COVID-19 but could also leave women with no access to transportation, social services, or other resources. The COVID-19 lockdowns in Nigeria may have placed women already experiencing IPV at risk for experiencing more severe violence, new challenges to cope	This paper describes 7 de-identified case reports of intimate partner violence (IPV) in Nigeria from an organization serving abused women (n=4) and media reports from the internet (n=3) during the COVID-19 pandemic from March 30-May 2, 2020. The COVID-19 lockdowns in Nigeria may have inadvertently placed women already experiencing partner violence at risk for experiencing more severe violence, new challenges to cope with violent experiences, and other forms of violence, including violence that used	Fawole OI, Okedare OO, Reed E. Home was not a safe haven: women's experiences of intimate partner violence during the COVID-19 lockdown in Nigeria. BMC Womens Health. 2021;21(1):32. Published 2021 Jan 20. doi:10.1186/s12905-021-01177-9

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					with violent experiences, and other forms of violence, including violence that used the COVID-19 lockdown as a way to threaten women's security and ability to protect themselves from the virus.	the lockdown to threaten women's security and ability to protect themselves from the virus.	
COVID-19; child & adolescent psychiatry; neurobiology; psychiatry	20-Jan-21	REACT study protocol: resilience after the COVID-19 threat (REACT) in adolescents	British Medical Journal (BMJ) Open	Protocol	This article details the protocol of the Resilience After the COVID-19 Threat (REACT) study in the UK to assess whether emotion regulation capacity, inflammation, and neuroimmune responses to stress induced in the laboratory before the pandemic predict responses to COVID-19-related social isolation and stress in adolescents with childhood adversity (CA). The authors recruited 79 adolescents (16–26 years) with CA experiences from the ongoing Resilience After Individual Stress Exposure (RAISE) study, which assessed emotion regulation, neural and immune stress responses to an acute stress task. The REACT study cohort completed questionnaires at the start of the UK lockdown ('baseline'; April 2020), and 3 (July 2020), and 6 months later (October 2020). The questionnaires assessed (1) mental health, (2) number and severity of life events, (3) physical health, (4) stress perception, and (5) loneliness and friendship support. Measurements of blood cortisol, cytokines, and immune cells in response to acute stress will be analyzed to determine whether resilient adolescents can be distinguished based on immune patterns. The authors plan to use multilevel modeling to examine whether individual differences at baseline are associated with responses to COVID-19-related social isolation and stress.	This article details the protocol of the Resilience After the COVID-19 Threat (REACT) study in the UK to assess whether emotion regulation capacity, inflammation, and neuroimmune responses to stress induced in the laboratory before the pandemic predict responses to COVID-19-related social isolation and stress in adolescents with childhood adversity.	Smith AJ, Moreno-López L, Davidson E, et al. REACT study protocol: resilience after the COVID-19 threat (REACT) in adolescents. BMJ Open. 2021;11(1):e042824. Published 2021 Jan 20. doi:10.1136/bmjopen-2020-042824
COVID-19; Children; India; Lockdown; Art Exhibition; Themes	20-Jan-21	Imagining the COVID-19 pandemic through the minds of 9-11 years old: Findings from an art exhibition in India	Public Health	Short Communication	The authors present the findings of a qualitative analysis of 43 paintings and their descriptive notes created by 9-11-year-old children in India at an online art exhibition entitled, "Being at Home". The exhibition was organized by the Heritage Museum from 13-29 May 2020 during the COVID-19 lockdown. 6 groups of 21 themes were identified: 1) positive experiences, 2) negative experiences and fear, 3) safety, 4) gratitude and hope, 5) faith, and 6) others. Safety (n=38) was brought up most frequently by the participants, followed by gratitude and hope (n=34), negative experiences and fear (n=25), and positive experiences (n=24). The artwork portrays the COVID-19 pandemic as perceived by children – how they have spent their time, concerns regarding the social crisis, emotional content of missing school/friends, thoughts on how to break the chain of the virus, and the idea of being strong and fighting the pandemic together. Such creative experiences can be expanded to address the psychological burden of the current and future public health crises on children and their families.	The authors conducted qualitative analysis of 43 paintings and their descriptive notes created by 9-11-year-old children in India at an online art exhibition during the COVID-19 pandemic. 6 groups of 21 themes were identified: 1) positive experiences, 2) negative experiences and fear, 3) safety, 4) gratitude and hope, 5) faith, and 6) others. The artwork portrays the COVID-19 pandemic as perceived by children.	Amrutha R, Sadh K, Murthy P. Imagining the COVID-19 pandemic through the minds of 9-11 years old: Findings from an art exhibition in India. Pub Health. 2021. doi:10.1016/j.puhe.2021.01.007.
COVID-19, Parenting, Stress, Psychosocial Impact, Children	20-Jan-21	Stress and Parenting During the Covid-19 Pandemic: Psychosocial	The Indian Journal of Pediatrics	Scientific Letter	This scientific letter seeks to address the lack of research on the mental health consequences of public health emergencies such as the COVID-19 pandemic in developing countries with the goal of developing culturally sensitive intervention programs. The author relates a study of the relationship between parenting stress and emotional and behavioral problems among Indian children during the COVID-19	Quarantine and lockdowns due to the COVID-19 pandemic contribute to increased stress in both parents and children. A study of 199 Indian parents revealed increased parental	Malhi, P., Bharti, B. & Sidhu, M. Stress and Parenting During the COVID-19 Pandemic: Psychosocial Impact on Children. Indian J

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		Impact on Children			pandemic [time period not specified]. 199 parents (72.8% mothers) responded to a survey that assessed parenting stress, positive and negative emotions, and emotional and behavioral problems of children. The mean age of children was 10.1 years (SD= 4.40 years) and the male to female ratio was 1.11:1. Parents reported significantly higher parenting stress (F = 24.88, P = 0.0001), higher negative affect (F = 11.58, P = 0.0001), and lower positive affect (F = 13.19, P = 0.0001) when their children's score on the Strength and Difficulties Questionnaire (SDQ) was in the abnormal range. Stepwise multiple regression analysis revealed that 35.7% of the variance in the total SDQ scores was accounted by total parenting stress, negative affect, and positive affect (F = 37.70, P = 0.0001). Parenting stress remains high months after the COVID-19 outbreak due to disruption of daily routines, uncertainty surrounding the pandemic and the effects of prolonged school and work closures on home responsibilities. Screening families for stress can promote wellbeing and mitigate disaster-triggered psychological trauma for parents and children.	stress, higher negative affect, and lower positive affect when their children's score on the Strength and Difficulties Questionnaire was in the abnormal range.	Pediatr (2021). https://doi.org/10.1007/s12098-021-03665-0
Pregnancy, emergency, delays in care, extrauterine pregnancy	20-Jan-21	Timely care for extrauterine pregnancies during the COVID-19 pandemic is needed	The Lancet Regional Health - Europe	Commentary	In this article, the authors discuss the study by Anteby and colleagues which compared early pregnancy visits and gynecological emergencies during the COVID-19 pandemic with historical data at a large university-affiliated, tertiary medical center in Tel Aviv, Israel. Anteby and colleagues found that during the first wave of the COVID-19 pandemic, there was a 28.3% reduction in women seeking emergency medical care due to gynecological disease or complications in early pregnancy. The number of visits in the emergency department due to suspected extra-uterine pregnancy was unchanged, but the rate of ruptured extra-uterine pregnancies was significantly higher during the COVID-19 pandemic (OR 2.40 (1.27-4.54), p=0.006). Also, during the pandemic, patients admitted due to extra-uterine pregnancy were significantly more symptomatic on arrival at the emergency department and had more blood loss. The authors believe these results provide evidence of delays in arrival to emergency care and inquire about possible reasons for these delays. Some proposed reasons include fear of contracting COVID-19, or fear of overburdening the health system. The authors conclude that healthcare professionals must be aware that patients may arrive at the emergency department in a worse condition than could be expected before the pandemic.	In this article, the authors comment on the study by Anteby et al, which found a reduction in women seeking reproductive emergency care in Israel early in the pandemic, but a higher rate of ruptured extra-uterine pregnancies. The authors believe this indicates delays in presentation to emergent care, and inquire about possible reasons for these delays, such as fear of exposure to COVID-19.	Freiesleben N, Nielsen HS. Timely care for extrauterine pregnancies during the COVID-19 pandemic is needed. Lancet Reg Health - Europe. 2021; doi: https://doi.org/10.1016/j.lanepe.2021.100037
children, pediatric trauma, burn trauma, stay-at-home orders	20-Jan-21	Changes in Pediatric Trauma during COVID-19 Stay-at-home Epoch at a Tertiary Pediatric Hospital	Journal of Pediatric Surgery	Original Article	The aim of this article was to review the experience of 2 institutions involving the changes in patterns and severity of pediatric trauma as a result of COVID-19 stay-at-home regulations. Pediatric emergency department (ED) encounters were extracted for children <19 years of age (average age 6.2 years) from March 15 - May 15 during the years 2015-2020. The primary data analyzed was the difference in encounters during the COVID-19 pandemic timeframe (2020) compared to the pre-COVID-19 period (2015-2019). Overall, results indicated that there were less pediatric trauma encounters during the COVID-19 epoch. Overall trauma admissions and ED trauma	This article investigates the incidence of pediatric trauma and burn rates due to stay-at-home COVID-19 pandemic orders. The authors found an overall decrease in pediatric trauma, but an increase in flame burns and penetrating injuries, and warn professionals to keep high	Sanford EL, Zagory J, Blackwell J, et al. Changes in pediatric trauma during COVID-19 stay-at-home epoch at a tertiary pediatric hospital. J Pediatr Surg. 2021. https://doi.org/10.1016/j.pedsurg.2021.01.020

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					encounters were significantly lower (P<0.001) during COVID-19, but burn injury admissions (P<0.001) and penetrating trauma encounters (P=0.002) increased during the COVID-19 epoch. Blunt trauma encounters decreased (P<0.001). Trauma also occurred among more white (P=0.01) and privately insured (P<0.001) children during the pandemic than before the pandemic. There were also significant decreases in motor vehicle crashes (P<0.001) and inter-personal violence (P=0.04). However, there was a significant increase in flame burns (P<0.001). The authors conclude that the stay-at-home regulations alter societal patterns, leading to decreased overall and blunt traumas. The authors also stress that professionals should keep a high suspicion for abuse and neglect, due to increased stressors and time spent at home.	suspicion for child abuse and neglect, due to increased stressors and time spent at home.	
Pediatric; COVID-19; children; demographic data	20-Jan-21	Demographic predictors of hospitalization and mortality in US children with COVID-19	European Journal of Pediatrics	Short communication	The authors analyzed pediatric hospitalization and in-hospital mortality data of 27,045 children with COVID-19 in >250 United States hospitals from March - July 2020. These data were collected by the US CDC COVID-19-associated hospitalization surveillance network (CDC COVID-NET), a database containing several demographic variables of children with positive SARS-CoV-2 tests in the US. The majority of children (70%) were between the ages of 10 and 19 years, 39% had an underlying medical condition, and 45% were of Hispanic/Latino ethnicity. Around 5% of children required hospitalization, with children who are Black (OR: 2.28; 95% CI: 1.93, 2.70; p<0.01), of mixed race/ethnicity (OR: 2.95; 95% CI: 2.28, 3.82; p<0.01), or with an underlying medical condition (OR: 3.55; 95% CI: 3.14, 4.01; p<0.01) having higher odds of hospitalization. Among the 20,096 children for whom mortality data were available, 39 (0.19%) died. Children who are Black, non-Hispanic had higher odds of death than their White, non-Hispanic counterparts (OR: 2.96; 95% CI: 1.30, 6.73; p=0.01). Children with an underlying medical condition or comorbidity had 8.82 times higher odds of death (95% CI: 3.68, 21.1; p<0.01). Hospitalization and in-hospital death are generally rare in children with COVID-19, but Black children and children with underlying medical conditions are consistently at higher risk for these outcomes. Future studies must address these racial, ethnic, and medical disparities in severe pediatric COVID-19 outcomes.	The authors describe hospitalization and in-hospital mortality data for 27,045 US children with confirmed COVID-19 between March and July 2020. While only 5% of children required hospitalization and only 0.19% experienced death, Black children and those with underlying medical conditions had higher odds of both these outcomes than White children and children without underlying medical conditions. Comorbidity was an especially strong predictor of mortality (OR=8.82).	Moreira A, Chorath K, Rajasekaran K, et al. Demographic predictors of hospitalization and mortality in US children with COVID-19. Eur J Pediatr. 2021;1-5. doi:10.1007/s00431-021-03955-x
COVID-19; myelin oligodendrocyte glycoprotein antibody disease; neurological manifestation	20-Jan-21	Myelin Oligodendrocyte Glycoprotein (MOG) Antibody Disease in a 11 Year Old with COVID-19 Infection	The Indian Journal of Pediatrics	Scientific Letter	The authors reported the case of an 11-year-old male who presented with redness and ophthalmodynia in both eyes, 4 days after a febrile illness in Mumbai, India. 2 weeks later, he experienced vision loss of his right eye overnight, with bilateral conjunctival congestion and painful eye movement. His right eye showed normal perception and light projection, sluggishly reactive pupils, vision of < N/36, and disc edema of Grade 3 relative afferent pupillary defect. His left eye vision was 6/9, and he eventually tested for positive SARS-CoV-2. His serum anti-SARS-CoV-2 immunoglobulin (IgG) antibody testing was positive, and serum myelin oligodendrocyte glycoprotein (MOG) antibody was positive. Additionally, his cerebrospinal fluid showed mild lymphocytic	The authors highlighted a neurological feature of SARS-CoV-2 infection in an 11-year-old male, who experienced vision loss in his right eye. His laboratory results were significant for anti-SARS-CoV-2 antibodies, serum myelin oligodendrocyte glycoprotein (MOG), and mild lymphocytic pleocytosis in his cerebrospinal	Khan A, Panwala H, Ramadoss D, et al. Myelin Oligodendrocyte Glycoprotein (MOG) Antibody Disease in a 11 Year Old with COVID-19 Infection. Indian J Pediatr. 2021 Jan 20:1-2. doi: 10.1007/s12098-020-03656-7. Epub ahead of

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					pleocytosis (55 cells/mL). The MRI findings showed bilateral asymmetrical optic neuritis involving intra-orbital and intra-canalicular portions of the right eye, and an intra-orbital portion of the left eye. Altered signal intensities were segmental and diffuse in the right intra-orbital optic nerve and patchy in the left intra-orbital optic nerve, with an enhancement of the optic nerve sheath in the right orbit, consistent with MOG-antibody associated disease. He responded well to methylprednisolone and was continued on oral steroids tapered over 12 weeks, with improvement in vision by day 10 of admission. He was diagnosed with MOG-antibody disease-associated bilateral optic neuritis, highlighting a neurological feature of SARS-CoV-2.	fluid. He was diagnosed with myelin oligodendrocyte glycoprotein antibody disease and showed clinical improvement after treatment with methylprednisolone.	print. PMID: 33471314; PMCID: PMC7815970.
ethically relevant criteria; mandatory vaccination; COVID-19; vaccine influenza; children; incentive	20-Jan-21	Global ethical considerations regarding mandatory vaccination in children	The Journal of Pediatrics	Article	The authors aim to provide an ethical assessment of mandatory COVID-19 vaccination policies for children by comparing influenza vaccination policies with the potential for a COVID-19 vaccine. The authors state that there are 3 ethically relevant criteria when deciding whether a vaccine should be mandatory. 1) Whether the diseases are a grave threat to public health; COVID-19 and influenza are severe threats to public health, but children are at a lower risk. 2) Positive comparative expected utility of mandatory vaccination; the utility of a COVID-19 vaccine for children is likely to be high due to higher mortality rates for COVID-19 than influenza. 3) Coercion should be proportionate; coercion is only justified when less restrictive policies are not enough. However, the greater the public health threat, the more liberty can be restricted. Increasing anti-vaccination activity and misinformation has led to initial studies of adults planning to refuse a COVID-19 vaccine (49% of US adults stated in Sept 2020 they would refuse). Mandatory vaccination means that coercion is used to get people to vaccinate themselves and their children through threats or penalties for not complying. Incentivization programs are a potential policy during the COVID-19 confinements, with vaccine passports to allow people to have more freedoms. The authors stress that if mandatory vaccination is to occur, sufficient supply and access to vaccination barriers must be addressed.	The authors aim to provide an ethical assessment of mandatory COVID-19 vaccination policies for children by comparing influenza vaccination policies with the potential for a COVID-19 vaccine using 3 ethically relevant criteria.	Savulescu J, Giubilini A, Danchin M. Global ethical considerations regarding mandatory vaccination in children. <i>J Pediatr.</i> 2021. doi: https://doi.org/10.1016/j.jpeds.2021.01.021
COVID-19; inflammation; peritoneum; vertical transmission	20-Jan-21	A case study of the first pregnant woman with COVID-19 in Bukavu, eastern Democratic Republic of the Congo	Maternal Health, Neonatology, and Perinatology	Case report	The authors report on a 25-year-old woman (gravida 3, para 2) admitted to a hospital in the Democratic Republic of the Congo for preterm labor (34 weeks) due to COVID-19. The patient began complaining of fever and her obstetrician prescribed antibiotics, antimalarials, and anti-spasmodic medications; 2 weeks later, the fever persisted. She tested positive for SARS-CoV-2 by RT-PCR. She was then admitted to the COVID-19 treatment facility, where she continued to be treated with antipyretics, anti-spasmodics (trimethylphloroglucinol), and antibiotics. 2 days later, she experienced uterine contractions of low intensity and was transferred to the hospital for preterm labor after a negative rapid SARS-CoV-2 antigen test. A newborn female (1760g) was delivered via c-section with APGAR scores of 9 and 10, 1 and 5 minutes after birth. The newborn was transferred to the neonatal ward and on day 3 was jaundice with respiratory distress and	The authors report on a 25-year-old admitted to a hospital in the Democratic Republic of the Congo for preterm labor (34 weeks) due to COVID-19. This case may represent a possible intra-uterine transmission of SARS-CoV-2 infection.	Birindwa EK, Mulumeoderhwa GM, Nyakio O, et al. A case study of the first pregnant woman with COVID-19 in Bukavu, eastern Democratic Republic of the Congo. <i>Matern Health Neonatal Perinatol.</i> 2021;7(1):6. Published 2021 Jan 20. doi:10.1186/s40748-021-00127-5

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					ulcerative enterocolitis. Hemocultures were negative, but a SARS-CoV-2 RT-PCR from an oropharyngeal swab of the infant was positive, as were gastric cultures for <i>Citrobacter</i> sp. and <i>Enterobacter cloacae</i> . The infant was fed by a nasogastric tube with artificial milk formulas adapted to newborns. The newborn died on day 5 due to severe neonatal sepsis after a new course of antibiotics. During the c-section, the mother's peritoneal cavity and uterus were inflamed, and fetal appendages had eruptive, vesicular lesions with bleeding on contact. The placenta was 500g and had a clot on the maternal side on <20% of the surface. An anatomopathological exam revealed thrombotic vasculopathy in the placenta and umbilical cord vessels. The mother had elevated c-reactive protein levels of 106.53mg/l on admission and 186 mg/l on post-operative day 1. The authors report that this case may represent intra-uterine (vertical) transmission of SARS-CoV-2. More examinations of the peritoneum, viscera, and fetal appendages are needed in affected pregnant women.		
COVID-19; parenting; child; emotional impact; child behavior	19-Jan-21	A Little Autonomy Support Goes a Long Way: Daily Autonomy-Supportive Parenting, Child Well-Being, Parental Need Fulfillment, and Change in Child, Family, and Parent Adjustment Across the COVID-19 Pandemic	Society for Research in Child Development (SRCD)	Original Research	This longitudinal study investigated how families with school children (mean age (SD)= 9.81 (2.85) years; range = 6-19 years) in Germany adapted to the COVID-19 pandemic. 970 parents, recruited through an online questionnaire, completed daily diary entries over 3 weeks that described parental well-being, perceived family environment, and parent-rated child behavior between March 27 - April 3, 2020. The results showed that more autonomy-supportive behavior from parents was associated with higher need satisfaction and lower need frustration ($b = 0.246$; $p < 0.001$ and $b = -0.178$, $p = 0.001$) as well as more child positive affect and less child negative affect ($b = 0.314$; $p < 0.001$ and $b = -0.185$; $p < 0.001$) averaged across the 21 days. Daily autonomy-supportive parenting was associated with an increase in perceived cohesion by parents ($\beta = 0.412$, $p < 0.001$). Higher reports of positive affect in children were associated with a decrease in their emotional problems ($\beta = -0.249$; $p = 0.011$) and hyperactivity ($\beta = -0.238$, $p = 0.022$), but an increase in their prosocial behavior ($\beta = 0.312$, $p = 0.034$). Therefore, findings from the 3-week daily diary suggested that autonomy-supportive parenting is positively associated with better child well-being and higher parental need fulfillment (higher need satisfaction, lower need frustration) on the same day. The researchers concluded that their results indicate that in the context of the COVID-19 pandemic, autonomy-supportive behavior might have positive downstream effects not only on the receiving child but also on the social system (the family) and the support provider.	This longitudinal study investigated how families with school children in Germany adapted to the COVID-19 pandemic. Findings suggest that autonomy-supportive parenting is associated with improved family cohesion, better child well-being, and higher parental need fulfillment (higher need satisfaction, lower need frustration). The researchers concluded that autonomy-supportive parenting might be beneficial to the child, parent, and family during the COVID-19 pandemic.	Neubauer AB, Schmidt A, Kramer AC et al. A Little Autonomy Support Goes a Long Way: Daily Autonomy-Supportive Parenting, Child Well-Being, Parental Need Fulfillment, and Change in Child, Family, and Parent Adjustment Across the Adaptation to the COVID-19 Pandemic. SRCD. 19 Jan 2021. doi: https://doi.org/10.1111/cdev.13515 .
COVID-19; pediatric dentistry; United States	19-Jan-21	Severe acute respiratory syndrome coronavirus 2 infection in asymptomatic	The Journal of the American Dental Association	Article	The authors investigated the positivity rate of asymptomatic SARS-CoV-2 infection in pediatric dental patients in the United States. Consecutive charts of children <18 years scheduled for elective dental procedures from 1 April-1 August 2020 were reviewed. All patients were screened for signs and symptoms of SARS-CoV-2 infection. Asymptomatic patients scheduled for dental procedures underwent PCR testing for SARS-CoV-2. 921 patients (median age=6 years; 50.9%	The authors investigated the positivity rate of asymptomatic SARS-CoV-2 infection in pediatric dental patients in the United States. Although the yield of testing was low, the systematic evaluation of	Lambergini F, Trifan G, Testai FD. Severe acute respiratory syndrome coronavirus 2 infection in asymptomatic pediatric dental patients. J Am Dent Assoc. 2021;152(4):277–

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		pediatric dental patients			male) were included. Hispanic or Latinx children accounted for 63% of the cohort. The overall SARS-CoV-2 positivity rate was 2.3%. Age, insurance status, medical history, and dental diagnosis were comparable in patients who were SARS-CoV-2 positive and SARS-CoV-2 negative. Positivity rates were statistically higher for Hispanic or Latinx patients than other demographic groups (P = 0.038). Although the yield of testing was low, the systematic evaluation of asymptomatic pediatric dental cases via PCR resulted in the identification of SARS-CoV-2 carriers who could have been infectious. Dental practices resuming care should consider adding SARS-CoV-2 testing to the use of screening tools, PPE, and source control strategies before using aerosol-generating procedures.	asymptomatic pediatric dental cases via PCR resulted in the identification of SARS-CoV-2 carriers who could have been infectious. Dental practices resuming care should consider adding SARS-CoV-2 testing to the use of screening tools, PPE, and source control strategies before using aerosol-generating procedures.	83. doi:10.1016/j.adaj.2021.01.006.
COVID-19; Pediatrics; Multisystem inflammatory syndrome in children (MIS-C); SARS-CoV-2	19-Jan-21	Neurological issues in children with COVID-19	Neuroscience Letters	Review	Similar to respiratory and cardiac manifestations of COVID-19, neurological complications present differently based on age and underlying comorbidities. This review provides an overview of the neurological manifestations of pediatric COVID-19 and MIS-C, as well as potential mechanisms and long-term implications. Headache, altered mental status and weakness are the most common reported neurological symptoms in children with COVID-19. Demyelinating disease, stroke, and encephalopathy have also been reported. A multicenter study of children diagnosed with MIS-C across the US found that 5% suffered severe neurological complications, such as seizure, coma, encephalitis, demyelinating disorders, and aseptic meningitis. In the UK, of 27 children with MIS-C, 4 had new-onset neurological symptoms, including encephalopathy, dysarthria, dysphagia, cerebellar ataxia, and peripheral neuropathy. A review of records at the authors' US hospital shows that of 82 children (aged 5 days to 18 years) hospitalized with COVID-19 between March 11th and June 10th, 2020, 35 (43%) developed neurological symptoms. The most common symptoms included headache (34%), fatigue or malaise (25%), altered mental status (23%), weakness (14%), and seizure (11%). Differences in the proportions of patients with positive SARS-CoV-2 antibody testing between those with neurological symptoms (65%) compared to those without (32%) suggest an immune-mediated inflammatory response. Direct viral effects upon the nervous system, endothelial injury, and downstream effects of para- and post-infectious inflammation might be potential causes of the neurological manifestations of COVID-19. This article presents a figure illustrating the hypothesized mechanisms of these neurological manifestations.	This review provides an overview of the neurological conditions seen in the context of pediatric COVID-19 and MIS-C, including potential mechanisms and long-term implications. The authors propose that inflammation may directly or indirectly contribute to the neurological complications of COVID-19.	Lin JE, Asfour A, Sewell TB, et al. Neurological issues in children with COVID-19. Neurosci Lett. 2021;743:135567. doi:10.1016/j.neulet.2020.135567
challenges; mothers; children; leukemia; COVID-19; qualitative	19-Jan-21	Challenges faced by mothers caring for children with leukemia during COVID-19 pandemic: A qualitative study	Journal of Pediatric Nursing	Original Research	The authors examined the experiences of mothers (n = 15) of children (ages 1-12 years, median 5 years) with acute lymphoblastic leukemia in Jordan receiving services in a hospital and clinic during the COVID-19 pandemic [dates not specified]. A descriptive qualitative design was used to identify common themes from semi-structured interviews. These themes included the challenges of children refusing to wear masks, social isolation, family relationship strain due to social distancing, and financial issues. Quotes from the interviews are	This study explored the experiences of mothers of children with leukemia that were receiving services in a hospital and clinic during the COVID-19 pandemic in Jordan. Children refusing to wear masks, social isolation, family	Atout M, Tarawneh FS, Al-Kharabsheh A. Challenges faced by mothers caring for children with leukaemia during COVID-19 pandemic: A qualitative study [published online ahead of print, 2021 Jan

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					provided in the article. The authors note the need for emotional support teams in hospitals since these themes may indicate feelings of self-blame, guilt, and isolation among mothers, and other sources of support are not as present due to social distancing.	relationship strain, and financial issues were noted as common challenges, demonstrating the need for emotional support services.	19]. J Pediatr Nurs. 2021;30882-5963(21)00012-9. doi:10.1016/j.pedn.2021.01.009
COVID-19, SARS-CoV-2, SARS, coronavirus, severe COVID-19, pregnancy	19-Jan-21	Pregnancy as a risk factor for severe coronavirus 2019 (COVID-19) disease using standardized clinical criteria	American Journal of Obstetrics and Gynecology - Maternal and Fetal Medicine	Original Research	The authors aimed to determine the risk of severe COVID-19 among pregnant women with symptomatic COVID-19 compared to non-pregnant women using non-admission-based, standardized clinical criteria for severe disease. The primary outcome was severe COVID-19 as defined by two sets of non-admission-based clinical criteria: the World Health Organization Ordinal Scale for Clinical Improvement (WHOOSCI) and the Novel Coronavirus Pneumonia Emergency Response Epidemiology Team (NCPERET). The results showed that of 262 women aged 13-45 years diagnosed with symptomatic COVID-19 between May 28 - July 22, 2020, 22 (8.4%) were pregnant, and 240 (91.6%) were not pregnant. 7 (31.8%) pregnant and 17 (7.1%) non-pregnant patients were classified as having severe COVID-19 using the NCPERET criteria. In comparison, 3 (13.6%) pregnant and 6 (2.5%) non-pregnant patients were classified as having severe COVID-19 using the WHOOSCI criteria. After adjusting for covariates potentially associated with the primary outcome, pregnant patients were significantly more likely to have severe disease compared to non-pregnant patients using both the NCPERET criteria (aRR 3.59, 95% CI 1.49-7.01) and the WHOOSCI criteria (aRR 5.65, 95% CI 1.36-17.31). While there was no significant difference in the hospital length of stay between pregnant and non-pregnant patients, a higher percentage of pregnant patients with severe COVID-19 were admitted to the ICU by NCPERET criteria [7 (100%) vs. 9 (50%), $P=0.03$] and WHOOSCI criteria [3 (100%) vs. 5 (83.3%), $P=1.00$]. There were no deaths in either group. The authors concluded that pregnancy is associated with a significantly higher risk for severe COVID-19 among symptomatic women aged 13-45 years using two different sets of clinical criteria.	This study aimed to determine the risk of severe COVID-19 among pregnant women with symptomatic COVID-19 compared to non-pregnant women using non-admission-based, standardized clinical criteria for severe disease: the World Health Organization Ordinal Scale for Clinical Improvement criteria and the Novel Coronavirus Pneumonia Emergency Response Epidemiology Team criteria. The authors concluded that pregnancy is associated with a significantly higher risk for severe COVID-19 among symptomatic women aged 13-45 years.	Oakes MC, Kernberg AS, Carter EB, et al. Pregnancy as a risk factor for severe coronavirus disease 2019 using standardized clinical criteria. American journal of obstetrics & gynecology MFM. 2021. http://dx.doi.org/10.1016/j.ajogmf.2021.100319 . doi: 10.1016/j.ajogmf.2021.100319.
COVID-19; active hepatitis B; pregnancy; China	19-Jan-21	Chronic Active Hepatitis B with COVID-19 in Pregnancy: A Case Report	Journal of Clinical and Translational Hepatology	Case Report	In this case report, the authors presented a case of chronic active hepatitis B with COVID-19 in pregnancy in China. A 31-year-old woman at 29 weeks of gestation with a history of chronic hepatitis B virus infection for 9 years and discontinued antiviral treatment (by herself) after pregnancy (in September 2019) was admitted to the hospital on March 29, 2020, with chronic active hepatitis B, and tested positive for SARS-CoV-2 infection. Liver protective and antiviral agents were administered, and low-dose dexamethasone therapy was used to successfully treat the critically ill pregnant woman suffering from chronic active hepatitis B combined with COVID-19. The patient clinically recovered and was discharged in stable condition. Her pregnancy continued and resulted in a term vaginal delivery of a viable infant. Pregnant women who meet antiviral treatment indications should receive standardized treatment on time to avoid severe hepatitis. This case showed that low-dose dexamethasone could be	The authors presented a case of chronic active hepatitis B with COVID-19 in pregnancy in China. The patient recovered clinically after treatment with antivirals and dexamethasone. This case showed that low-dose dexamethasone could be used safely and effectively in pregnant women with dual infection of hepatitis B virus and SARS-CoV-2 to reduce systemic symptoms without further complications.	Li QY, An ZY, Li C, et al. Chronic Active Hepatitis B with COVID-19 in Pregnancy: A Case Report. J Clin Transl Hepatol. 2021;9(1):133-135. doi:10.14218/JCTH.2020.00085.

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					used safely and effectively in pregnant women with dual infection of hepatitis B virus and SARS-CoV-2 to reduce systemic symptoms without further complications.		
COVID-19, Coronavirus, Neonate, SARS-CoV-2	19-Jan-21	Clinical implications of coronavirus disease 2019 in neonates	Clinical and Experimental Pediatrics	Review Article	This review summarizes available case studies on COVID-19 in neonates and presents current knowledge about neonatal COVID-19 and vertical transmission. Currently available data showed that SARS-CoV-2 was detected in approximately 3% of neonates of mothers with COVID-19. In a literature review of 25 neonates with COVID-19 from December 2019 to April 27, 2020, the author found that cesarean section occurred in 64% with a male-to-female ratio of 2.8. The mean gestational age and birth weight of affected neonates were 37.4 weeks (range, 26.6–41.3) and 3,042 g (range, 960–4,440), and the mean age at onset was 8.2 days (range, 1–25). Affected neonates manifested fever (28%), vomiting (16%), and cough or shortness of breath (12%) at disease onset, while only 16% of affected neonates were asymptomatic. Significant complications included pneumonia (12%), respiratory distress (8%), and sepsis (4%). There were no deaths reported. Among all neonates with COVID-19, intensive care and mechanical ventilation were required for 32% and 20% of cases, respectively. The diagnosis of COVID-19 was made at a mean 3.1 days after admission (range, 1–15) mainly by RT-PCR from nasopharyngeal swabs. RT-PCR results were negative within a mean of 10.3 days after diagnosis (range, 6–17). The limited evidence available suggests a low incidence and a relatively benign course of COVID-19 in neonates. However, neonates with pre-existing medical conditions and preterm infants appear to be at a higher risk of developing severe COVID-19. Further research on the epidemiology, pathophysiology, diagnosis, and vertical transmission of SARS-CoV-2 to neonates is urgently required.	Findings from this review showed that the common symptoms of COVID-19 in neonates were fever, vomiting, cough, and shortness of breath; 32% required intensive care, 20% required mechanical ventilation, and there were no reported deaths. However, neonates with pre-existing medical conditions and preterm infants appear to be at a higher risk of developing severe COVID-19. The author concludes that the limited available evidence suggests a low incidence and a relatively benign course of COVID-19 in neonates; however, further research is needed.	Kim DH. Clinical implications of coronavirus disease 2019 in neonates [published online, 2021 Feb 4]. Clin Exp Pediatr. 2021;10.3345/cep.2020.01795. doi:10.3345/cep.2020.01795
case-fatality; coronavirus; fetus; maternal mortality; pregnancy; preterm birth	19-Jan-21	Disease Severity, Pregnancy Outcomes and Maternal Deaths among Pregnant Patients with SARS-CoV-2 Infection in Washington State	American Journal of Obstetrics and Gynecology	Original Research	This article describes severity and outcomes of SARS-CoV-2 infections in pregnancy across Washington State, USA, including pregnancy complications and outcomes, hospitalization, and case fatality. A retrospective cohort study from 35 sites included pregnant patients (median gestational age 32.4 weeks, IQR 26–36.1) with PCR-confirmed SARS-CoV-2 infection from March 1–June 30, 2020. The cohort included 240 women (mean age 28 years, IQR 24–33.5 years; 52% Hispanic and 47% White). The authors report mild COVID-19 in 218 women (90.8%, including 55 asymptomatic cases), severe disease in 18 (7.5%) and critical disease in 4 (1.7%). 24 (10%) of the women were hospitalized for COVID-19-associated respiratory concerns, and 3 maternal deaths occurred from COVID-19 (1.3%). The authors report a 3.5-fold higher COVID-19-associated hospitalization rate than similarly-aged non-pregnant adults in Washington State (10% versus 2.8%). Women who were hospitalized for a COVID-19 concern were older (median age 32 years vs 28, p=0.04) and more likely than non-hospitalized pregnant patients with SARS-CoV-2 infection to have at least one comorbidity (45.8% vs 17.6%, p=0.001). The COVID-19 case fatality in pregnancy was 13.6-fold (95% CI 2.7–43.6) times higher than similarly aged non-	The objective of this study was to describe disease severity and outcomes among pregnant women with confirmed SARS-CoV-2 infection in Washington State, USA using a retrospective cohort design. The authors report that pregnant women are at increased risk for severe disease and mortality compared to similarly-aged non-pregnant persons in Washington State.	Lokken, E. M., Huebner, E. M., Taylor, G. et al. Disease Severity, Pregnancy Outcomes and Maternal Deaths among Pregnant Patients with SARS-CoV-2 Infection in Washington State. American Journal of Obstetrics and Gynecology. 2021. https://doi-org.proxy1.library.jhu.edu/10.1016/j.ajog.2020.12.1221

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					pregnant individuals in Washington State. Finally, the preterm birth rate was higher among patients with severe or critical COVID-19 compared to those with mild disease (45.4% severe/critical COVID-19 vs 5.2% mild COVID-19, $p < 0.001$). The authors conclude that pregnant women are at increased risk for severe disease and mortality compared to non-pregnant adults. Furthermore, they state that their findings support the need to vaccinate pregnant woman against COVID-19 and include pregnant women in clinical trials and observational evaluations of COVID-19 vaccines and therapies.		
COVID-19; mental health, child and adolescent psychiatry, psychological impact, pandemic	19-Jan-21	Psychological and psychiatric impact of COVID-19 pandemic among children and adolescents	The Journal of Maternal-Fetal & Neonatal Medicine	Review	This review explores current literature covering psychological effects of the COVID-19 pandemic on children and adolescents, and suggests implications for youth in Italy, for whom the pandemic was their first large-scale community stressor. The psychological impact of infectious disease outbreaks has historically been one of the main lasting consequences. Social isolation can increase young people's risk of anxiety, depression, psychotic symptoms, and suicidal thoughts. Additionally, the disruption to daily habits and lifestyle, as well as the emotional toll of losing family members to COVID-19, may warrant interventions to aid their psychological wellbeing. The increase in use of internet during the pandemic may have negative impacts on self-identity and self-harm, especially in adolescents; however, this form of communication may protect youths against the detrimental effects of social isolation. As the COVID-19 pandemic continues, clinical providers must recognize symptoms of poor mental health and connect young patients with necessary resources. Better government communication on the progression of COVID-19 in Italy can also counter misinformation and improve mental health in the populace. The pandemic should provide opportunities for Italy to better implement social services to alleviate the psychological burden that isolation has had on its children and adolescents.	This review from Italy argues that the COVID-19 pandemic has the potential for long-lasting psychological impact on its children and adolescents. To mitigate these effects, the country should implement social services and communication concerning COVID-19 during the pandemic period.	Deolmi M, Pisani F. Psychological and psychiatric impact of COVID-19 pandemic among children and adolescents. Acta Biomedica. 2020; 91: 4. doi: 10.23750/abm.v91i4.10870
COVID-19; children; hepatoblastoma	19-Jan-21	A narrative review of the challenges and countermeasures in hepatoblastoma management during COVID-19 epidemic	Translational Pediatrics	Review	The authors review challenges and countermeasures in pediatric hepatoblastoma (HB) management during the COVID-19 pandemic. Pediatric surgeons should not only develop personalized treatment plans for HB therapy, but also emphasize the diagnosis, prevention, and treatment of SARS-CoV-2 infection. Anti-SARS-CoV-2 therapy may be a preferred treatment for the infected who do not have a surgical emergency. However, emergent surgery may be necessary for children with HB and concurrent COVID-19 who develop a life-threatening surgical emergency condition. Otherwise, for children with negative virus examination results, treatment advice should be based on the impact of the epidemic and regional economic considerations. A "wait and see" strategy is recommended for children with resectable tumors after new adjuvant chemotherapy treatment (NACT). Assessment for liver transplantation is recommended for children with HB whose tumors cannot be resected after NACT. Parents of patients should ensure proper hand hygiene and mask wearing of children and keep	The authors review challenges and countermeasures in pediatric hepatoblastoma (HB) management during the COVID-19 pandemic. Anti-SARS-CoV-2 therapy may be a preferred treatment for the infected who do not have a surgical emergency. However, emergent surgery may be necessary for children with HB and concurrent COVID-19 who developed a life-threatening surgical emergency condition.	Xu H, Zhou Y, Sun R, et al. A narrative review of the challenges and countermeasures in hepatoblastoma management during COVID-19 epidemic. Transl Pediatr. 2020;9(6):840-848. doi:10.21037/tp-20-143.

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					them away from smoking and air pollution, which may influence the innate immune system and trigger underlying disorders.		
COVID-19; children; school closure	19-Jan-21	COVID-19 and children returning to school	Brazilian Journal of Otorhinolaryngology	Letter to the Editor	The authors address a previously published report by Guimarães et al. [doi:10.1016/j.bjorl.2020.09.005], which suggested that it is necessary to inform patients of the health risks that children and adolescents will face with school re-opening, while considering the losses caused by the lack of school in Brazil during the COVID-19 pandemic. The authors of this letter highlight the holistic focus on the whole community that is required to control the COVID-19 outbreak. To manage the outbreak, effective local control is necessary, in addition to a national lockdown process. School closures are useful in reducing the incidence of COVID-19 and other respiratory virus infections in children. Nevertheless, school closure has to be concomitantly used with other preventive measures, such as office closures. If there is only a school closure without other measures, the authors state that children might wander around during the holidays, and make it difficult to control viral spread.	The authors address the previously published report by Guimarães et al. [doi:10.1016/j.bjorl.2020.09.005], which suggested that it is necessary to inform patients of the health risks that children and adolescents will face with school re-opening, while considering the losses caused by the lack of school in Brazil during the COVID-19 pandemic. The authors highlight the need to enforce other preventive measures such as office closure, in addition to school closure, to help control viral spread.	Mungmunpantipantip R, Wiwanitkit V. COVID-19 and children returning to school. Braz J Otorhinolaryngol. 2021:S1808-8694(21)00005-7. doi:10.1016/j.bjorl.2020.12.010.
Multisystem inflammatory Disorder in Children, MIS-C, giant coronary aneurysms, Kawasaki's Disease, anti-thrombotic therapy, COVID-19	19-Jan-21	COVID-19-Related Giant Coronary Aneurysms in an Infant with Multisystem Inflammatory Disorder in Children: The First Case Report from the United Arab Emirates and the Arab Region	Case Reports in Infectious Diseases	Case Report	The authors present a case report of a 9-month-old Asian infant evaluated in the United Arab Emirates during 2020 who was initially diagnosed with Kawasaki's disease (KD) and giant coronary aneurysms and later diagnosed with MIS-C. The child presented with a 2-week history of fever, bilateral conjunctivitis, generalized erythematous rash, cracked lips, erythematous tonsils, lymphadenopathy, peeling skin rash, and pyuria as well as elevated sedimentation rate, c-reactive protein, platelets, liver function tests, brain natriuretic peptide and leukocyte count. He had a normal troponin level. He was treated for KD with IV immunoglobulin (IVIG) and high dose aspirin with prompt improvement. He was then tested for SARS-CoV-2; PCR was negative but serology was positive for prior infection. His mother was PCR positive for SARS-CoV-2. Echocardiograms showed multiple large coronary aneurysms including multiple giant nonprogressive coronary aneurysms over the 4-week admission period. Due to concerns of possible coronary thrombosis with subsequent myocardial infarction, he was treated with triple anti-thrombotic therapy including low-molecular-weight heparin. He was discharged home in good condition. In light of SARS-CoV-2 positivity, this case met the WHO criteria for MIS-C. However, the authors note a few differences between this case and previous reported MIS-C cases. Patients with MIS-C are typically older than 7 years, have marked lymphopenia, thrombocytopenia, and increased ferritin, as well as markers of myocarditis. On the contrary, this patient was 9 months old and had leukocytosis and thrombocytosis. Additionally, some patients show resistance to IVIG and need for adjunctive steroids, while this patient responded dramatically to one dose of IVIG. However, the authors conclude that	The authors present a case report of a 9-month-old infant in the United Arab Emirates initially diagnosed with Kawasaki's Disease (KD) and later with MIS-C. The authors note differences between this patient and previously reported MIS-C patients and ultimately conclude that the immune response to SARS-CoV-2 was responsible for a KD-like disease in this patient.	Ghatasheh G, Al Dhanhani H, Goyal A, et al. COVID-19-Related Giant Coronary Aneurysms in an Infant with Multisystem Inflammatory Disorder in Children: The First Case Report from the United Arab Emirates and the Arab Region. Case Rep Infect Dis. 2021 Jan 18;2021:8872412. doi: 10.1155/2021/8872412. PMID: 33532103; PMCID: PMC7816757.

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					the immune response to SARS-CoV-2 was responsible for a KD-like disease in this patient.		
SARS-CoV-2, immune system, ACE-2, pregnancy, glucocorticoids	19-Jan-21	Letter to the editor re: Coronavirus disease 2019 in pregnancy was associated with maternal morbidity and preterm birth	American Journal of Obstetrics and Gynecology	Letter to the Editor	This article emphasizes the possibility of preterm labor caused by SARS-CoV-2, despite being reported otherwise in an article by Sentilhes et al. ACE-2 receptors are expressed in the uterus, placenta, and ovary, mainly during mid- to late gestational age. SARS-CoV-2 in circulation can reach the reproductive tract and downregulate ACE-2 and its vasodilatory products--angiotensins--leading to uterine contractions and preterm birth. Several previously normotensive pregnant women with COVID-19 have presented with pre-eclampsia, which may be associated with low levels of angiotensin. A healthy pregnancy is associated with a high T regulatory (Treg)/Th-17 ratio. Treg lymphocytes maintain fetal tolerance and reduce immune response, while Th-17 rejects fetal allograft. Low Treg/Th17 ratio has been found in pregnant women with pre-eclampsia, abortion, and preterm birth, and also in severe cases of COVID-19. Glucocorticoid administration remains the common standard practice in anticipated preterm birth; however, glucocorticoids have been found to be associated with reduced ACE-2 expression and vasodilatory angiotensin 1-7 in animal studies, thus augmenting preterm birth. The authors conclude that glucocorticoids should be administered with caution in pregnant women with COVID-19.	This article emphasizes the possibility of preterm labor caused by SARS-CoV-2 due to the increased expression of ACE-2 receptors in the uterus, placenta, and ovary during mid- to late gestational age. Glucocorticoids need to be administered with caution for pregnant women with COVID-19, since they could induce preterm birth.	Al-Lami RA, Alrammahi AM, Algburi AMA. Letter to the editor re: Coronavirus disease 2019 in pregnancy was associated with maternal morbidity and preterm birth. Am J Obstet Gynecol. 2021;S0002-9378(21)00030-2. doi:10.1016/j.ajog.2021.01.007
severe sinus bradycardia, remdesivir, children, COVID-19, cytokine storm	19-Jan-21	Severe sinus bradycardia associated with remdesivir in a child with severe SARS-COV-2 infection—reply	European Journal of Pediatrics	Letter to the Editor	This letter responds to the comments of Sanchez-Codez et al., regarding the authors' article on compassionate use of remdesivir (RDV) in children with COVID-19. Mild sinus bradycardia in a 13-year-old boy described in Sanchez-Codez et al.'s letter was assumed to be an adverse effect of remdesivir. Although studies have been limited regarding the safety of COVID-19 drugs for children, cardiac side effects were found to be rare and less common in patients receiving RDV than those receiving placebo (5.8% vs. 14.8% [p-value not reported here]). Therefore, it is hard to conclude that RDV is a cause of the reported bradycardia. Moreover, myocardial damage might be caused directly by SARS-CoV-2 as it enters the cardiomyocytes via ACE-2 receptors and induces cytokine storm or hypoxemia. Some small series have reported mild arrhythmia in approximately 16% of children with COVID-19. Given that some children with COVID-19 have underlying heart diseases, electrocardiography is critical to determine the etiology of heart conditions in these patients.	This letter responds to the comments of Sanchez-Codez et al., regarding the authors' article on compassionate use of remdesivir (RDV) in children with COVID-19. The authors argue the lack of evidence to conclude that RDV causes bradycardia in children with COVID-19.	Mendez-Echevarria A, Sándor-Bajusz KA, Calvo C. Severe sinus bradycardia associated with remdesivir in a child with severe SARS-COV-2 infection—reply. Eur J Pediatr. 2021;1-2. doi:10.1007/s00431-021-03952-0
COVID-19, gestation, maternal characteristics, maternal-perinatal morbidity and mortality, maternal-	19-Jan-21	The Profile of the Obstetric Patients with SARS-CoV-2 Infection According to Country of Origin of the Publication: A Systematic	Journal of Clinical Medicine	Systematic Review	This systematic review describes the maternal and neonatal outcomes of pregnant women infected with SARS-CoV-2 in order to analyze the characteristics of obstetric patients according to the country of origin of the publication. Two databases, PubMed/MEDLINE and Web of Science were searched 28 September 2020, and identified a total of 38 articles with 2670 patients from 7 countries for comparison: China, USA, France, UK, Spain, Italy, and Portugal. The study looked at maternal characteristics, maternal management, and maternal-perinatal outcomes. The results showed that the average patient was	This systematic review describes the maternal and neonatal outcomes of pregnant women infected with SARS-CoV-2 in order to analyze the characteristics of obstetric patients according to the country of origin of the publication.	Cuñarro-López Y, Pintado-Recarte P, Cueto-Hernández I, et al. The Profile of the Obstetric Patients with SARS-CoV-2 Infection According to Country of Origin of the Publication: A Systematic Review of the Literature. J

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perinatal outcomes, systematic review, pregnancy		Review of the Literature			31.4 years of age [range not reported] and a median gestational age of 34.1 weeks. Up to 2170 patients (81.3%) presented with subjective SARS-CoV-2 symptoms in the hospital, 71.3% had clinical findings and/or radiological imaging consistent with pneumonia, and the median maternal ICU admission was about 6.1%. The proportion of cesarean section delivery in all the pregnant women was 67.1%, and the maternal median mortality was 2 per 1000. Regarding perinatal data, 21.6% were premature births, and perinatal mortality was 2 per 1000. The authors concluded that pregnant women infected with SARS-CoV-2 were more likely to have higher median age, have baseline and pregnancy comorbidities, mainly symptomatic during the third trimester of pregnancy, and require hospitalization and maternal therapy. However, ICU admission was found to be low and maternal and neonatal mortality were found to be very rare. This information can be helpful in understanding how different countries have approached the maternal and perinatal health during the pandemic and to identify effective healthcare strategies.		Clin Med. 2021;10(2):360. Published 2021 Jan 19. doi:10.3390/jcm10020360
Infertility, fertility treatment, mental health, reproduction, women, pregnancy	19-Jan-21	Suspension of fertility treatment during the COVID-19 pandemic: Views, emotional reactions and psychological distress among female fertility patients	Reproductive BioMedicine Online	Original Research	To assess patients' reactions towards fertility treatment suspension during the COVID-19 pandemic, the authors conducted a cross-sectional study in a fertility center in Toronto, Canada from April 18-23, 2020. Online questionnaires were distributed to patients whose treatment cycle had been postponed/discontinued. Outcome measures included (a) Agreement with the reproductive society guidelines to postpone treatments (b) Willingness to resume treatments (c) Patients' emotional reactions (d) Psychological distress level, measured by the Mental Health Inventory validated scale. 181 women completed the survey (response rate 40%) with a mean age of 37.7 years (range 29-54 years). Women with higher income (>110,000 Canadian dollars annually) were more likely to disagree with the reproductive guidelines than those with lower income (56/110, 50% vs. 14/51, 27%, $\chi^2 = 7.8$, $p < 0.01$). A greater proportion of women age 35-40 years were willing to resume treatments compared to other age groups ($\chi^2 = 6.7$, $p < 0.05$). Participants expressed feelings of sadness (66%), anxiety (60%) and helplessness (60%). COVID-19 related anxiety and disagreement with treatment suspension were found to be significantly associated with patients' psychological distress ($p < 0.01$ and $p = 0.03$, respectively). The authors conclude that fertility treatment suspension was associated with negative emotional reactions, and COVID-19 related anxiety was significantly associated with psychological distress among female fertility patients.	In this article, the authors assessed the impact of fertility treatment suspension on patients whose treatment was postponed or discontinued at a fertility center Canada. Participants expressed feelings of sadness (66%), anxiety (60%) and helplessness (60%). COVID-19 related anxiety and disagreement with treatment suspension were significantly associated with patients' psychological distress.	Haham LM, Youngster M, Shani AK, et al. Suspension of fertility treatment during the COVID-19 pandemic: Views, emotional reactions and psychological distress among female fertility patients [published online, 2021 Jan 19]. <i>Reprod Biomed Online</i> . 2021;doi:10.1016/j.rbmo.2021.01.007
COVID-19; SARS-CoV-2; antiviral; breastfeeding; pregnancy	19-Jan-21	COVID-19 Treatment: Drug Safety Prior to Conception and During Pregnancy and Breastfeeding	Geburtshilfe und Frauenheilkunde	Review	This review summarizes literature on the safety of therapies used to treat COVID-19 during pregnancy and lactation, including information on each treatment's mechanism of action against SARS-CoV-2 infection and COVID-19 complications. Chloroquine/hydroxychloroquine (CQ/HCQ), Lopinavir-ritonavir, Oseltamivir, Azithromycin, corticosteroids, Colchicine, Niclosamide, Heparin, Vitamin C, Vitamin D, Zinc, and Quercetin are considered safe for use during pregnancy.	This review summarizes literature on the safety of a list of drugs used to treat COVID-19 during pregnancy and lactation, including information on each treatment's mechanism of	Cavalcante MB, Cavalcante CTMB, Braga ACS, et al. COVID-19 Treatment: Drug Safety Prior to Conception and During Pregnancy and Breastfeeding. <i>Geburtshilfe Frauenheilkd</i> .

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					However, the authors make the following notes: some medical societies consider CQ/HCQ to have some risk during pregnancy, Oseltamivir's safety recommendation is based only on observational studies, and some authors warn of the risk of cleft lip with or without cleft palate with corticosteroids. Remdesivir has shown no adverse effect on embryo-fetal development in animals but remains under investigation in humans. The authors recommend the following drugs be discontinued during pregnancy: Sirolimus, Tocilizumab (in light of conflicting guidance), Thiazolidinedione, and Ivermectin. Anakinra should be used in pregnant patients only if there are no other options, but should be avoided in lactating patients. CQ/HCQ, Lopinavir-ritonavir, Oseltamivir, Azithromycin, corticosteroids, Colchicine, Niclosamide, Heparin, Vitamin C, Vitamin D, Zinc, and Quercetin are considered compatible with breastfeeding. Remdesivir is currently under investigation for use in lactating patients. The authors recommend either discontinuation of treatment or nursing for the following drugs: Sirolimus, Tocilizumab, Thiazolidinedione, and Ivermectin. No data exist for the safety of Umifenovir, Favipiravir, or hyperimmunized plasma in pregnant or lactating patients.	action against SARS-CoV-2 infection and COVID-19 complications.	2021;81(1):46-60. doi:10.1055/a-1247-5271
COVID-19; care delivery; pediatric; diabetes; United States; Australia; Sweden; China; India	19-Jan-21	Changes to Care Delivery at Nine International Pediatric Diabetes Clinics in Response to the COVID-19 Global Pandemic	Pediatric Diabetes	Article	This study explored provider perceptions of COVID-19-related care delivery adaptations and challenges for providers and patients across 9 pediatric diabetes clinics in 5 countries: United States (n=5), Australia (n=1), Sweden (n=1), China (n=1), and India (n=1). Between May-August 2020, providers completed a questionnaire about clinic adaptations, including roles, care delivery methods, and provider and patient concerns and challenges. A rapid qualitative analysis approach was used to identify main themes. Providers described adaptations within multiple domains of care delivery, including provider roles and workload, clinical encounter and team meeting format, care delivery platforms, self-management technology education, and patient-provider data sharing. Patient-related challenges included fears regarding telemedicine efficacy, blood glucose and insulin pump/pen data sharing challenges, and delayed care-seeking. Particular concern was expressed about already vulnerable patients. Aspects of adaptations perceived as having potential to inform care and self-management recommendations going forward included time-saving clinic processes, telemedicine, lifestyle changes compelled by COVID-19, and improvements to family and clinic staff literacy around data sharing. To develop quality care during COVID-19, providers emphasized the importance of generating evidence about which in-person or telemedicine processes were most beneficial for specific care scenarios, and incorporating the unique care needs of the most vulnerable patients.	This survey-based qualitative study explored provider perceptions of COVID-19-related care delivery adaptations and challenges for providers and patients across 9 pediatric diabetes clinics in United States, Australia, Sweden, China, and India. Providers described adaptations in provider roles and workload, clinical encounter and team meeting format, care delivery platforms, self-management technology education, and patient-provider data sharing. Providers emphasized the importance of generating evidence about which in-person or telemedicine processes were most beneficial for specific care scenarios, and incorporating the unique care needs of the most vulnerable patients.	Cristello Sarteau A, Souris KJ, Wang J, et al. Changes to Care Delivery at Nine International Pediatric Diabetes Clinics in Response to the COVID-19 Global Pandemic. <i>Pediatr Diabetes</i> . 2021. doi:10.1111/pedi.13180.

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saliva viral load; nasopharyngeal viral load; COVID-19; SARS-CoV-2; hospital length of stay; immunology; children; pediatric	19-Jan-21	Saliva Viral Load Better Correlates with Clinical and Immunological Profiles in Children with Coronavirus Disease 2019	Emerging Microbes and Infections	Research Article	This study aimed to determine the relationships between the clinical symptoms, immunological profiles, nasopharyngeal swabs (NPS) and saliva viral loads, and hospital length of stay (LOS) in children with COVID-19. The authors collected NPS and saliva samples for 91 children (mean 9.01, range 0.1-18 years) admitted to 2 hospitals in Hong Kong between March 12-August 8, 2020, and 30.8% were asymptomatic. Symptomatic patients discharged before July 6, 2020, had significantly longer LOS (27.1 vs. 16.3 days, $p=0.024$), but there were no significant differences in LOS after July 6, 2020. NPS and saliva viral loads were significantly correlated ($r=0.315$, $p=0.01$), and symptomatic patients had significantly higher NPS and saliva viral loads than asymptomatic patients. Serial NPS and saliva viral load measurements showed that the log ₁₀ NPS ($r=-0.532$, $p<0.001$) and saliva ($r=-0.417$, $p<0.001$) viral loads for all patients were inversely correlated with the days from symptom onset. Patients with cough, sputum, and headache had significantly higher saliva, but not NPS, viral loads. Higher saliva, but not NPS, viral loads were associated with total lymphopenia, CD3 and CD4 lymphopenia, and were inversely correlated with total lymphocyte ($r=-0.43$), CD3 ($r=-0.55$), CD4 ($r=-0.60$), CD8 ($r=-0.41$), B ($r=-0.482$), and NK ($r=-0.416$) lymphocyte counts. The authors concluded that saliva viral load appeared to correlate better with clinical symptoms, hospital LOS and immunological profiles than NPS viral load.	The authors collected nasopharyngeal swabs (NPS) and saliva samples for 91 children (mean 9.01, range 0.1-18 years) admitted to 2 hospitals in Hong Kong between March 12-August 8, 2020, to determine the relationships between the clinical symptoms, immunological profiles, viral loads in NPS and saliva, and hospital length of stay (LOS) in children with COVID-19. The authors determined that saliva viral loads appeared to correlate better with clinical symptoms, hospital LOS and immunological profiles than NPS viral load.	Chua GT, Wong JS, To KK, et al. Saliva Viral Load Better Correlates with Clinical and Immunological Profiles in Children with Coronavirus Disease 2019 [published online 2021 Jan 19]. Emerg Microbes Infect. 2021;1-25. doi:10.1080/22221751.2021.1878937
COVID-19; school reopening; remote learning; children; United States	19-Jan-21	Factors Associated with Initial Public School Reopening Plans During the US COVID-19 Pandemic: A Retrospective Study	Journal of General Internal Medicine	Article	This retrospective study used public data to characterize the COVID-19 burden and school and county characteristics associated with initial school district 2020–2021 re-opening decisions (hybrid versus remote) and the initial duration of remote learning (number of weeks) in North Carolina, United States. Among 115 school districts, 43% ($n=50$) initially selected hybrid learning approaches for school re-opening. 57% ($n=65$) selected initial remote-only learning, of which 32 districts planned to reopen or reassess in <9 weeks. Areas with a high proportion of Black residents had increased odds (OR=5.3, 95% CI=1.0, 26.8, $p<0.05$) and longer duration (2.3 weeks longer, 95% CI=1.1, 3.6, $p<0.001$) of remote learning, while Republican voting areas had decreased odds (OR=0.2, CI=0.1, 0.7, $p<0.01$) and shorter duration (3.8 weeks shorter, CI=-4.6, -2.9, $p<0.001$). County COVID-19 case and death rates were not significantly associated with the odds of remote-only learning. For districts starting as remote-only, higher local COVID-19 cumulative death rates were associated with longer duration (3.6 weeks longer, 95% CI=1.6, 5.5, $p<0.001$), while higher 14-day case rates were associated with shorter duration (0.5 weeks shorter, 95% CI=-0.9, -0.1, $p<0.01$) of remote learning. Larger proportions of students receiving free/reduced lunch were associated with shorter duration (4.1 weeks shorter, 95% CI=-6.6, -1.6, $p<0.01$) of remote learning.	This retrospective study used public data to characterize the COVID-19 burden and school and county characteristics associated with initial school district 2020–2021 re-opening decisions (hybrid versus remote) and the initial duration of remote learning (number of weeks) in North Carolina, United States. Socio-demographic factors, such as Black race and free lunch eligibility, were associated with remote learning choices.	Kaufman BG, Mahendratnam N, Nguyen TV, et al. Factors Associated with Initial Public School Reopening Plans During the US COVID-19 Pandemic: a Retrospective Study. J Gen Intern Med. 2021;1-3. doi:10.1007/s11606-020-06470-1.
COVID-19; Multisystem inflammatory syndrome	19-Jan-21	COVID-19-related cytokine and information storm:	Archivos Argentinos de Pediatría	Editorial comment	This editorial comment responds to the article by Taffarel et al., which reported 2 clinical cases of COVID-19-related multisystem inflammatory syndrome (MIS) in children. The author of the comment states that further knowledge regarding MIS based on clinical features,	This editorial comment highlights 2 aspects of multisystem inflammatory syndrome (MIS) in children	Katsicas MM. COVID-19-related cytokine and information storm: considerations regarding

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(MIS); pediatric treatment decision making		Considerations regarding multisystem inflammatory syndrome in children			severity-associated factors, and therapeutic interventions is essential for timely diagnosis and early treatment. This editorial comment emphasizes 2 points. Firstly, the author discusses the shared clinical characteristics of MIS and Kawasaki disease (KD). European studies have reported a 30-fold increased incidence of KD during the COVID-19 pandemic, compared to historical (pre-pandemic) data from the same time of year. The pathophysiology of these severe presentations can lead to the so-called cytokine storm, which if understood, could ultimately guide treatment. Secondly, the author reviews the temporal relationship between SARS-CoV-2 infection and the development of MIS. Evidence of current or past infection should be considered in therapeutic decision-making. Finally, this editorial comment emphasizes that the use of IV gammaglobulin, corticosteroids, and biological agents should be considered for managing critically ill patients with MIS. The author states that further knowledge, the creation of specialized decision making teams, and the development of guidelines will allow for improved quality of care for critically ill children with MIS.	with COVID-19. Firstly, MIS and Kawasaki disease share clinical characteristics. MIS patients can develop a cytokine storm, which if understood, can guide treatment. Secondly, current or past SARS-CoV-2 infection should be considered in therapeutic decision making.	multisystem inflammatory syndrome in children. Arch Argent Pediatr. 2021 Feb;119(1):4-5. English, Spanish. doi: 10.5546/aap.2021.eng.4. PMID: 33458972.
COVID-19; lockdown; maternity harassment; mental health; pregnancy discrimination; pregnant employees	19-Jan-21	Association between maternity harassment and depression during pregnancy amid the COVID-19 state of emergency	Journal of Occupational Health	Original Research	The authors performed a cross-sectional study from May 22-31, 2020, on the association of maternity harassment (MH) and depression in pregnancy, during the COVID-19 state of emergency in Japan. They conducted a web-based survey of pregnant employed women (from a previously assembled cohort) who were >8 weeks' gestation at baseline, or women who had been working when the pregnancy was confirmed (n=359). They found that 24.8% of respondents had ever experienced >1 harassment episode related to pregnancy, including mental harassment (10.4%), suggested dismissal (8.4%), restriction from using benefits related to pregnancy, childbirth, and childcare (6.1%), dismissal (1.4%), termination of employment contract (1.7%), and forced resignation (3.3%). Pregnant employees who had experienced MH were more likely to have depression than those who had not (OR 2.66, 95% CI: 1.61-4.37, p<0.05), the odds of which remained significant after being adjusted for age (OR 2.73, 95% CI 1.65-4.53, p<0.05) and for all co-variables (OR 2.48, 95% CI 1.34-4.60, p<0.05), including demographics, work status, and pregnancy variables. The authors also found that about half the participants did not know whether their employer takes measures to prevent MH. Additionally, they found that the MH-depression association was independent of stress caused by the COVID-19 pandemic.	In this survey during the COVID-19 pandemic, the authors determined that pregnant women in Japan who experienced maternity harassment (MH) had significantly higher odds of depression than those who had not. However, approximately half the women surveyed were unsure whether their employer takes measures to prevent MH. Additionally, the authors found that the MH-depression association was independent of stress caused by the COVID-19 pandemic.	Kachi Y, Fujiwara T, Eguchi H, et al. Association between maternity harassment and depression during pregnancy amid the COVID-19 state of emergency. J Occup Health. 2021 Jan;63(1):e12196. doi: 10.1002/1348-9585.12196. PMID: 33470006.
COVID-19; child abuse; sexual abuse; isolation; school closures	18-Jan-21	Child sexual abuse and COVID-19 pandemic: another side effect of lockdown in Morocco	Pan African Medical Journal	Letter to the Editor	In this letter to the editor, the authors discuss an increase in the number of child abuse cases observed in a pediatric Emergency Department in Rabat, Morocco during the period of March 30 - June, 2020. Social isolation has been found to be a risk factor for child abuse; in the past, it has been shown that during vacations or in times surrounding natural disasters, child abuse is more common. During the period of school closures at the beginning of the COVID-19 pandemic, 14 children who were victims of sexual abuse presented to the	The authors discuss an increase in the number of child abuse cases observed in a pediatric Emergency Department in Rabat, Morocco March 30 - June, 2020. The authors suggest that in periods of social isolation, cases of	Mekaoui N, Aouragh H, Jeddi Y, Rhalem H, Dakhama BSB, Karboubi L. Child sexual abuse and COVID-19 pandemic: another side effect of lockdown in Morocco. Pan Afr Med J. 2021;38:57.

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					Children’s Hospital of Rabat. This was 2.3 times the number of children who presented during the same period in 2019, and still is likely underestimated due to challenges accessing medical care during the pandemic. Most victims were <13 years old and 7 victims were <5 years. Parents and extended family were most often responsible for the cases of abuse. The majority of patients reported predominance of touching over sexual penetration; 30% of victims presented with either gastro-intestinal symptoms or an abnormality on anogenital exam. The authors suggest that in periods of social isolation, cases of child abuse increase; current reporting systems for abused children are not optimal and further measures need to be implemented for active screening for sexual assaults of minors.	child abuse increase; current reporting systems for abused children are not optimal and further measures need to be implemented for active screening for sexual assaults of minors	Published 2021 Jan 18. doi:10.11604/pamj.2021.38.57.27385
COVID-19, MIS-C, clinical treatment	18-Jan-21	COVID-19-related multisystem inflammatory syndrome in children: The plot thickens!	Journal of Anaesthesiology, Clinical Pharmacology	Letter to the Editor	This letter to the editor is in response to the review by Jain et al. (2020): “What a pediatric anesthesiologist should know about COVID-19.” The authors point out that although the review is comprehensive, pediatric anesthesiologists should reflect on the cautions surrounding MIS-C noted by Ahmed et al. (2020): “Multisystem inflammatory syndrome in children: A systematic review,” and Feldstein et al. (2020): “Multisystem inflammatory syndrome in U.S. children and adolescents.” The letter presents 5 caveats from these articles: (1) MIS-C can be difficult to differentiate from other pediatric febrile illnesses (e.g. Kawasaki disease, toxic shock syndrome); (2) as many as 71% of children with MIS-C in Ahmed et al. (2020) were admitted to the ICU, with an associated 1.7% mortality rate; (3) MIS-C was strongly associated with hyper-inflammatory shock; (4) many cases of MIS-C presented with abnormal coagulation and cardiac biomarkers; and (5) cardiovascular abnormalities were seen in up to 80% of cases, with 8.1% presenting coronary artery aneurysms and 16.3% presenting acute kidney injury. The authors conclude that MIS-C is potentially dangerous, and early recognition and a multi-disciplinary approach are essential to treat cases.	This letter to the editor is in response to the review by Jain et al. (2020): “What a pediatric anesthesiologist should know about COVID-19.” The authors present 5 caveats from other papers concerning MIS-C and conclude that MIS-C is potentially dangerous, and early recognition and a multi-disciplinary approach are essential to treat cases.	Kohli JK, Magoon R, ItiShri, et al. COVID-19-related multisystem inflammatory syndrome in children: The plot thickens!. J Anaesthesiol Clin Pharmacol. 2020;36(4):571-573. doi:10.4103/joacp.JOACP_543_20
COVID-19; children; households; education; United States	18-Jan-21	Covid-19 shocks to education supply: how 200,000 U.S. households dealt with the sudden shift to distance learning	Review of Economics of the Household	Article	This study examined the sudden shift to distance learning for children in the United States due to the COVID-19 pandemic, using data from the U.S. Census Bureau’s Household Pulse Survey. Conducted weekly from April-July 2020, the survey tracked COVID-related shocks to employment, health, food and housing security, and education. Data on 200,000 households with children in grades Kindergarten-12 [data on children’s age not included] were analyzed. The results show that parents and children spent significantly more time in learning activities when their schools provided diversified educational inputs (online, paper, other modes), especially live contact time with teachers (p<0.001). Live contact hours also facilitated children learning on their own (p<0.001). Less educated parents spent no less time helping children than better educated parents, although they faced more problems with computer and internet access. Thus, parents generally tried to help children continue learning in the pandemic, albeit with	This study examined the sudden shift to distance learning for children in the United States due to the COVID-19 pandemic, using data from the U.S. Census Bureau’s Household Pulse Survey. Parents generally tried to help children continue learning in the pandemic, albeit with potentially wide variation in the resources they could supply to mitigate the drop in learning.	Bansak C, Starr M. Covid-19 shocks to education supply: how 200,000 U.S. households dealt with the sudden shift to distance learning. Rev Econ Househ. 2021:1-28. doi:10.1007/s11150-020-09540-9.

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					potentially wide variation in the resources they could supply to mitigate the drop in learning.		
Novel coronavirus, Gaucher's disease, Congenital neutropenia, Kostmann Disease, Cavitation, Chest CT	18-Jan-21	Pediatric with Gaucher disease and Covid-19: Case report of uncommon manifestation of Covid-19 in chest CT	Visual Journal of Emergency Medicine	Case Report	This is a case of a 2-year-and-8-month-old girl with type-1 Gaucher disease (GD) and Kostmann Syndrome (severe congenital neutropenia), who presented with fever and cough on April 27, 2020, in Iran. Laboratory examination showed elevated C-reactive protein and erythrocyte sedimentation rate. Her chest X-ray and CT scan revealed right lobar consolidation with central cavitation. PCR assay was positive for COVID-19, and the blood culture test was negative. She received enzyme replacement therapy, hydroxychloroquine, and azithromycin. She was discharged after 7 days, and the lesion resolved entirely on follow-up one month after discharge. The authors state that this case demonstrates chest CT scan as an important non-invasive diagnostic tool to quickly diagnose COVID-19. The presence of GD with enzyme replacement therapy may be a modulating factor in the clinical course of severe congenital neutropenia. One case of co-existence of type-3 GD and severe congenital neutropenia was reported in 2019. Research indicates that GD might increase the risk of SARS-CoV-2 infection. Atypical manifestations of COVID-19 may occur in patients with GD, and they may experience severe neutropenia, as these metabolic and immuno-deficiency diseases lead to cytokine secretion and involve myeloid cells.	This is a case of a 2-year-and-8-month-old girl in Iran with type-1 Gaucher disease and Kostmann Syndrome (severe congenital neutropenia), who tested positive for SARS-CoV-2 in April 2020. The authors state that chest CT scan is an important non-invasive and efficient diagnostic tool to diagnose COVID-19.	Khalili M, Baeis MG, Saneifard H, et al. Pediatric with Gaucher Disease and Covid-19: Case Report of Uncommon Manifestation of Covid-19 in Chest Ct. Vis J Emerg Med. 2021 Jan 18. doi:10.1016/j.visj.2021.10.0966
SARS-CoV-2, coronaviruses, COVID-19, cross-reactive immunity	18-Jan-21	Cross-Immunization Against Respiratory Coronaviruses May Protect Children From SARS-CoV2: More Than a Simple Hypothesis?	Frontiers in Pediatrics	Article	The authors discuss their hypothesis that cross-immunization conferred from previous exposures to other common respiratory coronaviruses may contribute to a relatively low prevalence of severe COVID-19 in children and younger adults. They analyzed the genetic identity similarities (amino acid alignment) of several human coronaviruses compared to SARS-CoV-2, including both alpha and beta coronaviruses: SARS-CoV, HCoV-HKU1, HCoV-OC43, HCoV-NL63, HCoV-229E, and MERS-CoV. The authors observed a statistically significant similarity in genomic and protein sequences of SARS-CoV-2 and other beta coronaviruses. This homology could be consistent with the formation of some antibodies directed against respiratory coronaviruses, which can protect, albeit partially, against SARS-CoV-2 infection. Since coronavirus infection usually occurs in the early years of life and the immune response from a coronavirus is not maintained for a long time, this could explain resistance in children but not in the elderly. The authors hypothesize that previous infections from other beta coronaviruses may confer partial protection from SARS-CoV-2 through some degrees of cross-immunity, especially in pediatric patients. Hence, the onset of cross-reactivity among the different beta coronaviruses may play an important role in attenuating disease severity and clinical impact on children. This cross-immunity may be increased by measles/mumps/rubella vaccinations through an important homology of some rubella and paramyxovirus proteins with the SARS-CoV-2 S protein. Epidemiological studies, including serological	The authors examined the hypothesis that cross-immunization conferred from previous exposures to other common respiratory coronaviruses may contribute to a relatively low prevalence of severe COVID-19 in children and younger adults through genetic analyses. Findings showed a statistically significant similarity in the genomic and protein sequences of SARS-CoV-2 and other beta coronaviruses. The authors suggest that cross-immunity against SARS-CoV-2 infection may be driven by children's exposure to beta coronaviruses and Pediatrics enhanced by measles/mumps/rubella vaccination.	Piccaluga PP, Malerba G, Navari M, et al. Cross-Immunization Against Respiratory Coronaviruses May Protect Children From SARS-CoV2: More Than a Simple Hypothesis?. Front Pediatr. 2021;8:595539. Published 2021 Jan 18. doi:10.3389/fped.2020.595539

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2019-nCoV; COVID-19; SARS-CoV2; children; coronavirus; prevalence	18-Jan-21	Covid-19 in Children and Young Adolescents in Al Ain, United Arab Emirates- a Retrospective Cross-Sectional Study	Frontiers in	Original Research	and antibody analyses, will be important to understanding children's relative resistance to SARS-CoV-2 infection. The authors conducted a retrospective single-center study of 288 children (mean age 7.3 years, range 1 month-16.9 years) admitted to a hospital in Al Ain City, United Arab Emirates, with confirmed SARS-CoV-2 infection from March 1-May 31, 2020 to describe their clinical presentation, laboratory features, complications, and outcomes. The age-specific point prevalence was the highest in children <5 years (mean 2.0 per 1,000) and decreased progressively to 0.6 per 1,000 in those older than 14 years. 74% of children had been exposed to a family member with suspected or confirmed COVID-19. 67% of children were hospitalized, and the median length of hospital stay was 3.3 days. Asthma was the most frequent comorbidity (13%). The most common symptoms were cough (45%), upper respiratory tract infection (32.3%), and lower respiratory tract infection (9.7%). None of the children presented with acute respiratory distress syndrome, neurological symptoms, sepsis, or septic shock. Neutropenia (absolute neutrophil count or ANC $1.5 \times 10^9/L$) was observed in 10.4% and thrombocytopenia (<math><150</math> platelets $\times 10^9/L</math>) in 72% of children. 9% of children had abnormal chest X-ray and chest CT. None of the children required invasive respiratory support, but 1.4% required noninvasive respiratory support. The authors conclude that the results confirm previous reports of mild COVID-19 in children, even in those with comorbidities, and the age-standardized prevalence was higher in children (<5 years) compared to young adolescents.$	The authors conducted a retrospective study of 288 children with SARS-CoV-2 infection in the United Arab Emirates to describe their clinical presentation, laboratory features, complications, and outcomes. The authors conclude that the results confirm previous reports of mild COVID-19 in children, even in those with comorbidities, and age-standardized prevalence was higher in children (<5 years) compared to young adolescents.	Elghoudi A, Aldhanhani H, Ghatasheh G, Sharif E, Narchi H. Covid-19 in Children and Young Adolescents in Al Ain, United Arab Emirates- a Retrospective Cross-Sectional Study. <i>Front Pediatr.</i> 2021;8. Published 2021 Jan 18. doi:10.3389/fped.2020.603741
SARS-CoV-2; standards of evidence: children; COVID-19; validation	18-Jan-21	Re: Case Reports and systematic review suggest that children may experience similar long-term effects to adults after clinical COVID-19	Acta Paediatrica	Letter to the Editor	In this letter to the editor, the authors respond to an article by Ludvigsson published in Acta Paediatrica, which is a case series of 5 children [no age defined] from Sweden with symptoms compatible with SARS-CoV-2 infection. The authors question whether measures were taken to validate the reporting by the parents of the 5 children. As the authors note, parents' explanations for illnesses can differ from the treating physician's explanation. Relying only on the reporting by parents may not be an accurate account of an illness. Secondly, the authors are concerned about the time frame of the antibody tests performed after the illness's initial symptoms began. It is noted that none of the children in the case series had positive SARS-CoV-2 via PCR testing due to Swedish national policy. However, 4 of the children also tested negative for antibodies of SARS-CoV-2 using routine serology methods. The authors are concerned that these 4 children may not have ever had SARS-CoV-2 due to most people having measurable antibodies in large scale testing data from Iceland. The authors conclude that no matter the illness, they have deep sympathy for the families of those suffering but that standards of evidence must be as strong during the COVID-19 pandemic as ever.	In this letter to the editor, the authors respond critically to an article by Ludvigsson published in Acta Paediatrica, which is a case series of 5 children from Sweden with symptoms compatible with SARS-CoV-2.	Peny V, Valind A. Re: Case Reports and systematic review suggest that children may experience similar long-term effects to adults after clinical COVID-19 [published online ahead of print, 2021 Jan 18]. <i>Acta Paediatr.</i> 2021;10.1111/apa.15764. doi:10.1111/apa.15764

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COVID-19; Children; Reopening; SARS-CoV-2; Schools	18-Jan-21	Reopening Schools and the Dynamics of SARS-CoV-2 Infections in Israel: A Nationwide Study	Clinical Infectious Disease	Original Research	The authors retrospectively investigated the effects of school re-opening and easing of social distancing restrictions on SARS-CoV-2 infections in Israel, between March-July 2020. During 2 waves of COVID-19, schools were closed March 14 and re-opened by May 17. Daily counts of COVID-19 cases and fatalities attributed to COVID-19 were obtained from the Ministry of Health. The population was stratified into 2 pediatric age groups (0-9 and 10-19 years); and 3 adult age groups (20-39, 40- 59, and >60 years). Positivity rate ratios (RRs) of samples obtained 21-27 days following school re-opening, relative to positivity rates prior to openings, were higher for the age groups 40-59 (RR: 4.72, 95% CI: 3.26 - 6.83), 20-39 (RR: 3.37, 95% CI: 2.51 - 4.53), and >60 years (RR: 2.75, 95% CI: 1.88 - 4.01), but not for children aged 0-9 (RR: 1.46, 95% CI: 0.85 - 2.51) and 10-19 years (RR: 0.93, 95% CI: 0.65 - 1.34). No increase was observed in COVID-19-associated hospitalizations and deaths following school re-opening. In contrast, a significant increase in hospitalizations (risk ratio: 3.95, 95% CI: 3.2-4.8, [p-value not provided]), and in mortality (risk ratio: 4, 95% CI: 1.9-8.3, p<0.0001) occurred at 21-28 days and 28-34 days, respectively, following the lifting of restrictions to attend large-scale social events on June 12, 2020. The authors state that this analysis does not support a major role of school re-opening in the resurgence of the COVID-19 curve in Israel. They claim that easing restrictions on large scale gatherings was the major influence on this resurgence.	The authors use national data from Israel to suggest that school re-opening during May 2020 had a limited effect on SARS-CoV-2 infection rate in children and adults, and that it was not a major contributor to increased SARS-CoV-2-attributed mortality. On the other hand, this analysis suggests that easing of restrictions on large-scale gatherings may have been related to the resurgence of the COVID-19 epidemic in Israel, and may explain the observed increase in incidence and positivity rates of samples for all age groups, and increased hospitalizations and mortality.	Somekh I, Shohat T, Boker LK, et al. Reopening Schools and the Dynamics of SARS-CoV-2 Infections in Israel: A Nationwide Study. Clin Infect Dis. 2021 Jan 18. doi: 10.1093/cid/ciab035.
COVID-19; SARS-CoV-2; children; adolescents; lockdown; school	18-Jan-21	Prevalence of COVID-19 Among Children and Adolescents While Easing Lockdown Restrictions in Cologne, North Rhine-Westphalia, Germany	Klinische Padiatrie	Original Research	This study retrospectively analyzed the prevalence of COVID-19 among 0-18 year-olds during the re-opening of schools/day care facilities in Cologne, North Rhine-Westphalia, Germany. When schools and day care facilities were closed on March 16, case numbers continued to rise in Cologne and peaked on April 5. Thereafter, case numbers declined despite the first re-openings of schools. Partial opening of schools started on April 23, and re-openings gradually continued in a step-wise fashion until kindergartens and day care facilities were re-opened on June 8, 2020, all while maintaining hygiene and contact measures. Case numbers remained stable for 4 weeks after all forms of schools and day care had been opened. Data for this study were collected from local primary care pediatricians between April 14th – June 26, 2020. Testing for SARS-CoV-2 was performed by naso- and/or oropharyngeal swabs in children <18 years old (range 3-17.9 years, median 4.9 years) with mild respiratory tract infections. The authors analyzed 525 cases from 23 departments. Only 3 tests (0.6%) were positive for SARS-CoV-2. None of the patients had known contacts with SARS-CoV-2. The authors conclude that the re-opening of schools and day care facilities did not lead to an increase of the COVID-19 prevalence in Cologne.	This study shows that a slow step-wise opening of schools and day care facilities, while maintaining hygiene and contact measures, was not associated with increased COVID-19 prevalence among a sample of children and adolescents in Cologne, Germany.	Körner RW, Weber LT. Prevalence of COVID-19 Among Children and Adolescents While Easing Lockdown Restrictions in Cologne, North Rhine-Westphalia, Germany. Klin Padiatr. 2021 Jan 18. English. doi: 10.1055/a-1341-9530.

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COVID-19; Family cluster; Infant; Serum antibodies; fecal-oral transmission; breast milk	18-Jan-21	Epidemiological investigation of a COVID-19 family cluster outbreak transmitted by a 3-month-old infant	Health Information Science and Systems	Original Research	The authors reported clinical and epidemiological characteristics surrounding a family outbreak cluster from January -June 2020, initiated by a 3-month-old, in Hainan province in Southern China. The attack rate of this family cluster outbreak was 80% (4/5). Patient A (infant) became the first confirmed COVID-19 case in this family, after unprotected swimming in a pool in Wuhan on January 20, 2020. Throat swabs, sputum, feces, urine, and breast milk from the subjects were tested for SARS-CoV-2 by real-time fluorescence RT-PCR. The infant tested positive on a throat swab January 27. The mother, patient D, was asymptomatic but tested positive for SARS-CoV-2 via throat swab. Patient A had negative throat swab tests on February 9 and 11, but her fecal specimen remained positive for an additional 37 days. Patient A's grandmother (patient C) tested positive for SARS-CoV-2 on February 14, introducing the possibility of fecal-oral transmission after a patient has recovered from respiratory infection. Breast milk of Patient D was negative for SARS-CoV-2 nucleic acid on February 6. On June 13, 4/ 5 family members had positive serum IgG and negative IgM; the fifth family member was negative for both. The authors believe that healthcare providers and patients should be informed of the potential risk of SARS-CoV-2 transmission by fecal microbiota; further investigation is needed to better understand SARS-CoV-2 fecal-oral transmission. Breast milk in this case was negative for SARS-CoV-2, but the authors emphasize neonatal transmission through breast milk cannot be ruled out, and suggest breast milk SARS-CoV-2 testing for newborns with suspected or confirmed SARS-CoV-2 infection.	The authors of this clinical and epidemiological report surrounding a family outbreak cluster from January -June 2020, initiated by a 3-month-old, in Hainan province in Southern China state that strong transmissibility within family settings and presence of viral RNA in stool raises concern for possible fecal-oral transmission. Breast milk in this family cluster was negative for SARS-CoV-2 nucleic acid, but the authors emphasize that neonatal transmission through breast milk cannot be ruled out.	Lin GT, Zhang YH, Xiao MF, et al. Epidemiological investigation of a COVID-19 family cluster outbreak transmitted by a 3-month-old infant. Health Inf Sci Syst. 2021 Jan 18;9(1):6. doi: 10.1007/s13755-020-00136-2.
pregnancy, rheumatic heart disease, peripartum cardiomyopathy, COVID-19.	18-Jan-21	Impact of COVID-19 on pregnant women with Rheumatic heart disease or Peripartum cardiomyopathy	European Journal of Obstetrics and Gynecology and Reproductive Biology	Short Communication	This letter briefly explained a retrospective study on the impact of COVID-19 on pregnant women with heart disease (HD) in Mumbai, India. In the initial phase of the COVID-19 pandemic [date not provided], Nair Charitable Hospital admitted 5 pregnant women with COVID-19, ranging from 21-31 years old. 3 women had rheumatic heart disease (RHD), and 2 women had peripartum cardiomyopathy (PPCM). The authors specified the symptoms and laboratory and ultrasound findings of each patient in a table. Preterm delivery (2/5), preterm premature rupture of membranes (PPROM) (1/4), low birth weight (4/4), and neonatal death (1/4) were observed in these 5 patients. (The one infant who died was also born with multiple congenital anomalies.) The authors compared these patients' outcomes with those of 43 SARS-CoV-2-uninfected pregnant women with HD during the pre-pandemic period. They report that preterm delivery was ~3 times higher (95% CI 0.33-20.48), and PPROM incidence was 14 times higher (95% CI 0.69-283.79) in the women with HD and COVID-19, although their sample was small. Pregnant women with RHD and COVID-19 presented with cough, dyspnea, and tachycardia, suggesting overlapping symptoms between the two diseases. Countries with endemic RHD and a higher burden of COVID-19 should provide comprehensive cardiac assessments to improve RHD diagnosis and	This letter explains the retrospective analysis investigating 5 women with heart disease and COVID-19 in Mumbai, India. These women experienced higher incidences of preterm delivery and preterm premature rupture of membranes compared to pregnant women with heart disease during the pre-pandemic period.	Tilve A, Mahajan NN, Pandey A, et al. Impact of COVID-19 on pregnant women with Rheumatic heart disease or Peripartum cardiomyopathy. Eur J Obstet Gynecol Reprod Biol. 2021;doi:10.1016/j.ejogrb.2021.01.024

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					strengthen the healthcare system for multi-specialty management of pregnant women with RHD and COVID-19.		
COVID-19, Misinformation, Pediatric Cancer	18-Jan-21	COVID-19–Related Misinformation among Parents of Patients with Pediatric Cancer	Emerging Infectious Diseases Journal	Research Letter	The authors conducted a survey of 735 parents to determine differences in endorsement of misinformation related to the COVID-19 pandemic in parents of children in cancer treatment and those with no history of cancer. Parents of children 2-17 years of age [mean age of children not reported] were surveyed between May 1-31, 2020 (n=315 currently in cancer treatment, 38.7% female parent/caregiver; n=420 without a cancer history, 67.1% female parent/caregiver). Participants were asked to endorse a series of COVID-19-related misinformation statements taken from the WHO website, and provide information about their highest attained education, sex, age, race, and level of COVID-19 pandemic related stress. This study’s main finding was that parents of children with cancer were more likely to endorse misinformation about COVID-19 when compared to parents of children without a cancer history (p<0.001), as well as more likely to believe myths associated with COVID-19 prevention as opposed to those related to COVID-19 susceptibility. It is not clear why parents of children with cancer are more vulnerable to misinformation. Believing misinformation was also more likely for fathers (p<0.001), younger parents (p<0.001), and parents with higher perceived stress from COVID-19 (p=0.001). This study’s results suggest that healthcare professionals working in pediatric oncology should be aware of the potentially high endorsement of COVID-19 misinformation among parents of their patients and should proactively address this in routine visits as well as tailored written materials	The authors conducted a survey of 735 parents to determine differences in endorsement of misinformation related to the COVID-19 pandemic in parents of children in cancer treatment and those with no history of cancer. The study found that parents of children with cancer were more likely to endorse misinformation about COVID-19.	Guidry J, Miller CA, Ksinan AJ, et al. COVID-19–Related Misinformation among Parents of Patients with Pediatric Cancer. Emerging Infectious Diseases. 2021;27(2):650-652. doi:10.3201/eid2702.203285.
COVID-19; anxiety; depression; Spain; Portugal; Italy	18-Jan-21	Anxiety and Depressive Symptoms in Children and Adolescents during COVID-19 Pandemic: A Transcultural Approach	Psicothema	Original Research	This cross-sectional study aims to examine anxiety and depressive symptoms in Italian, Spanish, and Portuguese children and adolescents, in order to determine what factors are related to poor well-being during the COVID-19 pandemic. The parents of 515 children (mean age 8.98, range 3-18 years) from Italy, Spain, and Portugal completed an online survey about their stress and their children’s anxiety and depression. Data was collected for 15 days, starting 7 weeks after the March 2020 lockdown. Parental stress due to the pandemic was assessed using a 5-point scale ranging from 1 (not at all stressed) to 5 (very stressed). Anxiety symptoms were measured using the Spence Children’s Anxiety Scale-Parent Version, which assesses symptoms of social anxiety, separation anxiety, panic/agoraphobia, and generalized anxiety. Depressive symptoms were measured with the Short Mood and Feelings Questionnaire-Parent Version, which assesses affective and cognitive depressive symptoms. 38.1% and 19% of children had anxiety and depressive symptoms, respectively. The authors found differences in anxiety and depression between countries, with higher anxiety scores in Spanish children (p<0.001), and higher depression scores in Spanish and Italian children compared to the Portuguese (p<0.01). Children with a higher level of anxiety and depressive symptoms tended to have parents with higher levels of stress due to	This cross-sectional study aimed to examine anxiety and depressive symptoms in Italian, Spanish, and Portuguese children and adolescents, in order to determine what factors are related to poor well-being during the COVID-19 pandemic. The results of the study showed that anxiety and depression symptoms were more likely in children whose parents reported a higher level of stress due to the COVID-19 pandemic.	Orgilés M, Espada JP, Delvecchio E, et al. Anxiety and Depressive Symptoms in Children and Adolescents during COVID-19 Pandemic: A Transcultural Approach. Psicothema. 2021;33(1):125-130. doi:10.7334/psicothema2020.287

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					the COVID-19 pandemic (p<0.001). Parental stress is a variable related to anxiety and depressive symptoms, so measures are needed to help families cope with the stress of the COVID-19 pandemic.		
COVID-19; antenatal care information; anxiety; depression; mental health; perceived stress; pregnancy; social media platform; women	18-Jan-21	Maternal Mental Health Status and Approaches for Accessing Antenatal Care Information During the COVID-19 Epidemic in China: Cross-Sectional Study	Journal of Medical Internet Research	Original Research	This study aimed to evaluate the mental health status of pregnant women during the COVID-19 epidemic in China by measuring their perceived stress, anxiety, and depression levels; explore the approaches used by them to access antenatal health care information; and determine the associations of these approaches with maternal mental health status. The authors conducted a web-based, cross-sectional survey of 1873 Chinese pregnant women (mean age 29 years) from February 5-28, 2020. The prevalence of perceived stress, anxiety, and depression among these participants was 89.1%, 18.1%, and 45.9%, respectively. Hospitals' official accounts on the Chinese social media platforms WeChat and Weibo were the most popular channels for obtaining antenatal care information during the COVID-19 outbreak. Access to antenatal care information via the hospitals' official social media accounts was associated with a significantly lower risk of perceived stress (p=0.001), anxiety (p<0.001), and depression (p=0.005). Access to health care information via hospital hotlines or SMS was significantly associated with a lower risk of anxiety alone (p=0.04). The authors concluded that specific information targeted at pregnant women, including information on how to cope in an emergency or major disease outbreak, developed and disseminated by health care institutions via social media platforms could effectively mitigate mental health challenges and ensure epidemic preparedness and response in the future.	This study aimed to evaluate the mental health status of pregnant women during the COVID-19 epidemic in China by measuring their perceived stress, anxiety, and depression levels; explore their approaches to accessing antenatal health care information; and determine the associations of these approaches with maternal mental health status. The authors concluded that specific information targeted at pregnant women, including information on how to cope in an emergency or major disease outbreak, developed and disseminated by health care institutions via social media platforms could mitigate mental health challenges and ensure epidemic preparedness and response in the future.	Jiang H, Jin L, Qian X, et al. Maternal Mental Health Status and Approaches for Accessing Antenatal Care Information During the COVID-19 Epidemic in China: Cross-Sectional Study. J Med Internet Res. 2021;23(1):e18722. Published 2021 Jan 18. doi:10.2196/18722
COVID-19, SARS-CoV-2, pediatric, long-term COVID, MIS-C	18-Jan-21	Reporting suspicions of long COVID in children is justified during this global emergency [Free Access to Abstract Only]	Acta Paediatrica	Letter	The author is responding to issues raised against his recent paper in Acta Paediatrica, which was based on parental reports of what appeared to be long-term COVID-19 syndrome in children in Sweden. The author says after publication he has been contacted by parents of an additional 35 Swedish children with similar long-term symptoms who tested positive for SARS-CoV-2 by RT-PCR. He agrees with his critics that physicians and researchers must carry out high-quality research, and that the case report and review would have benefitted from more validation. He also admits that his reports were based on the word of parents/guardians, and he did not examine the patients himself. However, he argues that given the urgency of the pandemic, even potentially adverse effects must be reported promptly, and he cites the first reports of MIS-C. He believes those initial reports were seminal to building a global understanding of the syndrome, and similarly defends his paper as accomplishing a similar goal.	This letter is written by an author defending his recent publication, which reported long-term COVID-19 syndrome in children in Sweden. Although he admits some shortcomings in his work, including lack of validation, he argues that reporting adverse effects promptly is critical during a pandemic.	Ludvigsson JF. Reporting suspicions of long COVID in children is justified during this global emergency. Acta Paediatrica. 2021. doi:10.1111/apa.15762

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Chest imaging; Computerized tomography; COVID-19; Pediatric; Pneumonia	18-Jan-21	Differences between radiological findings of COVID-19 and non-COVID-19 infections in pediatric patients	World Journal of Pediatrics	Original article	The authors studied 20 pediatric patients in Turkey from March 11-April 15, 2020 who had been given an RT-PCR test for SARS-CoV-2 and a chest computed tomography (CT). The authors then divided the group into COVID-19 positive (+) and COVID-19 negative (-) groups based on the RT-PCR testing result. They then compared the CT presentations of lung involvement in COVID-19 and other respiratory tract infection cases. The COVID-19+ group included 12 patients with an age range of 2-17 years (mean 11.9 years, SD ±5.8) and 7 males and 5 females. The COVID-19- group had 8 patients between 1-9 years (mean 4.2 years, SD± 2.9) with 4 males and 4 females. There was no significant difference in the symptoms of fever, dry cough, and dyspnea between the 2 groups (p=0.085, p=0.344, p=0.612, respectively). CTs were classified as typical, indeterminate, atypical, or negative for COVID-19 pneumonia; in the COVID-19+ group 3 (25%) were typical, 4 (33%) were atypical, and 5 (41.7%) were negative. In the COVID-19- group 1 (12.5%) was typical, 4 (50%) were atypical, and 3 (37.5%) were negative; there were no indeterminate cases in either group. A subgroup analysis was performed on 7 of the COVID-19+ and 5 COVID-19- patients, all of whom had abnormal CTs. In this subgroup, 5 (71.1%) of the COVID-19+ cases had bilateral lung involvement and lower lung involvement. Ground glass opacity (GGO) was seen in 4 (57.1%), the halo sign and consolidation were seen in 3 (42.9%) of the COVID-19+ patients. All 5 (100%) of the non-COVID-19 patients had bilateral lung involvement and GGO on CT, although 0 (0%) had the halo sign, and 4 (80%) had consolidation. The authors note that CT results are not specific for COVID-19 diagnosis but that the most common abnormalities seen in their 7 patients were GGO and/or consolidation bilaterally in the lower lobes. The authors also note that further study on the halo sign is needed, as it may be relevant in the early stages of COVID-19 detection.	The authors studied 20 pediatric patients Turkey from who had been given an RT-PCR test for SARS-CoV-2 and a chest computed tomography (CT). The authors then divided the group into COVID-19 positive and COVID-19 negative groups based on RT-PCR testing. They then compared the CT presentations of lung involvement in COVID-19 and other respiratory tract infection cases.	Kuzan BN, Aslan B, Kuzan TY, Yağcı AK, Çimşit NÇ. Differences between radiological findings of COVID-19 and non-COVID-19 infections in pediatric patients. <i>World J Pediatr.</i> 2021;1-6. doi:10.1007/s12519-020-00404-x
Calcidiol; Overweight; School Closure; Social Distancing	18-Jan-21	The Impact of the Coronavirus Disease-2019 Pandemic on Childhood Obesity and Vitamin D Status	Journal of Korean Medical Science	Original Article	This retrospective study in Korea investigated changes in body mass index (BMI) standard deviation (z-scores), lipid profiles, and vitamin D levels in 226 children 4-14 years old (median age 10.5 years) following a 6-month period of social distancing and school closure due to the COVID-19 pandemic. The 1-year period prior to school closure on March 2, 2020 was defined as "pre-COVID-19 period" and the subsequent 6-month period as "COVID-19 period." Vitamin D levels were adjusted according to seasonal variation. On average, BMI z-scores increased by 0.219 (95% CI, 0.167-0.271; P<0.001) in the COVID-19 period compared to the pre-COVID-19 period, and the proportion of overweight or obesity increased from 23.9% in the pre-COVID-19 period to 31.4% in the COVID-19 period. The number of days after school closure (P=0.004) and being in the normoweight category in the pre-COVID-19 period (p=0.017) were factors associated with an increased BMI in the COVID-19 period. Mean triglyceride (105.8 mg/dL vs. 88.6 mg/dL, p<0.001) and low-density lipoprotein-cholesterol (LDL-C)(100.2 mg/dL vs. 94.0 mg/dL, p=0.002) levels were higher, whereas	This study of school-aged children in Korea investigated the impact of school closures due to the COVID-19 pandemic on body mass index (BMI), lipid profiles, and vitamin D levels. Results showed elevated triglyceride and low-density lipoprotein-cholesterol and lower calcidiol (vitamin D3) levels compared to before the pandemic. Duration of school closure was significantly associated with increased BMI, even among children initially at normal weight.	Kang HM, Jeong DC, Suh BK, Ahn MB. The Impact of the Coronavirus Disease-2019 Pandemic on Childhood Obesity and Vitamin D Status. <i>J Korean Med Sci.</i> 2021;36(3):e21. Published 2021 Jan 18. doi:10.3346/jkms.2021.36.e21

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					the calcidiol (vitamin D3) level (18.9 mg/dL vs. 23.8 mg/dL, p<0.001) was lower in the COVID-19 period compared to the pre-COVID-19 period. The authors attribute these changes to less sunlight exposure, less physical activity, increased fat and sugar consumption, and loss of healthy food access provided by schools, particularly for children from low-income families. Thus, the authors stress the importance of physical exercise and vitamin D consumption during the COVID-19 pandemic to prevent cardiovascular disease and promote optimal bone mass acquisition in school-aged children.		
Wuhan, vertical transmission, preterm birth, COVID-19	18-Jan-21	Case series of 20 pregnant women with 2019 novel coronavirus disease in Wuhan, China	Journal of Obstetrics and Gynecology Research	Original Research	The aim of this article was to evaluate peri-natal outcomes regarding the clinical presentation of COVID-19 in pregnancy and the potential vertical transmission of SARS-CoV-2. Clinical records, laboratory results, and CT scans were retrospectively reviewed from 20 pregnant patients (ages 20-40 years old) infected with SARS-CoV-2 and admitted to hospitals in Wuhan, China from January 20 - March 16, 2020. 3 patients were in their first trimester, 2 in their second trimester, and 15 in their third trimester. Determination of vertical transmission was determined through throat swabs of the neonates [timing of collection not stated]. Results indicated that the most common symptoms of pregnant women were fever (65%) and cough (35%), which the authors reported as comparable to non-pregnant adults infected with SARS-CoV-2. Lymphopenia (50%), elevated concentrations of C-reactive protein (CRP) (40%), and elevated neutrophil granulocytes (50%) were observed in the pregnant women. 17 patients showed ground-glass opacities on their chest CT scans. All 15 patients infected in their third trimester gave birth, with a pre-term birth rate of 20%. Additionally, no SARS-CoV-2 infection in neonates was detected. The authors concluded that premature birth could be an adverse effect of COVID-19 in the third trimester of pregnancy. They found no other adverse peri-natal outcomes.	The authors of this retrospective study on pregnant women infected with SARS-CoV-2 in Wuhan, China found no presence of vertical transmission. They also determined that an increased pre-term birth rate may be a consequence of COVID-19.	Guo Y, Yuan J, Wang M, et al. Case series of 20 pregnant women with 2019 novel coronavirus disease in Wuhan, China. J Obstet Gynaecol Res. 2021 Jan 18. doi: 10.1111/jog.14664.
COVID-19; Oman; children; hospitalized; outcome	18-Jan-21	Epidemiology, characteristics, and outcomes of hospitalized children with COVID-19 in Oman: A multicenter cohort study	International Journal of Infectious Diseases	Research Article	The authors aimed to describe the epidemiology, clinical and laboratory features, and outcomes of children hospitalized with COVID-19 in Oman. The authors conducted a multicenter retrospective study of 56 children (median 1.8, IQR 0.2-6.9 years) hospitalized with confirmed COVID-19 in 7 centers across Oman between February-July 2020. 41% of cases were infants, and 52% of infants were <2 months of age. 68% of children were admitted with uncomplicated COVID-19, 23% with pneumonia, 13% with severe pneumonia, and 9% with MIS-C. 13% of children required intensive care, and the median duration was 3 (IQR 2-8) days. The median hospital length of stay was 2 (IQR 1-4) days. Fever was the most common symptom (82%), followed by respiratory symptoms (59%) and gastrointestinal symptoms (55%). 39% of children had underlying medical conditions, including sickle cell disease (13%), chronic respiratory disease (7%), and severe neurological impairment (7%). The authors found that leukocytosis (p=0.009), elevated CRP (p<0.001), and anemia for age (p=0.009) were independently associated with intensive care admission. There were	The authors conducted a multicenter retrospective study of 56 children (median age 1.8, IQR 0.2-6.9 years) hospitalized with confirmed COVID-19 in 7 centers across Oman between February-July 2020. The authors observed that most children hospitalized with confirmed COVID-19 have a mild course and favorable outcome, and sickle cell disease was the most common comorbidity associated with COVID-19 admissions.	Al Yazidi LS, Al Hinaï Z, Al Waili B, et al. Epidemiology, characteristics, and outcomes of hospitalized children with COVID-19 in Oman: A multicenter cohort study [published online 2021 Jan 18]. Int J Infect Dis. 2021;S1201-9712(21)00047-3. doi:10.1016/j.ijid.2021.01.036

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					no mortalities related to COVID-19 in this cohort. The authors determined that most children hospitalized with confirmed COVID-19 have a mild course and favorable outcome. Sickle cell disease was the most common comorbidity associated with COVID-19 admissions among children in Oman.		
COVID-19; children; hospitalization; Saudi Arabia	18-Jan-21	Coronavirus Disease in Children: A Multicentre Study from the Kingdom of Saudi Arabia	Journal of Infection and Public Health	Original Research	The study explored characteristics of hospitalized SARS-CoV-2-infected children <15 years of age in the Kingdom of Saudi Arabia and assessed clinical presentation and risk factors for mortality, morbidity, and PICU admissions. A retrospective analysis of patients hospitalized at 3 tertiary academic hospitals between March 1 - June 30, 2020, was conducted. Of the 88 children enrolled, 42% were male, and >20% were infants [mean age not specified]. 7 children (8%) required PICU admission (showing signs of respiratory distress, dehydration, and heart failure) and 4 (4.5%) died, of which 3 met the full diagnostic criteria of MIS-C and had a high Pediatric Risk of Mortality (PRISM) score at the time of admission. In a subset of patients (n=20), repeated SARS-CoV-2 RRT-PCR testing was performed until conversion to negative results, and the average duration for conversion was 8 days (95% CI: 5.2-10.5). 71.4% of patients had a fever, and 61.4% were discharged within 7 days of hospitalization. Risk factors for mortality included skin rash, hypotension, hypoxia, signs of heart failure, chest radiograph suggestive of acute respiratory distress syndrome, anemia, leukocytosis, hypernatremia, abnormal liver enzymes, and high troponin I. Risk factors for prolonged hospitalization (>7 days) included the presence of comorbidities, leukopenia, hyponatremia, and elevated C-reactive protein. These findings indicate that while a minority of patients were severely affected, most had a brief febrile illness and made a full recovery.	This study explored the characteristics of hospitalized SARS-CoV-2-infected children <15 years of age in the Kingdom of Saudi Arabia and assessed clinical presentation and risk factors for mortality, morbidity, and PICU admissions. The findings indicate that while a minority of patients were severely affected, most had a brief febrile illness and made a full recovery.	Kari JA, Shalaby MA, Albanna AS, et al. Coronavirus Disease in Children: A Multicentre Study from the Kingdom of Saudi Arabia. J. Infect. Public Health. 2021. doi:10.1016/j.jiph.2021.01.011.
COVID-19; maternal health; newborn health; maternal-child transmission; mental health; gender equity	18-Jan-21	The impact of the COVID-19 pandemic on maternal and perinatal health: A scoping review	Reproductive Health	Scoping Review	In this article, researchers conducted a scoping review of the evidence of direct and indirect impacts of the COVID-19 pandemic on maternal health, specifically of pregnant women and mothers' physical, mental, economic, and social well-being. Global research literature published in English between January and September 2020 was included, resulting in 95 articles that comprised the review. Though pregnant women and mothers were not found to be at higher risk for SARS-CoV-2 infection than others, pregnant individuals were found to be at a heightened risk of more severe COVID-19 symptoms than people who are not pregnant. Intra-uterine, vertical, and breastmilk transmission were found to be unlikely. Labor, delivery, and breastfeeding guidelines for COVID-19 patients varied by world region. Severe increases in domestic violence and in maternal mental health issues, such as clinically significant anxiety and depression, were reported. Prenatal care visits decreased during the pandemic, healthcare infrastructure was strained, and potentially harmful policies were implemented with little evidence. Women were more likely to be unemployed and lose their income due to the pandemic than men, and working mothers struggled with increased childcare demands. The similarities of	This review characterizes the direct and indirect impacts of the COVID-19 pandemic on the physical, mental, economic, and social health of pregnant women and mothers from 95 articles published worldwide between January and September 2020. Pregnant women and mothers were not more susceptible to SARS-CoV-2 infection, but were more likely to experience severe symptoms. Mental health issues have risen since the onset of the pandemic, and women are more likely to become socio-economically	Kotlar B, Gerson E, Petrillo S, et al. The impact of the COVID-19 pandemic on maternal and perinatal health: A scoping review. Reprod Health. 2021;18(1):10. doi:10.1186/s12978-021-01070-6

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					negative socio-economic consequences for women across several high- and low-income countries evidenced by this review warrant a thorough analysis of policy effects on this population, and maternal mental health must be prioritized.	disadvantaged and lose jobs than men.	
COVID-19; secondary transmission; SARS-CoV-2; pediatric index cases	18-Jan-21	Secondary attack rate in household contacts of COVID-19 Paediatric index cases: A study from Western India	Journal of Public Health	Original Research	The authors investigated the secondary attack rate (SAR) of COVID-19 for pediatric index cases in Gujarat, India from March-July 2020. 10% of the 2415 identified pediatric patients with COVID-19 (<18 years of age) were selected by stratified random sampling, with the final data analysis including 72 pediatric index cases and 287 household contacts. The mean age of the patients was 13.57 ± 5.46 years (range: 0.4–18 years), with a majority (94.9%) being male. 5/287 household contacts developed secondary infections, and those were primarily male (4:1). Therefore, the SAR was 1.7% (95% CI: 0.7–4%). The authors also found that the family size of secondary cases was larger than index cases without secondary cases (6.75 ± 2.3 members vs 4.9 ± 1.9 members; P = 0.034). Hence, the authors concluded that the SAR in household contacts of pediatric index cases was low and was directly associated with the family size of the patients. They attributed the low SAR to the possibility of undiagnosed COVID-19 in children due to asymptomatic infections, or milder course of pediatric disease and a lower viral load, thereby decreasing transmission risk to family members. Thus, the authors recommended home-quarantine (rather than hospitalization or family separation) in smaller families with the appropriate isolation facilities, due to the low SAR from pediatric index cases.	The authors found that the secondary attack rate of COVID-19 in household contacts of pediatric index cases was 1.7% in Gujarat, India. Additionally, secondary cases had significantly larger families than pediatric index cases with no secondary cases.	Shah K, Kandre Y, Mavalankar D. Secondary attack rate in household contacts of COVID-19 Paediatric index cases: A study from Western India. J Public Health (Oxf). 2021 Jan 18. doi: 10.1093/pubmed/fdaa269. PMID: 33454742.
Children, MIS-C, arthritis	18-Jan-21	16 Weeks Later: Expanding the Risk Period for MIS-C	Journal of the Pediatric Infectious Diseases Society	Case Report	The authors describe a case of a 15-year-old female in Maryland, USA with MIS-C who presented 16 weeks after the initial COVID-19 illness. She presented with acute onset of a pruritic, urticarial facial rash which progressed over three days to include her neck, arms, and trunk with subsequent odynophagia, exudative pharyngitis, polyarthralgia with myalgia, edema of the hands and feet, and ultimately a temperature of 38.6° C (101.5° F). History was notable for RT-PCR confirmed COVID-19 illness 16 weeks prior. Upon admission, vital signs were notable for tachycardia. 2 SARS-CoV-2 PCR tests were negative. She developed chest pain, emesis, recurrence of fever, and marked elevation in her inflammatory markers. Echocardiogram showed mild diastolic dysfunction and dilation of the left main and left anterior descending coronary arteries with maximal Z score measurement of 3.3. Treatment for MIS-C was initiated with IV immunoglobulin (IVIG) 2g/kg, methylprednisolone 2g/kg q6h, anakinra 4mg/kg q8h, and high-dose aspirin 80mg/kg/day. She improved over the following 24 hours. SARS-CoV-2 qualitative serology was IgM negative and IgG positive, and inflammatory and infectious etiological workup completed prior to IVIG administration was unrevealing. The authors conclude that this case challenges the assumption of a 2-6 week presentation time for MIS-C after acute COVID-19.	In this case report, the authors describe a case of MIS-C in a 15-year-old female in Maryland USA, who presented 16 weeks after her confirmed COVID-19 illness. She improved with IV immunoglobulin, methylprednisolone, anakinra, and high dose aspirin. SARS-CoV-2 IgG was positive while other infectious and inflammatory etiologies were negative.	Cirks BT, Rowe SJ, Jiang SY, et al. 16 Weeks Later: Expanding the Risk Period for MIS-C [published online ahead of print, 2021 Jan 18]. J Pediatric Infect Dis Soc. 2021;piab007. doi:10.1093/jpids/piab007

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universal testing; screening; COVID-19; PCR; rapid tests	18-Jan-21	Lessons learnt in transitioning from universal screening to universal testing of pregnant patients for SARS-CoV-2 at the largest municipal health system in America	Journal of Perinatology	Perspective	The authors describe the process of transitioning the New York City Health + Hospitals (NYC H+H) healthcare system from a system of universal screening for SARS-CoV-2 infection of patients in labor to one of universal testing for SARS-CoV-2 of patients in labor across 11 acute care facilities. As the United States' largest municipal healthcare system, NYC H+H serves many disadvantaged patients: 30% uninsured, and 60% Black, Hispanic/Latino, or Asian. Before the implementation of a universal rapid test for all patients before delivery (March-April 2020), only 6% of women were tested for symptoms consistent with COVID-19. From April 5 - May 2, 2020, 77% (794/1025) of intrapartum patients in the system were tested for SARS-CoV-2 infection regardless of symptoms or presentation, with 88% of these patients being tested using a rapid PCR test. To implement this robust system, authors described the need to co-create clinical pathways and collaborative management for smooth implementation, adjust resource allocation based on emerging needs, and share clinical testing data in real time. These lessons are important for other healthcare systems during a surge of SARS-CoV-2, and may help protect the health of pregnant and delivering women.	The authors describe the process of transitioning the New York City Health + Hospitals (NYC H+H) healthcare system from a system of universal screening to universal testing for SARS-CoV-2 infection of patients in labor. System implementation required co-creation of clinical pathways, adjustment of resource allocation, and real-time data sharing, to ensure more women were being tested for SARS-CoV-2 infection, regardless of symptoms.	Wilcox W, Bajaj K, Rossberg MC, et al. Lessons learnt in transitioning from universal screening to universal testing of pregnant patients for SARS-CoV-2 at the largest municipal health system in America. J Perinatol. 2021;1-3. doi:10.1038/s41372-020-00889-4
Pregnancy, perinatal outcomes, preterm birth, low birth weight, neonate, mitigation	17-Jan-21	Impact of mitigation measures against the COVID 19 pandemic on the perinatal results of the reference maternity hospital in Uruguay [Free Access to Abstract Only]	The Journal of Maternal-Fetal and Neonatal Medicine	Short Report	In this retrospective cross-sectional cohort study, the authors assessed the effect of COVID-19 mitigation measures in Uruguay (such as social distancing) on reproduction and perinatal outcomes. They compared 3225 births from March 15-September 30, 2019 to 3036 births occurring during the same period in 2020 (pandemic period) and compared the following variables: low birth weight (newborns weighing < 2500 g), preterm birth (<37 weeks gestation) and small for gestational age (birth weight <10th percentile). The incidences of preterm birth, low birth weight, and small for gestational age were all significantly higher in 2020 during the COVID-19 pandemic compared to the same period in 2019 (preterm birth 14.5% vs 12.2%, p=0.005; low birth weight 12% vs 9.8%, p=0.006; small for gestational age 6.9% vs 5.5%, p=0.01). Since there were no known cases of SARS-CoV-2 during the study period, the authors conclude that these major differences are likely a result of the health crisis itself, such as decreased access to care. They suggest it is important to consider the consequences of mitigation measures on maternal, neonatal and child health when developing public policies.	The authors compared perinatal outcomes, including the rates of preterm birth, small for gestational age, and low birth weight, between 2019 and the corresponding COVID-19 pandemic period in 2020 in Uruguay. Low birth weight, small for gestational age, and preterm birth were all significantly higher during the pandemic than the year prior. Given that there were no known SARS-CoV-2 cases during the study period, the authors conclude that these are likely a result of the pandemic mitigation measures put in place during the pandemic.	Briozzo L, Tomasso G, Viroga S, Nozar F, Bianchi A. Impact of mitigation measures against the COVID 19 pandemic on the perinatal results of the reference maternity hospital in Uruguay. J Matern Fetal Neonatal Med. 2021;1-3. doi:10.1080/14767058.2021.1874911
COVID-19; information technology; qualitative research; telemedicine	17-Jan-21	Experiences of pregnant mothers using a social media based antenatal support service during the COVID-19 lockdown in the	British Medical Journal (BMJ) Open	Original Research	The authors characterized the experiences of pregnant women using a social media antenatal support service during the COVID-19 pandemic in the United Kingdom. 156 women completed the survey (n = 320, 49% response rate) in April 2020 [gestational ages not noted]. 82.5% (n = 129) agreed or strongly agreed that they obtained more information from the social media support service than from their healthcare providers, and 91% (n = 142) agreed or strongly agreed that the group improved their antenatal care during the COVID-19 pandemic. The	This article characterizes the experiences of pregnant women who used a social media antenatal support service during the COVID-19 pandemic in the United Kingdom. A majority (82.5%) of the women surveyed indicated	Chatwin J, Butler D, Jones J, et al. Experiences of pregnant mothers using a social media based antenatal support service during the COVID-19 lockdown in the UK: findings from a user

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		UK: Findings from a user survey			investigators included one open-ended question about how the group had been supportive during the pandemic. Emerging themes identified from this question included information provision and verification, managing and reducing feelings of isolation, service-specific issues (including crisis adaptations), and impact of the pandemic on routine care. The results demonstrate that information can be provided to pregnant women using technological and social media formats during the COVID-19 pandemic when in-person education and support sessions are canceled.	that they obtained more information from the social media support service than from their healthcare providers during the study period, and 91% agreed that the group improved their antenatal care.	survey. <i>BMJ Open</i> . 2021;11(1):e040649. Published 2021 Jan 17. doi:10.1136/bmjopen-2020-040649
kangaroo mother care; skin-to-skin contact; breastfeeding; infant feeding; LMICs; neonatal care	16-Jan-21	The multi-agency partnership roadmap for newborns in humanitarian settings: Timely and crucial during the COVID-19 pandemic	Journal of Global Health	Viewpoint	This article briefly discusses the importance of breastfeeding and skin-to-skin contact as life-saving, cost-effective interventions that are especially important during the COVID-19 pandemic, particularly in humanitarian settings and in low- and middle-income countries (LMICs) that have experienced significant disruption to their health care systems. A recent UK study confirmed that severe COVID-19 in newborns is very rare; they found that 0.06% required hospital treatment for COVID-19 and a small proportion of those with SARS-CoV-2 infection (17 of 66) were suspected to have caught the virus from their mother in the first 7 days of life. Based on this evidence, the authors do not support the separation of newborns from mothers who test positive for SARS-CoV-2. As the COVID-19 pandemic has disrupted access to routine health services, especially in LMICs, the authors call for an emphasis on preventative interventions. Although the promotion and support of early and exclusive breastfeeding and skin-to-skin care are often overlooked in humanitarian crises, the authors argue they need even more emphasis during the COVID-19 pandemic for their cost-effectiveness and proven benefit to neonatal health. They also recommend humanitarian staff receive training on neonatal resuscitation to address asphyxia and implement kangaroo mother care, feeding support, and monitored oxygen for premature infants. The resilience of health systems should be strengthened by integrating priority maternal and newborn health interventions into preparedness and response plans, using global guidance and evidence to inform policies.	This article discusses the importance of breastfeeding and skin-to-skin contact as life-saving, cost-effective interventions that are especially important during the COVID-19 pandemic, particularly given the significant disruption to routine health services in low- and middle-income countries.	Bellizzi S, Farina G, Fiamma M, Pichierrri G, Salaris P, Napodano CMP. The multi-agency partnership roadmap for newborns in humanitarian settings: Timely and crucial during the COVID-19 pandemic. <i>J Glob Health</i> . 2021;11:03015. Published 2021 Jan 16. doi:10.7189/jogh.11.03015
SARS-CoV-2, Guillain-Barre Syndrome, pregnancy, postpartum	16-Jan-21	Guillain Barre Syndrome Following Delivery in a Pregnant Woman Infected with SARS-CoV-2	Journal of Clinical Neuroscience	Case Report	The authors describe the case of a 34-year-old pregnant woman in Turkey who was admitted to the hospital with a mild cough, close SARS-CoV-2 contact history, and otherwise unremarkable symptoms at 37 weeks 4 days gestation. A CT scan was consistent with COVID-19 pneumonia, and the patient later tested positive for SARS-CoV-2 via RT-PCR test. She delivered a male neonate the next day via cesarean section and was treated for COVID-19 with hydroxychloroquine 400mg/day and azithromycin 250mg/day. She was subsequently discharged 5 days later following a negative SARS-CoV-2 test. 11 days after discharge, the patient was re-admitted to the ER due to low back pain and difficulty walking and underwent a neurological exam that revealed prominent muscle weakness and reduced sensation. Her cerebrospinal fluid analysis revealed high protein levels and normal	The authors present the case of a 34-year old pregnant woman at 37 weeks 4 days gestation in Turkey admitted for COVID-19 pneumonia, who delivered and was discharged after treatment. However, she was re-admitted 11 days after discharge with Guillain-Barre syndrome (GBS), was treated, and subsequently recovered with ongoing physical therapy. The authors suggest that the	Tekin AB, Zanapalioglu U, Gulmez S, et al. Guillain Barre Syndrome Following Delivery in a Pregnant Woman Infected with SARS-CoV-2. <i>Journal of Clinical Neuroscience</i> . Published 2021 Jan 12. doi:10.1016/j.jocn.2021.01.028

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					glucose and white blood cells. Nerve conduction studies revealed decreased amplitude of compound muscle action potentials and no response of sensory action potentials except the right sural nerve. The patient was diagnosed with Guillain-Barre syndrome (GBS) and treated with intravenous immunoglobulin, enoxaparin sodium, and pregabalin. She was discharged on the 12th day of admission after improved muscle strength and received continued physical therapy to improve her condition. These findings suggest that the clinical course of GBS following childbirth in pregnant women diagnosed with COVID-19 may be similar to GBS patients not infected with COVID-19.	clinical course of GBS after childbirth in pregnant women diagnosed with COVID-19 may be similar to GBS patients not infected with COVID-19.	
COVID-19; pediatric; kidney transplantation ; United States	16-Jan-21	COVID-19 in pediatric kidney transplantation: The Improving Renal Outcomes Collaborative	American Journal of Transplantation	Article	This prospective cohort study conducted through the Improving Renal Outcomes Collaborative (IROC) investigated the impact of the COVID-19 pandemic on pediatric kidney transplantation in the United States. 22 IROC centers that care for 2732 patients submitted testing and outcomes data for 281 patients tested for SARS-CoV-2 by PCR between 6 April-3 September 2020. Testing indications included symptoms and/or potential exposures (N=134, 47.7%) and/or testing per hospital policy (N=154, 54.8%). Overall, 24 (8.5%) patients tested positive, of which 15 (63%) were symptomatic, including cough, fever, vomiting, diarrhea, rhinorrhea, and shortness of breath. The median age for the positive patients was 18.6 years (IQR 14.3 - 20.6 years) and the range was 4.4 to 24 years, which was higher than the median age for negative patients of 14.3 years (IQR 7.3 - 18.3 years). Of the positive patients, 16 were managed as outpatients, 6 received non-ICU inpatient care, and 2 were admitted to the ICU. There were no episodes of respiratory failure, allograft loss, or death associated with COVID-19. To estimate incidence, sub-analysis was performed for 13 centers that care for 1686 patients that submitted all negative and positive COVID-19 results. Of the 229 tested patients at these centers, 10 (5 asymptomatic) patients tested positive, yielding an overall incidence of 0.6% and an incidence among tested patients of 4.4%. Pediatric kidney transplant patients in the United States had a low estimated incidence of COVID-19 disease and excellent short-term outcomes.	This prospective cohort study conducted through the Improving Renal Outcomes Collaborative (IROC) investigated the impact of the COVID-19 pandemic on pediatric kidney transplantation in the United States. Pediatric kidney transplant patients in the United States had a low estimated incidence of COVID-19 disease and excellent short-term outcomes.	Varnell C Jr, Harshman LA, Smith L, et al. COVID-19 in pediatric kidney transplantation: The Improving Renal Outcomes Collaborative. Am J Transplant. 2021. doi:10.1111/ajt.16501.
COVID-19; Childcare; Gender; Labor participation; Mental health; Working hours	16-Jan-21	Gender differences in couples' division of childcare, work and mental health during COVID-19	Review of Economics of the Household	Article	School and daycare closures caused by the COVID-19 pandemic have the potential to magnify existing gender differences in childcare arrangements. The authors used data from a tracking survey of US households from March - July 2020 to understand gender differences regarding the impact of the COVID-19 pandemic on childcare arrangements (among those with school-aged children), working hours and employment, and psychological distress. 3980 unique respondents participated; they were between 18-65 years old (mean age 44 years) and with a married or cohabitating partner. 47% reported having school-aged children; among these respondents, women were 23 percentage points more likely than men to say they are the only provider of care for their children (p<0.01), and 14 percentage points less likely to say that their partner is the only provider of care (p<0.01).	The authors used data from a tracking survey of US households to understand gender differences regarding the impact of the COVID-19 pandemic on childcare arrangements, working hours and employment, and psychological distress. Results indicate mothers were more likely than fathers to be the sole providers of childcare, and women were more likely than	Zamarro G, Prados MJ. Gender differences in couples' division of childcare, work and mental health during COVID-19 [published online, 2021 Jan 16]. Rev Econ Househ. 2021;1-30. doi:10.1007/s11150-020-09534-7

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					Mothers' current working situations appear to have a limited influence on their provision of childcare. However, this division of childcare is associated with a reduction in working hours and an increased probability of transitioning out of employment for working mothers as the pandemic progressed. In July 2020, college-educated and non-college-educated women were 15 (p<0.05) and 11 (p<0.1) percentage points more likely to transition out of employment than men. Results also showed higher levels of psychological distress among mothers of school-aged children (p<0.05) in comparison to female respondents without children; the same effect was not seen in fathers. Together, these results indicate a step back in terms of gender equality in the US during the COVID-19 pandemic.	men to transition out of employment.	
Acute disseminated encephalomyelitis, Coronavirus disease 2019, Guillain–Barré syndrome, Intravenous immunoglobulin, Multisystem inflammatory syndrome in children, Plasmapheresis, Severe acute respiratory syndrome coronavirus-2	16-Jan-21	COVID-19-associated Severe Multisystem Inflammatory Syndrome in Children with Encephalopathy and Neuropathy in an Adolescent Girl with the Successful Outcome: An Unusual Presentation	Indian Journal of Critical Care Medicine	Case Report	This is a case report of an obese 13-year-old girl with severe neurological manifestations of MIS-C in India. She presented with fever, sore throat, cough, vomiting, breathing difficulty, and generalized erythroderma. Her vital signs showed features of cold shock and respiratory distress. Chest X-ray revealed bilateral basal infiltrates, arterial blood gas showed lactic acidosis, and echocardiogram showed mild left ventricular dysfunction. She was admitted to ICU with ventilator support, antibiotics, and inotropes. Her laboratory results revealed high inflammatory markers, myocardial injury, renal failure, and abnormal liver function tests. RT-PCR for SARS-CoV-2 was negative, but her IgG immuno-assay for SARS-CoV-2 was positive. She was diagnosed with MIS-C and treated with methylprednisolone and IV immunoglobulin. Her condition improved within 48 hours, and she was weaned off ventilator support on the sixth day. On the next day, she developed repeated generalized seizures. Contrast-enhanced brain MRI revealed signs of acute disseminated encephalo-myelitis. She was managed with midazolam, methylprednisolone, and plasmapheresis. Despite some gradual improvement in the next 7 days, her quadri-paresis, facial weakness, and poor diaphragm excursion persisted. A nerve conduction study indicated Guillain-Barre syndrome. She was finally discharged after achieving spontaneous breathing with complete neurological recovery. This case demonstrates severe MIS-C with multi-system dysfunction followed by central and peripheral nervous system dysfunction, and also shows the importance of timely intensive care measures.	This is a case report of an obese 13-year-old girl with acute disseminated encephalomyelitis and symmetrical axonal motor poly-neuropathy as a presentation of MIS-C illness in India. This case demonstrates the importance of timely intensive care measures, including steroids, intravenous immunoglobulin, and plasmapheresis.	Mehra B, Aggarwal V, Kumar P, et al. COVID-19-associated Severe Multisystem Inflammatory Syndrome in Children with Encephalopathy and Neuropathy in an Adolescent Girl with the Successful Outcome: An Unusual Presentation. Indian J Crit Care Med. 2020;24(12):1276-1278. doi:10.5005/jp-journals-10071-23685
COVID-19; pediatric urology; ethics; social justice	16-Jan-21	Pediatric urology amidst SARS-CoV-2 pandemic: Building the future with current knowledge	Journal of Pediatric Surgery	Review	This review article explores how COVID-19 has explicitly impacted the field of pediatric urology and its patients, with a focus on vulnerable sub-populations. Various medical and surgical associations have published guidelines in reaction to the initial onset of the pandemic in early 2020. This is the first article to discuss ethical resource allocation amidst scarcity within pediatric urology. As the number of patients with COVID-19 increases, long-term recovery and future preparedness is imperative and should be cognizant of patient sub-populations that have been subject to disproportionate morbidity and mortality burden. Development and implementation of a scarce resource allocation team	This is the first article to discuss ethical resource allocation amidst scarcity within pediatric urology during the COVID-19 pandemic. Development and adoption of innovative technologies have the potential to reduce the risk of viral transmission, alleviate healthcare disparities in rural	Lombardo AM, Andolfi C, Deshpande AP, et al. Pediatric urology amidst SARS-CoV-2 pandemic: Building the future with current knowledge. J Pediatr Surg. 2021. doi:10.1016/j.jpedsurg.2021.01.017.

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					(SRAT) can be executed using the quality improvement plan-do-study-act model. Surgical pediatric urology cases can be triaged appropriately and ethically using the pediatric Medically-Necessary, Time-Sensitive (pMeNTS) scoring system. Development and adoption of innovative technologies have the potential to reduce the risk of viral transmission, alleviate healthcare disparities in rural locations through the expansion of catchment areas and equip hospitals with the resources to treat critically ill patients in the hospital while managing less acute problems from afar.	locations through the expansion of catchment areas and equip hospitals with the resources to treat critically ill patients in the hospital while managing less acute problems from afar.	
COVID-19; caregivers; chronic kidney disease; loneliness; propensity score matching; social support	15-Jan-21	Social Support and Loneliness Among Chinese Caregivers of Children With Chronic Kidney Disease During the COVID-19 Pandemic: A Propensity Score Matching Analysis	Frontiers in Pediatrics	Original Research	This study examines the social support and loneliness as well as their association among caregivers of children with chronic kidney disease (CKD) from China during the COVID-19 pandemic. The authors collected data for caregivers of children with CKD and caregivers of healthy children and matched the two groups using propensity score matching (PSM). Differences in social support and loneliness between the two groups was compared after matching and the relationship between social support and loneliness was analyzed in the observation group. Each group included 202 caregivers from a total of 13 provinces. The social support score of caregivers of children with CKD was lower than that of caregivers of healthy children ($P < 0.002$), while the loneliness score was higher for caregivers of children with CKD than for caregivers of healthy children ($P < 0.008$). The social support score was negatively correlated with the loneliness score ($r = -0.598$, $P < 0.001$). Caregivers of children with CKD experienced less social support and greater loneliness than caregivers of healthy children during the COVID-19 pandemic. The authors conclude that greater attention should be paid to providing social support for caregivers of CKD children and to improving the ability of these caregivers to cope with loneliness.	This study examines the social support and loneliness as well as their association among caregivers of children with chronic kidney disease (CKD) from China during the COVID-19 pandemic. The authors conclude that greater attention should be paid to providing social support for caregivers of CKD.	Shi L, Zhang H, Yang H, et al. Social Support and Loneliness Among Chinese Caregivers of Children With Chronic Kidney Disease During the COVID-19 Pandemic: A Propensity Score Matching Analysis. <i>Front Pediatr</i> . 2021;8:570535. Published 2021 Jan 15. doi:10.3389/fped.2020.570535
COVID-19; pediatric; Streptococcus pneumoniae; Turkey	15-Jan-21	Pneumococcal carriage in children with COVID-19	Human Vaccines and Immunotherapeutics	Original Research	The authors evaluated the relationship between Streptococcus pneumoniae (<i>S. pneumoniae</i>) and SARS-CoV-2 infections in pediatric patients in Turkey. This study was conducted via retrospective review of the medical records of pediatric patients who were tested for SARS-CoV-2 between March 11 -June 4, 2020. 829 pediatric patients were evaluated for <i>S. pneumoniae</i> and SARS-CoV-2 from their nasopharyngeal specimens. Of 115 children who tested positive for SARS-CoV-2, 32.2% had a positive <i>S. pneumoniae</i> test, whereas of 714 children negative for SARS-CoV-2, 14.1% had a positive <i>S. pneumoniae</i> test ($p < 0.01$). The nasopharyngeal <i>S. pneumoniae</i> carriage rate in patients with SARS-CoV-2 was higher than in non-infected children, but <i>S. pneumoniae</i> carriage did not affect the course of COVID-19. There were no statistically significant differences in gender, underlying disease, fever, cough, leukocytosis, lymphopenia, increased C-reactive protein, increased procalcitonin, chest x-ray, disease severity, and treatment between patients with positive vs. negative SARS-CoV-2 tests according to <i>S. pneumoniae</i> positivity.	This study evaluated the relationship between Streptococcus pneumoniae and SARS-CoV-2 infections in pediatric patients in Turkey. The nasopharyngeal <i>S. pneumoniae</i> carriage rate in patients with SARS-CoV-2 was higher than in non-infected children, but <i>S. pneumoniae</i> carriage did not affect the course of COVID-19.	Aykac K, Ozsurekci Y, Cura Yayla BC, et al. Pneumococcal carriage in children with COVID-19. <i>Hum Vaccin Immunother</i> . 2021;1-7. doi:10.1080/21645515.2020.1849516.

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antibody-dependent enhancement; clinical trials; COVID-19; lactation; neonatal immunity; vaccine development	15-Jan-21	Equity in coronavirus disease 2019 vaccine development and deployment	American Journal of Obstetrics and Gynecology	Special report	The authors report on the confusion, inequities, and discrepancies of the current guidance from the UK and the US regarding COVID-19 vaccinations for pregnant and lactating women. The development of a COVID-19 vaccine within 1 year was a historical biomedical achievement; however, it has widened gender-based inequalities by excluding pregnant and lactating women from vaccine studies and added confusion by offering differing vaccination suggestions according to country. Initially, the UK advised against vaccination during pregnancy and encouraged mothers to wait until breastfeeding ended to receive the vaccine. The UK now suggests that pregnant women who are extremely vulnerable or are front-line workers should discuss the option with their providers and that breastfeeding women should receive the vaccine. In the US, the Society for Maternal-Fetal Medicine recommends the vaccine for pregnant and lactating women. In 1994, the US Institute of Medicine reported that a presumption of inclusion of pregnant and lactating women in vaccine trials should be the norm, and exclusion should only be for evident reasons. Despite this, the COVID-19 vaccine trials adopted a traditional approach. The Johnson & Johnson COVID-19 vaccine is adenovirus-based; other adenovirus-based vaccines such as Ebola are used in pregnancy and are considered safe. Other COVID-19 vaccines consist of encapsulated mRNA that stimulates the production of anti-SARS-CoV-2 antibodies. This type of vaccine is not a live virus. The American College of Obstetricians and Gynecologists concluded that there is unlikely to be any safety issues different from those in non-pregnant women. The authors stress that the exclusion of pregnant and lactating women in vaccinations is paternalistic and leads to increased vulnerability, which needs to be addressed globally as one voice to ensure best practices.	The development of a COVID-19 vaccine within 1 year was a historical biomedical achievement; however, it has widened gender-based inequalities by excluding pregnant and lactating women from vaccine studies and added confusion by offering differing vaccination suggestions according to country.	Modi N, Ayres-de-Campos D, Bancalari E, et al. Equity in coronavirus disease 2019 vaccine development and deployment. <i>Obstet Gynecol</i> . 2021. https://www.sciencedirect.com/science/article/pii/S0002937821000296 . doi: https://doi.org/10.1016/j.ajog.2021.01.006 .
Covid-19; adrenal; congenital adrenal hyperplasia; pregnancy; steroid replacement	15-Jan-21	Case Report: Late-Onset Congenital Adrenal Hyperplasia and Acute Covid-19 Infection in a Pregnant Woman: Multidisciplinary Management	Frontiers in Endocrinology	Case Report	This is a case report of a 39-year-old obese pregnant woman at 36 weeks of gestation presenting with late preterm premature rupture of membranes (PROM) and fever on April 6, 2020, in Italy. She tested positive for the SARS-CoV-2 PCR test before admission. She had a history of late-onset congenital adrenal hyperplasia due to 21-hydroxylase deficiency at age 17—with symptoms of hyperandrogenism and alopecia—controlled with steroid replacement therapy. Due to hyperpyrexia and late preterm PROM, she was given a hydrocortisone infusion and underwent a planned cesarean section with spinal anesthesia. The female neonate was delivered in good clinical condition and tested negative for SARS-CoV-2 via nasopharyngeal RT-PCR. On postpartum day 2, the mother was in good condition and was started on full-dose low molecular weight heparin and switched to oral steroid therapy. On the third day, her clinical condition progressively worsened, with fever >39°C associated with respiratory symptoms requiring O2 support. Thus, therapy with hydroxychloroquine and azithromycin was started. Chest CT scan showed acute pulmonary embolism and ground-glass opacification, and her labs showed elevated D-Dimer and CRP. She was therefore	This report is the first case of COVID-19 that occurred in a 39-year-old pregnant woman at 36 weeks of gestation with non-classical congenital adrenal hyperplasia on chronic steroid replacement in Italy. She recovered after developing an acute pulmonary embolism requiring ICU admission and mechanical ventilation, following a cesarean delivery for late preterm premature rupture of membranes and fever. The authors hypothesize that long-term steroid therapy may contribute to increased	Giavoli C, Iurlaro E, Morelli V, et al. Case Report: Late-Onset Congenital Adrenal Hyperplasia and Acute Covid-19 Infection in a Pregnant Woman: Multidisciplinary Management. <i>Front Endocrinol (Lausanne)</i> . 2021;11:602535. Published 2021 Jan 15. doi:10.3389/fendo.2020.602535

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					switched to IV hydrocortisone, moved to the ICU, and intubated through mechanical ventilation. Her clinical condition improved, and she finally recovered and was discharged on May 13, 2020. As stated in previous studies and shown in this case, COVID-19 potentially increased the risk of preterm birth and cesarean delivery and affected residual adrenal function through cytokine release. The authors hypothesize that long-term steroid therapy may contribute to increased infection risk and clinical severity.	infection risk and clinical severity.	
COVID-19; placental pathology; placentitis; histiocytic intervillitis; vertical transmission	15-Jan-21	SARS-CoV-2 placentitis: An uncommon complication of maternal COVID-19	Placenta	Review	The authors present a case of a 26-year-old woman of Polish nationality with delivery at 37 weeks gestation in Ireland on May 26, 2020, complicated by SARS-CoV-2 infection with demonstrable SARS-CoV-2 placentitis. In conjunction with reduced fetal movements and non-reassuring electronic fetal monitoring, the decision was made for a cesarean section on review of the clinical scenario. She subsequently underwent a cesarean section without complications and delivered a female neonate with APGAR scores of 4 and 8 at 1 and 5 minutes of life. The maternal nasopharyngeal swab for SARS-CoV-2 remained positive on day 3 of admission (day 14 since the first positive swab). The mother and her neonate did well clinically and were discharged on day 8. The placental pathology showed perivillous fibrinoid deposition and involved 25% of the placental parenchyma. On microscopic assessment, these areas were predominantly a histiocytic intervillitis. Immunohistochemistry for SARS-CoV-2 showed extensive, strong positive staining in the trophoblast of the involved areas. Reported COVID-19 chronic intervillitis cases depict the virus in syncytiotrophoblast. These findings suggest that SARS-CoV-2 placentitis is an uncommon but readily recognizable complication of maternal SARS-CoV-2 infection that may be a marker of potential vertical transmission and may have the capacity to cause fetal compromise through a direct injurious effect on the placenta.	The authors present a case of a 26-year-old woman of Polish nationality with delivery at 37 weeks gestation in Ireland on May 26, 2020, complicated by SARS-CoV-2 infection with demonstrable SARS-CoV-2 placentitis. SARS-CoV-2 placentitis is an uncommon but readily recognizable complication of maternal SARS-CoV-2 infection that may be a marker of potential vertical transmission and may have the capacity to cause fetal compromise through a direct injurious effect on the placenta.	Linehan L, O'Donoghue K, Dineen S, et al. SARS-CoV-2 placentitis: An uncommon complication of maternal COVID-19. <i>Placenta</i> . 2021;104:261-266. doi:10.1016/j.placenta.2021.01.012.
children; daily activities; lockdown; physical activity; COVID-19	15-Jan-21	Physical Activity and Daily Routine among Children Aged 0-12 during the COVID-19 Pandemic in Spain	International Journal of Environmental Research and Public Health	Original Research	The aim of this study was to analyze the physical activity (PA) and daily routine among children during the COVID-19 lockdowns in Spain, and to examine associated factors. Information on 837 children between the ages of 0 to 12 years (mean age = 6.22 years) was collected via online survey completed by their parents from March 23-May 6, 2020. Health behaviors (hours dedicated to sleep, PA, and screen use) and daily activity (school work, chores, artistic work/dancing/reading) were also collected. 50.2% of children were boys and the majority (87.9%) were from bi-parental households. The time children devoted to sleep was directly proportional to the time they devoted to PA ($p < 0.05$) and inversely proportional to the time they spent watching screens ($p < 0.05$). The levels of PA in the sample generally were low, as were the times spent on activities such as music or games [definition for low levels of time not specified by the authors]. Families with established routines had children who spent more time practicing PA ($p < 0.01$). The authors also state that the use of digital screens was a common part of children's routines during lockdown.	This descriptive study examined physical activity (PA) and daily routine of children between the ages of 0-12 years in Spain during the COVID-19 lockdown. The authors described differences in activity and routine across numerous characteristics, and concluded that levels of PA and time spent on activities such as music and games were low, and that digital screen use was a common part of children's routines during lockdown.	Cachón-Zagalaz, J., Zagalaz-Sánchez, M., Arufe-Giráldez, V., et al (2021). Physical Activity and Daily Routine among Children Aged 0-12 during the COVID-19 Pandemic in Spain. <i>International journal of environmental research and public health</i> , 18(2), 703. https://doi.org/10.3390/ijerph18020703

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
COVID-19; epidemiology; mortality	15-Jan-21	Indirect effects of the COVID-19 pandemic on pediatric healthcare use and severe disease: A retrospective national cohort study	Archives of Disease in Childhood	Original Research	The authors assessed national-level data to determine the indirect consequences of the COVID-19 pandemic on pediatric health care utilization and severe disease in Scotland. Pediatric emergency care utilization was assessed between March-August 2020 for patients ages 0-14 years, and compared to the mean of the equivalent period in previous years since 2016. Pediatric emergency care utilization for children requiring mechanical ventilation fell during the COVID-19 pandemic study period when compared to previous years, with an odds ratio of 0.52 (95% CI 0.37-0.70, $p < 0.001$) for likelihood of admission during the study period compared to previous years. No significant difference was demonstrated in clinical severity scores between the years examined. The greatest reduction in admissions occurred for diseases of the respiratory system (77% decrease, $p < 0.001$), and there was no difference in admissions for injury, poisoning, and other external causes. These changes are likely due to alterations in healthcare-seeking behavior and decreased spread of infectious childhood diseases due to lockdown measures.	This study examined emergency care utilization for the pediatric population in Scotland during the COVID-19 pandemic, compared to previous years. There was a reduction in use of emergency care for children requiring mechanical ventilation during the study period, with the greatest reduction seen for diseases of the respiratory system.	Williams TC, MacRae C, Swann OV, et al. Indirect effects of the COVID-19 pandemic on paediatric healthcare use and severe disease: a retrospective national cohort study. Arch Dis Child. 2021;archdischild-2020-321008. doi:10.1136/archdischild-2020-321008
COVID-19; emergency department; pediatric presentations	15-Jan-21	Paediatric presentations to Christchurch Hospital Emergency Department during COVID-19 lockdown	Journal of Paediatrics and Child Health	Original Research	The authors reviewed pediatric (<16 years) presentations at a tertiary emergency department (ED) during national Level 4 COVID-19 lockdown in Christchurch, New Zealand. This lockdown suspended public gatherings and educational facilities and limited domestic travel. The authors conducted a retrospective comparative study with 2 cohorts: patients presenting 15 February-18 March 2020 ('pre-lockdown'), and 26 March-28 April 2020 ('lockdown'), compared to the same periods in 2018 and 2019. Of the 2084 pediatric patients (n pre-lockdown = 1415, 624 females; n lockdown= 669, 300 females), there was a 53% reduction in pediatric presentations between the pre-lockdown and lockdown periods in 2020, which was significantly higher than the reduction in pediatric presentations during the same periods in 2018 (15%) and 2019 (10%) ($p < 0.00001$). The proportion of presentations by New Zealand European individuals increased during lockdown (+6.09%; $p = 0.01$) while that of Pacific people decreased (-3.36%; $p = 0.005$), compared to the pre-lockdown period. The proportion of presentations by <1-year-old children increased (+5.56%, $p = 0.001$) while that for children aged 11-15 years decreased (-7.91%; $p = 0.0001$). Despite injury being one of the leading causes for ED presentation, the crude number of injury-related presentations decreased by 55% (from $n = 514$ to $n = 231$) during the lockdown, with the greatest decrease seen in children aged 11-15 years (-18.76%, $p < 0.0001$). Additionally, there was a decrease in presentations due to respiratory-related conditions (-4.92%, $p = 0.001$).	The authors highlighted the decrease in pediatric visits at a tertiary emergency department in Christchurch, New Zealand, during national Level 4 COVID-19 lockdown. They noted a 53% decrease in overall pediatric visits during the lockdown, which was a significantly greater decrease than that seen during the same period in 2018 (15%) and 2019 (10%). They also noted an increase in presentations by children aged <1 month, and a decrease in those of children aged 11-15 years. There was a decrease in injury-related pediatric visits during the lockdown in 2020, particularly for children aged 11-15 years.	Bothara RK, Raina A, Carne B, et al. Paediatric presentations to Christchurch Hospital Emergency Department during COVID-19 lockdown. J Paediatr Child Health. 2021 Jan 15. doi: 10.1111/jpc.15347. PMID: 33450120.
COVID-19, Pregnancy, Cytokine profile, Interleukin, Interferon	15-Jan-21	The Impact of COVID-19 Infection on the Cytokine Profile of Pregnant Women: A Prospective	Cytokine	Article	The authors of this prospective study in Turkey conducted June 1 – August 30, 2020 compared the levels of various cytokines between pregnant women with confirmed SARS-CoV-2 infection and pregnant women without any defined risk factor. 90 women were included in the study group and 90 women were included in the control group. Demographic features, clinical characteristics, laboratory parameters,	The authors of this prospective study in Turkey compared the levels of various cytokines between pregnant women with confirmed SARS-CoV-2 infection and pregnant women	Tanacan A, Yazihan N, Erol SA, et al. The impact of COVID-19 infection on the cytokine profile of pregnant women: A prospective case-control

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		Case-Control Study			interferon-gamma, interleukin (IL-2), IL-6, IL-10 and IL-17 were compared between the two groups. Additionally, a correlation analysis was performed in the study group for assessment of cytokine levels with disease severity and CRP levels. The results showed that the study group had significantly higher pregnancy complication rates, erythrocyte sedimentation rate, C-reactive protein (CRP), procalcitonin, ferritin, D-dimer, lactate dehydrogenase, IF-gamma, and IL-6 values (p<0.05) compared to the control group. On the other hand, the control group had significantly higher hemoglobin, leukocyte, platelet, lymphocyte, IL-2, IL-10, IL-17 values (p<0.05). Statistically significant differences were found between the groups for IFN-gamma, IL-2, IL-10, and IL-17 values between trimesters (p<0.05). Additionally, statistically significant positive correlations were found for IFN-gamma (p<0.001) and IL-6 (p<0.001) with disease severity, and statistically significant positive moderate correlation was found between IL-6 and CRP (p<0.001). The authors concluded that SARS-CoV-2 infection seems to have an impact on the cytokine profile of pregnant women varying according to pregnancy trimesters and cytokine levels seem to be correlated with disease severity.	without any defined risk factor. They authors concluded that SARS-CoV-2 infection has an impact on the cytokine profile of pregnant women varying according to pregnancy trimesters and cytokine levels seem to be correlated with disease severity.	study. Cytokine. 2021;140:155431. doi: https://doi.org/10.1016/j.cyto.2021.155431 .
COVID-19; Mental health; Pandemic; Perinatal; Women	15-Jan-21	Effects of the COVID-19 pandemic on perinatal mental health in Spain: Positive and negative outcomes	Women and Birth	Original Research	The aim of this study was to describe the effects of the COVID-19 pandemic on maternal perinatal mental health in Spain. The authors conducted a cross-sectional survey study of 724 women (mean age 33.36 years) who were either pregnant (antenatal period, n=450) or who had given birth in the previous 6 months (postnatal period, n=274) at the time of the study, during the initial time of the COVID-19 alarm state in Spain. Recruitment was conducted between April 7-May 8, 2020. The Edinburgh Postnatal Depression Scale, the Positive and Negative Affect Schedule, and the Satisfaction With Life Scale were administered. The results showed that 58.7% and 51.2% of all participants reported depressive and anxiety symptoms, respectively. A regression analysis for life satisfaction showed that, besides the perception about their own health (p<0.001), being married/partnered (p=0.019) or being a health practitioner (p=0.004) were also significant predictors of higher life satisfaction during pregnancy. Perceptions about infant health (p=0.017) and sleep (p=0.009), perceptions about their own health (p=0.025), and being married/partnered (p=0.046) were significant predictors of higher life satisfaction during the postpartum stage. Statistically significant differences were found in depression symptoms (p=0.012) and negative emotions (p=0.024), depending on the type of feeding: breastfeeding, formula, or mixed. Women who fed their babies with formula reported higher levels of depressive symptoms and negative emotions than women who breastfed (p=0.043; p=0.042). The results indicated that the predictors of mental health during the COVID-19 pandemic were different depending on the perinatal stage of the woman. The authors argued it is crucial to integrate measures of both well-being and distress in protocols for evaluating perinatal mental health.	The authors conducted a cross-sectional survey study of 724 women who were either pregnant or who had given birth in the previous 6 months at the time of the study, during the initial time of the COVID-19 alarm state in Spain. The results showed that 58.7% and 51.2% of all women reported depressive and anxiety symptoms, respectively. The predictors of mental health during the COVID-19 pandemic were different, depending on the perinatal stage of the woman. Women who fed their babies with formula reported higher levels of depressive symptoms and negative emotions than women who breastfed	Chaves C, Marchena C, Palacios B, et al. Effects of the COVID-19 pandemic on perinatal mental health in Spain: Positive and negative outcomes [published online 2021 Jan 15]. Women Birth. 2021. doi:10.1016/j.wombi.2021.01.007

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COVID-19, UK, lateral flow test, school, children, regulatory agency	15-Jan-21	Covid-19: Government uses lateral flow tests to keep children in schools against regulator's advice	British Medical Journal (BMJ)	News Article	This article expresses concern over the decision by the UK government to use daily contact testing in schools as an alternative to self-isolation as part of an "ongoing evaluation." Concerns stem from the fact that schools have not been informed that they are being evaluated, and no informed consent or data collection processes are in place. Further, experts have raised concerns about the accuracy of contact testing, and warn that using this measure alone could increase the risk of outbreaks. The Medicines and Healthcare Products Regulatory Agency has not approved lateral flow kits (rapid tests) for this use, and have only given them emergency authorization for self-testing, not for "test-to-enable" situations where negative results would allow an activity which otherwise would not happen. The author concludes with a quote from the general secretary of the National Association of Head Teachers, which states, "The government are making a mistake. Without a sound scientific basis, the government are putting children, teachers, and families at risk. It must stop."	This article outlines the concern among experts over the decision by the UK government to use lateral flow testing (rapid testing) in schools as an alternative to self-isolation. The author outlines both the ethical concerns over lack of informed consent, but also the scientific concerns, whereby this test has not been approved for "test-to-enable" situations. In summary, this article presents concern that this decision will put families and teachers at risk.	Wise J. Covid-19: Government uses lateral flow tests to keep children in schools against regulator's advice. <i>Bmj</i> . January 2021. doi:10.1136/bmj.n148
SARS-CoV-2; negative; positive; children; clinical manifestations	15-Jan-21	Prospective cohort study of children with suspected SARS-CoV-2 infection presenting to paediatric emergency departments: a Paediatric Emergency Research Networks (PERN) Study Protocol	British Medical Journal (BMJ) Open	Protocol	The authors designed this prospective study to enroll 12,500 children presenting to 47 emergency departments (EDs) across 12 countries to evaluate SARS-CoV-2 positive and SARS-CoV-2 negative children's clinical characteristics and outcomes. The authors hope that an in-depth study of pediatric infection characteristics will lead to a better understanding of transmission risks and compare COVID-19 to other common pediatric respiratory illnesses. The study's recruitment began on 16 March 2020 in Calgary, Canada, and most other sites began between mid-April-mid-May, 2020. Eligible participants will include children <18 years who present to one of the participating EDs and are tested for SARS-CoV-2, regardless of the test outcome. Data collected on each participant will include demographic, epidemiologic, and clinical data at the ED visit and during hospitalization if relevant, and at 14 and 90 days following the ED visit. The study plans to continue recruiting participants through approximately March 2021, depending upon the pandemic's timing and intensity. Following this timeline, statistical models will be developed to identify risk factors for infection and severe outcomes.	This protocol describes a prospective study that will enroll 12,500 children (<18 years) presenting to 47 emergency departments across 12 countries to evaluate SARS-CoV-2 positive and SARS-CoV-2 negative children's clinical characteristics and outcomes.	Funk AL, Florin TA, Dalziel SR, et al. Prospective cohort study of children with suspected SARS-CoV-2 infection presenting to paediatric emergency departments: a Paediatric Emergency Research Networks (PERN) Study Protocol. <i>BMJ Open</i> . 2021;11(1):e042121. Published 2021 Jan 15. doi:10.1136/bmjopen-2020-042121
well-being; anxiety; fear; worry; women; pregnancy; COVID-19	15-Jan-21	Pregnant women's well-being and worry during the COVID-19 pandemic: a cross-sectional study	BioMed Central (BMC) Pregnancy and Childbirth	Research article	The authors conducted a descriptive cross-sectional study from May 5-August 5, 2020, of 484 pregnant women to investigate the worry and well-being concerns among pregnant women during the COVID-19 pandemic in Iran using the Persian version of the World Health Organization's Well-Being Index (WHO-5 Well-Being Index) and the Cambridge Worry Scale (CWS). The women's mean age was 28.3 ±5.8 years (range 16-47 years), and the mean gestational age was 24.3±8.9 weeks (range 4-40 weeks). 38 women reporting having a SARS-CoV-2 infected relative, and 20 reported knowing someone who died of COVID-19; both groups had higher levels of fear of COVID-19 than their counterparts (p=0.01 and p=0.002, respectively). Other factors attributed to a higher level of worry compared to their peers were a	The authors conducted a descriptive cross-sectional study from May 5- August 5, 2020, of 484 pregnant women to investigate the worry and well-being concerns among pregnant women in Iran during the COVID-19 pandemic.	Mortazavi F, Mehrabadi M, KiaeeTabar R. Pregnant women's well-being and worry during the COVID-19 pandemic: a cross-sectional study. <i>BMC Pregnancy Childbirth</i> . 2021;21(1):59. Published 2021 Jan 15. doi:10.1186/s12884-021-03548-4

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					women's age <30 years, spouse's age <30 years, nulliparous, employed, those with low family incomes, and those in their 2nd and 3rd trimester. Lower-levels of well-being were seen in women with a relative infected with SARS-CoV-2, the death of a relative from COVID-19, and fear of COVID-19 compared to their counterparts. The mean scores for the WHO-5 Well-Being Index were 64.9±29.0, the potential scores range from 0-100, and a score ≤50 indicates referral for further evaluation. 111 of the women had a low well-being score and were referred for evaluation. The mean score for the CWS was 38.5±22.7 with total scores ranging from 0-85, and a higher score indicating more worries. The authors state that worries and well-being have a close relationship in pregnant women and that low levels of well-being are worthy of attention by health care providers and policymakers.		
SARS-CoV-2; asymptomatic infection; coronavirus; delivery; maternal complications; perinatal outcomes; pregnancy	15-Jan-21	Obstetric Outcomes of SARS-CoV-2 Infection in Asymptomatic Pregnant Women	Viruses	Original Article	The authors aimed to determine if asymptomatic mothers with SARS-CoV-2 infection at delivery had different obstetric outcomes compared to negative patients. This was a multi-center prospective study conducted in Spain from March 23-May 31, 2020 based on universal antenatal screening for SARS-CoV-2 infection, and included 174 asymptomatic SARS-CoV-2-positive pregnant women (median age 32.6 years, range 18-45) and 430 negative pregnant women (median age 33.2 years, range 19-49). There were no significant differences in gestational age at delivery (positive: median 39 weeks, range 31-42; negative: median 39.1 weeks, range 28-42), or the incidence of preterm delivery, C-section, or stillbirth between groups. However, pre-labor rupture of membranes at term (≥37 weeks of gestation) was significantly more common in the infected group (17.8% infected vs. 10.2% non-infected, adjusted OR 1.88, 95% CI 1.13–3.11; p = 0.015). There were no differences in neonatal sex, birth weight, Apgar scores, or umbilical artery pH between groups. In summary, asymptomatic SARS-CoV-2 positive mothers had higher odds of pre-labor rupture of membranes at term, without an increase in perinatal complications, compared to negative mothers.	This multi-center prospective study conducted in Spain investigated whether asymptomatic mothers with SARS-CoV-2 infection at delivery had different obstetric outcomes compared to negative patients. Asymptomatic SARS-CoV-2-positive mothers had higher odds of pre-labor rupture of membranes at term, without an increase in perinatal complications, compared to negative mothers.	Cruz-Lemini M, Ferriols Perez E, de la Cruz Conty ML, et al. Obstetric Outcomes of SARS-CoV-2 Infection in Asymptomatic Pregnant Women. <i>Viruses</i> . 2021;13(1):E112. doi:10.3390/v13010112
Pregnancy, maternal outcomes, obstetrics, preterm birth, mortality	15-Jan-21	Clinical Characteristics and Outcomes of Hospitalized Women Giving Birth With and Without COVID-19	Journal of the American Medical Association (JAMA) Internal Medicine	Research Letter	The authors describe a comparison of the clinical characteristics and outcomes of hospitalized women with and without COVID-19 who gave birth from April 1-November 23, 2020 in Boston, USA. Associations between COVID-19 and in-hospital outcomes were examined using propensity score-adjusted regression. Among 406,446 women, 6380 (1.6%) had COVID-19. The women with COVID-19 were younger (p<0.001), more often Black and/or Hispanic (p<0.001), and more likely to have diabetes and obesity (p<0.001). Of the 6380 women with COVID-19, 212 (3.3%) needed intensive care, 86 (1.3%) needed mechanical ventilation, and 9 (0.1%) died in the hospital. Although in-hospital mortality was low, it was significantly higher in the women with COVID-19 than in those without COVID-19 (141 [95% CI, 65-268] vs 5.0 [95% CI, 3.1-7.7] deaths per 100 000 women). Rates of myocardial infarction and venous thrombo-embolism were higher in the women with COVID-19 than in those without COVID-19	In this comparison of clinical characteristics and hospital outcomes for pregnant women with and without COVID-19 who gave birth in Boston, USA, the authors found that women with COVID-19 were younger, more often Black and/or Hispanic, and more likely to have diabetes or obesity. In-hospital mortality and preterm birth were higher for women with COVID-19. Age, morbid obesity, diabetes, kidney disease, eclampsia, thrombotic	Jering KS, Claggett BL, Cunningham JW, et al. Clinical Characteristics and Outcomes of Hospitalized Women Giving Birth With and Without COVID-19. <i>JAMA Intern Med</i> . Published online January 15, 2021. doi:10.1001/jamainternmed.2020.9241

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					(myocardial infarction: 0.1% vs 0.004%; VTE: 0.2% vs 0.1%; P <0 [mv1] .001). COVID-19 was associated with higher odds of pre-eclampsia (aOR, 1.21 [95% CI, 1.11-1.33]) and preterm birth (aOR, 1.17 [95% CI, 1.06-1.29]) but not with significantly higher odds of stillbirth (aOR, 1.23 [95% CI, 0.87-1.75]. Among women with COVID-19, age, morbid obesity, diabetes, kidney disease, eclampsia, thrombotic events, and stillbirth were associated with higher odds of mechanical ventilation use or in-hospital death.	events, and stillbirth were associated with worse outcomes.	
COVID-19; SARS-CoV-2; influenza; laboratory characteristics	15-Jan-21	Comparison of laboratory data between children with COVID-19 and influenza	Kaohsiung Journal of Medical Sciences	Correspondence	In this study, the authors compared laboratory data of pediatric patients with influenza (n=67; mean age 35 months [range 22-51 months]; 67.2% male) and those with SARS-CoV-2 infection (n=24; mean age 54 months [range 15-105 months]; 50% male). Laboratory data for those with influenza were obtained from admissions at Shenzhen Baoan Women's and Children's Hospital, and those for SARS-CoV-2-infected children were obtained from literature on PubMed. On univariate analysis, the authors determined that children with SARS-CoV-2 infection had statistically lower levels of procalcitonin (p=0.001), aspartate aminotransferase (AST; p<0.001), and lactate dehydrogenase (p=0.036), while multivariate analysis revealed significantly lower AST only (p<0.001). They also found that 3/10 children with COVID-19 whose body temperatures were taken had temperature <38.0°C. The authors also suggested that the different levels of AST in COVID-19 and influenza could be reflective of the degree of organ inflammation in both diseases. They recommended suspecting COVID-19 in children presenting with flu-like symptoms and low AST levels in an acute pediatric care setting. Additionally, they suggested the use of body temperature as a non-invasive diagnostic tool in differentiating between COVID-19 and influenza in pediatric patients.	The authors concluded that children with COVID-19 had statistically significantly lower levels of procalcitonin, aspartate aminotransferase (AST), and lactate dehydrogenase, compared to children with influenza. They also recommended careful vigilance by clinicians for pediatric patients presenting with flu-like symptoms and lower AST as being possibly reflective of COVID-19.	Liu XP, Guo MM, Liu SF, et al. Comparison of laboratory data between children with COVID-19 and influenza. Kaohsiung J Med Sci. 2021 Jan 15. doi: 10.1002/kjm2.12353. PMID: 33452732.
Exposome, COVID-19, Non-pharmacological Interventions (NPI)	15-Jan-21	Exposome changes in primary school children following the wide population non-pharmacological interventions implemented due to COVID-19 in Cyprus: A National Survey	EClinicalMedicine	Research Paper	The authors implemented a national survey to study changes in children's exposome profile upon the reopening of primary schools in Cyprus after a population-wide COVID-19 lockdown (May 21 - June 26, 2020) and compared it to the children's exposome profile during the pre-lockdown period (before March 2020). The online survey consisted of questions taken from 4 validated questionnaires related to demographics and general characteristics of children (age, sex, health status, height, weight, city, returned or not to school) and questions about lifestyle and behavior. A total of 1509 primary school children were included. The mean age was 9.6 years (SD:1.7; range 5-14 years), with 52% males and 48% females. The children's health status was reported as healthy (92%) with 8% of children reported to have a chronic illness. The changes observed from this study included reduced physical activity based on a spare time activity score of 1.38 [1.25, 1.62] indicating weekly frequency of physical activity during free time in the post lockdown period vs 1.5 [1.38, 1.75] in the pre-lockdown phase (p<0.001); further changes included increased consumption of sugary food items with 37% and 26% of the children eating sugary items daily and 4-6 times per week in the post-lockdown period,	The authors implemented a national survey to study changes in children's exposome profile upon the reopening of primary schools in Cyprus after a population-wide COVID-19 lockdown and compared it to the children's exposome profile before lockdown. Results indicate changes in diet, physical activity, and sedentary behavior.	C. Konstantinou et al., Exposome changes in primary school children following the wide population nonpharmacological interventions implemented due to COVID-19 in Cyprus: A national survey, EClinicalMedicine (2021), https://doi.org/10.1016/j.eclinm.2021.100721

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					respectively, as compared to 33% and 19% for the pre-lockdown period (p<0.001). The authors also found increased screen time in the post-lockdown period (p<0.001), with screen time being 1-3 hours/day for 62% of children and 4-7 hours/day for 25% of children. These modifications can potentially alter the risk of chronic disease and are therefore important to consider when determining the possible impacts of any NPI measure.		
newborn care, anxiety, self-efficacy, coaching, breastfeeding, infant feeding	15-Jan-21	Implementing Essential Coaching for Every Mother during COVID-19: A Pilot Pre-Post Intervention Study	medRxiv	Preprint (not peer-reviewed)	This study conducted July 15-September 19, 2020 in Canada evaluated the preliminary impact of Essential Coaching for Every Mother on self-efficacy, social support, postpartum anxiety and postpartum depression during the COVID-19 pandemic. This mobile health program sends daily text messages providing support and education to mothers during the 6-week postpartum period; it was modified to also include information related to COVID-19 and infant feeding. 88 first-time mothers (mean age 30.81 years; range not indicated) completed a survey at enrollment (after birth) and again 6 weeks postpartum to assess changes between baseline to follow-up. Self-efficacy scores (according to the Karitane Parenting Confidence Scale) increased between baseline and follow-up (p=0.000) indicating increased parenting confidence, while State-Trait Anxiety Inventory scores declined (p=0.004) indicating reduced anxiety symptoms. 78 mothers (88.6%) opted in to receive text messages related to breastfeeding and the remainder opted for formula feeding messages, with 2 participants changing from breastfeeding to formula messages while in the program. 84.5% felt the messages contained all the information they needed to care for a newborn and 98.8% indicated they would recommend this program to other new mothers. These results indicate that this program may be useful during the COVID-19 pandemic to address current gaps in postpartum education and support.	This prospective pre-post study in Canada evaluated the preliminary impact of Essential Coaching for Every Mother on self-efficacy, social support, postpartum anxiety and postpartum depression among participating mothers during the COVID-19 pandemic.	Dol J, Aston M, Grant A, McMillan D, Murphy GT, Campbell-Yeo M. Implementing essential coaching for every mother during COVID-19: A pilot pre-post intervention study. medRxiv. 2021:2021.01.13.21249598. doi: 10.1101/2021.01.13.21249598.
COVID-19; pandemic; immunization; lockdown	15-Jan-21	Keeping childhood immunisation rates stable during the COVID-19 pandemic	The Lancet	Correspondence	The authors documented the efforts taken by the Scottish government and healthcare system to ensure the stability of childhood vaccination rates during the COVID-19 pandemic, wherein attendance at childhood immunization clinics remained stable in the Lothian region during the period of lockdown. There were many adaptations made to the Scottish Vaccination Transformation Programme during the pandemic. Vaccines were given at fixed-point clinics that were accessible by public transport, and mobile teams were used for children unable to attend clinics. In contrast to the pre-pandemic period, data on immunization clinic attendance and vaccine uptake were collected more frequently. Arrangements were made to establish trust and ensure families felt well-informed and cared for, including sending personalized reminders via phone, addressing concerns, making accommodations for those requiring interpreters, sending postcards with vaccination dates, and using social media, printed media, and the Internet to provide up-to-date vaccination information. Secure funding of the immunization program by the Scottish government allowed staff to continue in their existing roles, rather than being added to the COVID-19 response staff	The authors summarized the adaptations undertaken by the Scottish Vaccination Transformation Programme, which led to stable vaccination rates in the Lothian region of Scotland during the COVID-19 pandemic lockdown. The adaptations included: improving accessibility to immunization clinics and facilities by utilizing fixed point clinics or mobile teams when needed; increasing the frequency of data collection on immunizations in the region; and addressing parental concerns and providing	Jarchow-MacDonald AA, Burns R, Miller J, Kerr L, Willocks LJ. Keeping childhood immunisation rates stable during the COVID-19 pandemic. Lancet Infect Dis. January 2021. doi:10.1016/S1473-3099(20)30991-9

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school transmission; COVID-19; spatial cluster; classrooms	15-Jan-21	High rates of SARS-CoV-2 transmission in a high-school class	Journal of Paediatrics and Child Health	Brief Communication	In this study, researchers analyzed SARS-CoV-2 transmission in a single classroom in an Italian high school identified by an index case of a 16-year-old student who arrived at a pediatric emergency department with a positive SARS-CoV-2 test and accompanying symptoms of fever, headache, and lack of taste and smell. The student arrived at the hospital on 24 September 2020, and had been exposed to 2 classmates with flu-like symptoms and microbially-confirmed SARS-CoV-2 one week earlier. Due to logistic issues, students in the case's classroom were not adequately distanced from one another, had no industrial ventilation equipment, and were not provided access to hand sanitizers. Of the 26 total classmates in the student's classroom, 9 had proven infection in a pattern that suggested a spatial cluster. Only 6 of the 9 infected students developed symptoms, with all 6 having fever, 4 having headache and cough, and 2 having severe fatigue. The results of the study demonstrate that adolescents can spread SARS-CoV-2 infection if adequate preventive measures (masking, hand hygiene, and distance) are not used. Active surveillance and enforcement of public health safety measures is therefore key to limiting SARS-CoV-2 transmission among adolescents in schools.	personalized reminders and accommodations (such as interpreters).	Buonsenso D, Graglia B. High rates of SARS-CoV-2 transmission in a high-school class. <i>J Paediatr Child Health</i> . 2021;10.1111/jpc.15340. doi:10.1111/jpc.15340
Well-being, parents, family life, school closures, childcare, satisfaction, children	14-Jan-21	Parental well-being in times of Covid-19 in Germany	Review of Economics of the Household	Original Research	In this study, the authors examine the effects of COVID-19 related restrictions on individuals with dependent children in Germany. They use data from the online COMPASS study, a nationwide well-being survey, with analysis focusing on 14,781 observations of 8977 individuals from May-June 2020. Satisfaction with life in general, satisfaction with family life, and with satisfaction with childcare were the main outcome variables. They also used data from the German Socio-Economic Panel Study (SOEP), an annual representative household panel study. Mean age of participants was 45 years [range not reported]. Using a difference-in-difference analysis, the authors found that overall, the reported levels of satisfaction with life in general, with family life, and with childcare were significantly lower during the COVID-19 pandemic for parents with children relative to individuals without dependent children ($p < 0.01$). During the pandemic, life satisfaction and satisfaction with family life saw the largest decreases for families with young children (toddlers and preschoolers). There was a large drop in satisfaction with childcare for parents of children 11–15 years of age compared with the other satisfaction measures, which likely reflects the impact of school closures. The authors conclude that public policy measures taken to contain COVID-19 can have large effects on family well-being.	In this study, the authors assessed the effects of COVID-19 related restrictions on individuals with dependent children in Germany. Overall, the reported levels of satisfaction with life in general, with family life, and with childcare were significantly lower during the COVID-19 pandemic for parents with children relative to individuals without dependent children. The authors conclude that public policy measures taken to contain COVID-19 can have large effects on family well-being.	Huebener M, Waights S, Spiess CK, Siegel NA, Wagner GG. Parental well-being in times of Covid-19 in Germany. <i>Rev Econ Househ</i> . 2021;1:32. doi:10.1007/s11150-020-09529-4
COVID-19; pediatric; MIS-C; Spain	14-Jan-21	Spanish consensus document on diagnosis, stabilisation and	Anales de Pediatría (English Edition)	Article	The authors reviewed the existing literature on PIMS-TS or MIS-C and provide recommendations on the stabilization, diagnosis, and treatment of this syndrome in Spain. The syndrome seems to be associated with active or recent infection by SARS-CoV-2. Most	The authors reviewed the existing literature on PIMS-TS or MIS-C and provide recommendations on the	García-Salido A, Antón J, David Martínez-Pajares J, et al. Spanish consensus document on diagnosis,

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		treatment of pediatric multisystem inflammatory syndrome related to SARS-CoV-2 (SIM-PedS)			affected patients have positive IgG antibody tests and elevated inflammatory markers, which suggests immune dysregulation as opposed to a direct pathogenic effect of the virus. It has significant overlap with the different clinical forms of Kawasaki Disease (KD). Most frequent clinical manifestations include diagnostic criteria for complete or incomplete KD at any age, gastro-intestinal manifestations (vomiting, nausea, abdominal pain, diarrhea), elevation of acute-phase reactants, shock, hypotension, myocardial dysfunction, lymphopenia, anemia, and thrombocytopenia. Compared to complete KD, PIMS-TS is associated with higher levels of C-Reactive Protein, ferritin, inflammatory cytokines, and N-terminal pro b-type natriuretic peptide, and a higher frequency of lymphopenia and thrombocytopenia, with no differences in D-dimer levels. Treatment options include IV immunoglobulin, systemic corticosteroid therapy, interleukin-1 inhibitors, infliximab, tocilizumab, remdesivir (in the context of clinical trial or after obtaining authorization for expanded access), anti-thrombotic and anti-aggregant therapy, acetylsalicylic acid, and extracorporeal membrane oxygenation (ECMO) rescue therapy. Any patient with suspected PIMS-TS should be transferred to a hospital allowing multidisciplinary management.	stabilization, diagnosis, and treatment of this syndrome in Spain. The syndrome seems to be associated with active or recent infection by SARS-CoV-2. Any patient with suspected PIMS-TS should be transferred to a hospital allowing multidisciplinary management.	stabilisation and treatment of pediatric multisystem inflammatory syndrome related to SARS-CoV-2 (SIM-PedS). An <i>Pediatr (Engl Ed)</i> . 2021;94(2):116.e1-116.e11. doi:10.1016/j.anpede.2020.09.005.
Coronavirus disease 2019, Novel coronavirus, SARS-CoV-2, Severe acute respiratory syndrome coronavirus-2, epidemiological characteristics, children, COVID-19, Saudi Arabia	14-Jan-21	SARS-CoV-2 Infection in Children, Clinical Characteristics, Diagnostic Findings and Therapeutic Interventions at a Tertiary Care Center in Riyadh, Saudi Arabia	Journal of Infection and Public Health	Article	To describe the clinical features of pediatric COVID-19, the authors retrospectively reviewed 742 patients ≤14 years of age with SARS-CoV-2 infection confirmed by PCR of nasal/throat swab from April-July 2020 at a children's hospital in Saudi Arabia. Data were collected on demographics, comorbidities, symptoms, imaging, laboratory findings, treatments, and clinical outcomes. Among of 742 patients, 71 (9.6%) were hospitalized. The median age of patients was 6 years (IQR 2.8-10.6 years) and 60% of children were ≥5 years old [range not reported]. 461 (62.1%) had close contact with confirmed cases. 54.6% were asymptomatic. Among the entire cohort, the most common symptoms at the onset of illness were fever (32.5%), respiratory symptoms (21%) and gastro-intestinal symptoms (10.3%). Hospitalized patients presented more often with fever (71.8% vs 27.4%; p<0.000), lower respiratory tract symptoms (14.1% vs 2.8%; p<0.000), and gastro-intestinal symptoms (40.8% vs 7.2%; p<0.000), and were younger in age (p<0.000 [conflicting statements between results and discussion section]) compared to non-hospitalized patients. 12 patients were admitted to the pediatric ICU (PICU), 5 were diagnosed with MIS-C, 1 with Kawasaki Disease, and 1 with pneumonia. Among hospitalized children, those admitted to the PICU had higher creatinine (p<0.000), lower hemoglobin (p=0.016), higher neutrophil (p=0.004), and higher white blood cell counts (p=0.012) compared to those hospitalized without PICU admission. The authors conclude that these results can aid in early identification and risk stratification for critical COVID-19 and MIS-C.	This study reviewed the demographics, comorbidities, symptoms, imaging, laboratory findings, treatments, and clinical outcomes of 742 pediatric patients (≤14 years) with SARS-CoV-2 in Saudi Arabia. Hospitalized patients presented more often with fever, lower respiratory symptoms, and gastro-intestinal symptoms, and were younger in age compared to non-hospitalized patients. Those admitted to the ICU had higher creatinine, lower hemoglobin, higher neutrophil, and higher white blood cell counts compared to those hospitalized without ICU admission. These results can aid in early identification and risk stratification for critical COVID-19 and MIS-C.	Alharbi M, Kazzaz YM, Hameed T, et al. SARS-CoV-2 infection in children, clinical characteristics, diagnostic findings and therapeutic interventions at a tertiary care center in Riyadh, Saudi Arabia. <i>Journal of Infection and Public Health</i> . 2021;14(4):446-453. doi: https://doi.org/10.1016/j.jiph.2020.12.034.
COVID-19; pediatric;	14-Jan-21	Pediatric inflammatory	Pediatric Research	Original Research	This study assessed the impact of the COVID-19 pandemic on health care provision, fear of infection, adherence to medical treatment, and	This study assessed the impact of COVID-19 pandemic on	Dorfman L, Nassar R, Binjamin Ohana D, et al.

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inflammatory bowel disease; Israel		bowel disease and the effect of COVID-19 pandemic on treatment adherence and patients' behavior			compliance with preventative instructions in children and adolescents with inflammatory bowel disease (IBD) in Israel. A cross-sectional telephone survey using a Likert scale-based questionnaire was conducted among 244 pediatric patients with IBD (median age=15.3 years, IQR=12.6-17.1 years; 48% female) between May 31 - July 9, 2020. A high rate of fear of severe SARS-CoV-2 infection due to IBD or IBD medications was reported (n=198, 81.1%). Most patients followed the Ministry of Health instructions (n=228, 93.4%), while almost 50% took additional protective measures, including avoidance of school and complete lockdown. Concerns regarding the attendance of regular clinics (n=116, 47.5%) and emergency rooms (n=178, 73%) in case of IBD exacerbation were frequently reported. Only 7 patients (2.9%) changed or discontinued their IBD treatment due to COVID-19. Patients in primary school and younger tended to take more additional protective measures compared to those in high school (57.3% vs. 42.5%, p = 0.02). Younger patients who completed the survey with a parent (n=218) stated more frequently that they were not afraid to attend the emergency room during the pandemic, compared to 18-year-old young adults (n=26), who answered the survey by themselves (19.2% vs. 2.3%, p<0.01). These findings emphasize the importance of providing patients with the most updated information regarding their chronic condition and the effect of global medical issues on their disease and treatment, particularly during a time of the global pandemic.	health care provision, fear of infection, adherence to medical treatment, and compliance with preventative instructions in children and adolescents with inflammatory bowel disease (IBD) in Israel. The authors found a high rate of fear of severe COVID-19 and fear of attending necessary medical facilities. Almost 50% of pediatric patients with IBD took additional protective measures, including avoidance of school and voluntary lockdown during the COVID-19 pandemic.	Pediatric inflammatory bowel disease and the effect of COVID-19 pandemic on treatment adherence and patients' behavior. <i>Pediatr Res.</i> 2021:1-5. doi:10.1038/s41390-020-01312-6.
COVID-19; pregnancy; vaccine; clinical trials	14-Jan-21	COVID-19 vaccine testing in pregnant females is necessary	Journal of Clinical Investigation	Commentary	The authors discussed using the currently approved COVID-19 mRNA vaccines (Pfizer-BioNtech BNT162b2 and Moderna mRNA-1273) during pregnancy and make recommendations to incorporate age, sex, and pregnancy in the preclinical and clinical vaccine development pipeline. To date, none of the approved COVID-19 vaccines have been tested for safety, immunogenicity, reactogenicity, or efficacy in pregnant women or their effects on fetal programming. It is not ethical to ask pregnant women and their medical providers to make decisions about the COVID-19 vaccine in pregnancy and the implications for the health of the pregnancies and fetal and neonatal development, with little to no empirical evidence upon which to base such decisions. Other than live virus vaccines, there is no ethical reason not to include pregnant women in Phase III trials of the COVID-19 vaccines, especially if preclinical safety and toxicology data were available in animal models. Greater consideration of women's health in vaccine studies is encouraged.	The authors discussed using the currently approved COVID-19 mRNA vaccines (Pfizer-BioNtech BNT162b2 and Moderna mRNA-1273) during pregnancy and make recommendations to incorporate age, sex, and pregnancy in the preclinical and clinical vaccine development pipeline. Other than live virus vaccines, there is no ethical reason not to include pregnant women in Phase III trials of the COVID-19 vaccines.	Klein SL, Creisher PS, Burd I. COVID-19 vaccine testing in pregnant females is necessary. <i>J Clin Invest.</i> 2021:147553. doi:10.1172/JCI147553.
COVID-19, ECMO, cesarean section, pregnancy	14-Jan-21	A Case Report of Sedation Strategy for a Patient With Coronavirus Disease 2019 Supported by Extracorporeal	The Heart Surgery Forum	Case Report	The authors report the case of a patient pregnant at 35+2 weeks gestation who was admitted to the hospital with a sore throat, fever, respiratory symptoms, and shortness of breath on February 1, 2020, in China. After her symptoms were not relieved with high-flow oxygen inhalation, the patient was intubated with mechanical ventilation and underwent an emergency cesarean section. An emergency chest CT revealed infection in the lower left lung, and the results of an	The authors describe the case of a pregnant patient who was admitted to the hospital with COVID-19, underwent emergency C-section and developed agitation in response to ECMO-assisted	Liao X, Cheng Z, Wen J, Li B. A Case Report of Sedation Strategy for a Patient With Coronavirus Disease 2019 Supported by Extracorporeal Membrane Oxygenation

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		Membrane Oxygenation After Cesarean Section			oropharyngeal swab were positive for SARS-CoV-2 infection. Preliminary diagnosis included: 1) novel coronavirus pneumonia (critical and severe); 2) septic shock; 3) multiple organ dysfunction syndrome (heart, lung, liver, kidney); and 4) late pregnancy (35+2 weeks of pregnancy) with C-section. The patient was initially treated with antibiotics, mechanical ventilation, nutritional support, and fluid balance under hemodynamic monitoring. However, on February 6, 2020, she was clinically unstable and further treated with VV ECMO for support. The patient was abnormally agitated during ECMO-assisted therapy and was subsequently sedated with midazolam, propofol, dexmedetomidine, and "hibernation mixture" for several days. A tracheotomy was then performed to promote sputum excretion and reduce infection, and the machine was successfully withdrawn after the patient recovered. The authors suggest that early tracheotomy assisted with ECMO for pregnant patients with COVID-19 may reduce the need for sedation therapy and accelerate lung function recovery.	therapy. Sedation, along with a tracheotomy, finally led to symptom resolution. The authors suggest that early tracheotomy assisted with ECMO for pregnant patients with COVID-19 may reduce the need for sedation therapy and accelerate lung function recovery.	After Cesarean Section. <i>Heart Surg Forum.</i> 2021;24(1):E019-E021. Published 2021 Jan 14. doi:10.1532/hsf.3459
COVID-19, children, Kawasaki disease, complement system, lectin	14-Jan-21	Does the Lectin Complement Pathway Link Kawasaki Disease and SARS-CoV-2?	Frontiers in Immunology	Opinion Article	This article states that the complement system, particularly the lectin pathway, may underlie the similarities between MIS-C and Kawasaki disease. Previously, COVID-19 has been shown to involve the lectin pathway, whereby critical pathway proteins co-localize with SARS-CoV-2 in post-mortem lung tissue. Further, SARS-CoV-2 induces protein expression that activates the complement pathway, and this activation is thought to produce the blood clotting common to both MIS-C and Kawasaki disease. Similarly, Kawasaki disease is known to up-regulate the complement pathway via interactions between immune complexes and classical complement pathway components. The authors assert that, though the evidence that the complement pathway connects both COVID-19 and Kawasaki disease is largely circumstantial, it also seems undeniable. They hope that this article will stimulate interest in exploring this possible connection, and that this pathway might serve as a viable therapeutic target for both diseases.	This article explores the possibility that the complement system is the common link between COVID-19 and Kawasaki disease. The authors point to prior correlative evidence suggesting that this pathway is up-regulated in both disease types, and that this might prove a viable therapeutic option for disease treatment.	Polycarpou A, Grigoriadou S, Klavinskis L, et al. Does the Lectin Complement Pathway Link Kawasaki Disease and SARS-CoV-2?. <i>Front Immunol.</i> 2021;11:604512. doi:10.3389/fimmu.2020.604512
COVID-19; pediatric; chilblains	14-Jan-21	Pediatric COVID Toes and Fingers	Clinics in Dermatology	Systematic Review	The authors systematically reviewed current literature on pediatric chilblains and their possible association with COVID-19. Chilblains (synonyms pernio or perniosis) has been discussed as a possible cutaneous manifestation of COVID-19. Idiopathic or primary chilblains is a dermatologic disorder believed to result from an abnormal vascular response to damp and cold but non-freezing environments. 17 records were identified using the PubMed database, including 12 case series, 2 case reports, 2 research letters, and 1 registry study. Unlike adult patients with COVID toes, children are less likely to manifest symptomatic COVID-19. While a few studies have found some linkage to COVID-19 through serum IgA or IgG SARS-CoV-2 spike protein, other studies have no demonstrable linkage, suggesting that barefoot children in cold weather develop such lesions. It appears that the chilblains-like lesions related to the period of the COVID-19 pandemic may reflect a brisk immune response portending a good prognosis and perhaps some form of innate immunity. Because the surge in pernio	The authors systematically reviewed current literature on pediatric chilblains and their possible association with COVID-19. Because the surge in pernio cases has been predominantly in children and children are often asymptomatic or mildly symptomatic carriers of COVID-19, the association can only be inferred at this time from secondary data, such as exposure to COVID-19 patients. Expanded studies with electron microscopy of	Koschitzky M, Oyola RR, Lee-Wong M, et al. Pediatric COVID Toes and Fingers. <i>Clinics in Dermatology.</i> 2021. doi:10.1016/j.clinidermatol.2020.12.016.

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					cases has been predominantly in children and children are often asymptomatic or mildly symptomatic carriers of COVID-19, the association can only be inferred at this time from secondary data, such as exposure to COVID-19 patients. Expanded studies with electron microscopy of skin lesions are needed to further understand cutaneous manifestations of COVID-19. Detection of pernio may be a useful tool for the early diagnosis of COVID-19 in otherwise asymptomatic carriers and should be considered in contact tracing, thereby having an important public health implication for preventing disease spread.	skin lesions are needed to further understand cutaneous manifestations of COVID-19.	
Reproduction, fertility, elective procedures, women's health, pregnancy	14-Jan-21	To treat or not to treat: perceptions of the initial American Society for Reproductive Medicine COVID-19 recommendations among women's health providers	Journal of Assisted Reproduction and Genetics	Original Research	This study evaluated perceptions of the initial American Society for Reproductive Medicine (ASRM) COVID-19 recommendations for infertility treatment among women's health providers, which included suspending initiation of new treatment cycles, suspending elective surgeries, and minimizing in-person interactions, among others (March, 2020). It also assessed participant attitudes toward pregnancy and fertility during the pandemic. An electronic survey was sent to 278 women's health providers [ages 18-51+ years] at a large tertiary care hospital in Alabama, USA from May 22-June 10, 2020. Survey response rate was 45% (n = 127). The most common change in clinical practice was "completed treatment for patients in cycle, but cancelled new cycles" (34%). 46% viewed infertility treatment as elective. 63% of participants viewed the ASRM recommendations as fair, and 67% viewed them as reasonable. Participants aged 18–30 years were more likely to feel that women should have access to infertility treatment despite the burden level of COVID-19 (p = 0.0058). Participants in General Ob/Gyn, Maternal Fetal Medicine and Gynecologic Oncology were more likely to disagree that all women should refrain from planned conception during the COVID-19 pandemic, compared to those in Urogynecology and Reproductive Endocrinology and Infertility (p = 0.0003). The authors conclude that overall, the study shows support for the initial ASRM recommendations.	In this study, the authors surveyed women's health providers in Alabama, USA regarding the American Society for Reproductive Medicine (ASRM) COVID-19 recommendations for infertility treatment (March, 2020). 63% of participants viewed the recommendations as fair, and 67% viewed them as reasonable. Participants aged 18–30 years were more likely to feel that women should have access to infertility treatment despite the burden level of COVID-19.	Wiltshire A, Jackson-Bey T, Walker Z, et al. To treat or not to treat: perceptions of the initial American Society for Reproductive Medicine COVID-19 recommendations among women's health providers. J Assist Reprod Genet. 2021;1-6. doi:10.1007/s10815-021-02064-w
COVID-19, considerations, children, families, pandemic	14-Jan-21	COVID-19: Considerations for Children and Families During the Pandemic	Frontiers in Pediatrics	Review	This review summarized current literature on the unique physical and psychological health problems posed to children and families during the COVID-19 pandemic. Based on children's decreased risk of infection but susceptibility to MIS-C, it is important for parents to show children a positive attitude in preventing the spread of COVID-19. This paper presents the following considerations: parents should avoid large public gatherings, children and other family members should be tested for SARS-CoV-2 if symptomatic following possible exposures, children with COVID-19 that are suspected of MIS-C should be hospitalized in a timely manner, children should be vaccinated for other pediatric communicable diseases, parents should aim to prevent psychosocial distress prompted by disruption to daily life, parents should be aware of and rectify false information exposure from social media, and families should be aware of exacerbation of abuse and violence against children during the pandemic. In addition, the review notes that, although there is some controversy over COVID-19-positive	This review discusses physical and psychological health problems posed by the COVID-19 pandemic, against which parents and families should take precautions. The authors note that SARS-CoV-2-infected mothers can safely breastfeed if proper mask-wearing and hand hygiene is followed.	Tang B, Alam D, Rakib MU et al. COVID-19: Considerations for Children and Families During the Pandemic. Frontiers in Pediatrics. 2021; 8: 600721. doi: 10.3389/fped.2020.600721

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					mothers breastfeeding, there is no reliable evidence of transmission via this route, and so only basic mask-wearing and hand hygiene should be followed.		
COVID-19; pregnant women; fear; knowledge; northwest Ethiopia	14-Jan-21	The effects of fear and knowledge of COVID-19 on preventive practice among pregnant women who attend antenatal care in northwest Ethiopia, 2020: Institution-based cross-sectional study	International Journal of Women's Health	Original Research	The authors conducted a cross-sectional study from July-August 2020 in northwestern Ethiopia to assess the effects of fear and knowledge of COVID-19 on preventive practices of pregnant women attending antenatal classes. A total of 422 women (mean age 27.56±5.03 years, no age range given) participated in the study. 50.9% of the respondents had a fear of COVID-19, 55% had good knowledge about prevention, and 47.4% practice preventive measures against COVID-19. Those who had good knowledge of preventive practices were 2.3 times (aOR:2.308, 95% CI 1.541-3.457) more likely to practice good prevention than their counterparts. Those who were fearful of COVID-19 were 2.5 times (aOR:2.485, 95% CI 1.664-3.711) more likely to have good preventive practice. The authors stress that with only half of the pregnant women practicing good prevention against COVID-19, it is crucial for healthcare workers to develop strategies to improve prevention practices.	The authors conducted a cross-sectional study from July-August 2020 in northwestern Ethiopia to assess the effects of fear and knowledge of COVID-19 on preventive practices of pregnant women attending antenatal classes.	W/Mariam TG, Kassie BA, Asratie MH, Abate AT. The Effects of Fear and Knowledge of COVID-19 on Preventive Practice Among Pregnant Women Who Attend Antenatal Care in Northwest Ethiopia, 2020: Institution-Based Cross-Sectional Study. <i>Int J Womens Health</i> . 2021;13:95-100. Published 2021 Jan 14. doi:10.2147/IJWH.S286088
Placenta, pathology, vertical transmission, histology, pregnancy	14-Jan-21	Placental pathology of the third trimester pregnant women from COVID-19	Diagnostic Pathology	Original Research	In this study, the authors assessed placental tissues from 8 cases of pregnant women (25- 40 years of age) with confirmed COVID-19 in their 3rd trimester from January 30- April 23, 2020 in Wuhan, China. They analyzed clinical characteristics of SARS-CoV-2 infected pregnant women and their neonates, assessed placental pathological changes by histology and immunohistochemistry, and determined the presence of SARS-CoV-2 infection in placentas by Fluorescence In-Situ Hybridization (FISH). 4 of the pregnant women were symptomatic, 5 had typical ground glass findings on lung CT, and all 8 recovered after delivery. None of the neonates tested positive for SARS-CoV-2 after birth. On placental examination, features of maternal vascular malperfusion were present in all 8 cases and increased focal peri-villous fibrin depositions were present in 7 cases. No significant chronic histiocytic intervillitis was noted and the number of macrophages and inflammatory cells in the placental villi was not significantly increased. Additionally, all 8 placentas demonstrated negative results by FISH using a SARS-CoV-2 virus RNA probe and by immunofluorescence using a monoclonal antibody against SARS-CoV-2 spike protein. The authors conclude that in this study there was no evidence of maternal-fetal vertical transmission in pregnant women with COVID-19 in their 3rd trimester.	The authors assessed placental tissues from 8 pregnant women with confirmed COVID-19 in their 3rd trimester in Wuhan, China. All 8 placentas showed features of maternal vascular malperfusion, however none showed presence of SARS-CoV-2 on FISH or immunofluorescence evaluation. The authors conclude that there was no evidence of vertical transmission based on these results and negative SARS-CoV-2 swabs in all 8 infants.	Gao L, Ren J, Xu L, et al. Placental pathology of the third trimester pregnant women from COVID-19. <i>Diagn Pathol</i> . 2021;16(1):8. Published 2021 Jan 14. doi:10.1186/s13000-021-01067-6
Child abuse; Child neglect; Coronavirus; Discipline; Global health crisis; Parent-child conflict tactics scales;	14-Jan-21	Parental Social Isolation and Child Maltreatment Risk during the COVID-19 Pandemic	Journal of Family Violence	Article	This US study surveyed adult parents (>18 years) of children 0-12 years old to examine the association between social isolation and recent employment loss with risk for child maltreatment (neglect, verbal aggression, and physical punishment) in the early weeks of the pandemic. 283 parents (mean age 35 years; range 21-56 years) completed the online survey on March 22, 2020, approximately 2 weeks after COVID-19 was declared a pandemic, and were asked about recent changes (in the past 2 weeks) to employment status, parenting	Results of this US study surveying parents of children 0-12 years old show that social isolation and employment loss caused by the COVID-19 pandemic may be associated with child maltreatment, independent of parental	Lee SJ, Ward KP, Lee JY, Rodriguez CM. Parental Social Isolation and Child Maltreatment Risk during the COVID-19 Pandemic [published online, 2021 Jan 14]. <i>J Fam Violence</i> . 2021;1-12.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
Parental depression; Physical abuse					behaviors, use of discipline, use of spanking, and depressive symptoms. Nearly 20% of parents had hit or spanked their child in the past 2 weeks alone. Parents' perceived social isolation was associated with higher odds of self-reported physical (OR=1.71; p<0.05) and emotional (OR=1.84; p<0.01) neglect towards their children as well as verbal aggression (OR=2.03; p<0.001) while recent employment loss was associated with higher odds of emotional neglect (OR=2.51; p<0.05) and physical punishment (OR=3.75; p<0.01) towards their children, even after controlling for parental depressive symptoms, income, and sociodemographic factors. Parents' perceived social isolation was associated with increased discipline (OR=1.55; p<0.05) and more frequent hitting or spanking (OR=2.24; p<0.05) of their children in the past 2 weeks. As traditional mechanisms of reporting and intervention are disrupted, the authors suggest a preventive approach to child welfare by supporting families at multiple levels (primary and integrated care, schools, community and church organizations, mental health and community health services), ensuring an expanded support network for families that is more resilient to crisis.	depression, income, or other sociodemographic factors.	doi:10.1007/s10896-020-00244-3
COVID-19; glycoprotein 340; therapeutic target; DMBT1; acute respiratory distress syndrome	14-Jan-21	Potential role of glycoprotein 340 in milder SARS-CoV-2 infection in children	Expert Review of Anti-Infective Therapy	Editorial	The authors discuss the possible association between glycoprotein 340 (GP-340) abundance and milder SARS-CoV-2 infection in children. GP-340 is involved in tumour suppression or innate immune defence. The authors note that the spike protein of SARS-CoV-2 is selectively identified by surfactant D (SP-D) in the lungs, forming cooperative interactions in viral neutralization and aggregation assays. They also discuss a study highlighting the high expression of GP-340 in AT2 lung cells (compared to other lung epithelial cells), which was positively correlated to ACE2 levels. The study also suggested GP-340 as a therapeutic target, due to the co-expression of viral pathogens and GP-340 in a subset of ACE2-positive AT2 cells, the latter of which is key for host defence. The authors also suggest GP-340 as a therapeutic target for COVID-19 treatment, since saliva glycoproteins can bind to the spike protein of SARS-CoV-2. They also note that younger children have more GP-340 and lower ACE2 receptors, thus varying their response to SARS-CoV-2 infection compared to older adults. Hence, they recommend further investigation into the potential of GP-340 as a therapeutic target, due to its ability to bind to and reduce the cell adherence of SARS-CoV-2.	The authors suggest that high levels of glycoprotein 340 (GP-340) in children, in conjunction with lower ACE2 expression, could be associated with the milder disease course of COVID-19 in children. Given that the glycoprotein has the ability to bind the spike protein of SARS-CoV-2, the authors recommended using GP-340 as a therapeutic target for COVID-19.	Zarei M, Bose D, Ali Akbari Ghavimi S, et al. Potential role of glycoprotein 340 in milder SARS-CoV-2 infection in children. Expert Rev Anti Infect Ther. 2021 Jan 14:1-3. doi: 10.1080/14787210.2021.1850263. PMID: 33444084; PMCID: PMC7814565.
Smell, olfactory, children, COVID-19, SARS-CoV-2	14-Jan-21	Smell status in children infected with SARS-CoV-2	The Laryngoscope	Original Research	This study aimed to evaluate the olfactory status in children with laboratory-confirmed SARS-CoV-2 using subjective and psychophysical methods. 79 children (5-18 years old) hospitalized at the National Medical Research Center for Children's Health in Moscow, Russia, were confirmed to be SARS-CoV-2 positive via RT-PCR test. Children included in the study were hospitalized in April, and May 2020, and children who needed severe oxygen support and artificial ventilation were excluded. Participants were asked to rate their sense of smell and how it worsened during the course of their illness using the SNOT-22 questionnaire. Scores of 0 indicate no problem, while scores of 5	This study of children (5-18 years) in Moscow, Russia, sought to determine how common loss of smell is in this age group after SARS-CoV-2 infection. The authors observed that loss of smell is an early and common symptom of COVID-19 in children but improves	Rusetsky Y, Meytel I, Mokoyan Z, Fisenko A, Babayan A, Malyavina U. Smell status in children infected with SARS-CoV-2 [published online, 2021 Jan 14]. Laryngoscope. 2021;10.1002/lary.29403. doi:10.1002/lary.29403

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					indicate a severe problem. Psychophysical olfactory testing was performed via odor identification of felt-tip pens with common odors. After confirmation of SARS-CoV-2 infection, smell impairment was detected in 86.1 % of children by psychophysical testing and 68.4% by questionnaire. After 5 days post-diagnosis, the survey revealed a statistically significant decrease in the number of patients with hyposmia (41 out of 79, 51.9%). The majority (94.3%) of patients had no olfactory complaints after 30 days. The authors suggest that given these findings, loss of smell is an early and reliable indicator of SARS-CoV-2 infection in children.	significantly after 5 days and usually resolves within a month.	
Myopia; COVID-19 pandemic; home confinement; children; China	14-Jan-21	Progression of Myopia in School-Aged Children After COVID-19 Home Confinement	Journal of the American Medical Association (JAMA) Ophthalmology	Original Investigation	The authors conducted a prospective cross-sectional study from September 2015-July 2020 using school-based photo-screenings in 123,535 children (6-13 years) in Feicheng, China, to determine the refractive changes and prevalence of myopia during the COVID-19 home confinement. A substantial myopic shift (-0.3 diopters [D]) was found in the 2020 school-based photo-screenings compared with previous years for younger children aged 6 (-0.32 D), 7 (-0.28 D), and 8 (-0.29 D) years. The prevalence of myopia in the 2020 photo-screenings was higher than the highest prevalence of myopia within 2015-2019 for children aged 6 (21.5% vs. 5.7%), 7 (26.2% vs. 16.2%), and 8 (37.2% vs. 27.7%) years. Therefore, the prevalence of myopia was approximately 3 times higher in 2020 than in other years for children aged 6 years, 2 times higher for children aged 7 years, and 1.4 times higher for those aged 8 years. The differences in spherical equivalent refraction and the prevalence of myopia between 2020 and the previous years were minimal in children aged 9-13 years. Home confinement during the COVID-19 pandemic appeared to be associated with a significant myopic shift for children aged 6-8 years according to 2020 school-based photo-screenings. The authors concluded that younger children's refractive status might be more sensitive to environmental changes than older ages, given that younger children are in a critical period for the development of myopia.	In this cross-sectional study that included photo-screenings of 123,535 children, a substantial myopic shift (-0.3 diopters) was noted after home confinement due to COVID-19, and the prevalence of myopia increased 1.4-3 times in 2020 compared to the previous 5 years for children aged 6-8 years. Home confinement during the COVID-19 pandemic appeared to be associated with a significant myopic shift for children aged 6-8 years.	Wang J, Li Y, Musch DC, et al. Progression of Myopia in School-Aged Children After COVID-19 Home Confinement [published online 2021 Jan 14]. JAMA Ophthalmol. 2021. doi:10.1001/jamaophthal mol.2020.6239
Pregnancy, birth, hospital, prenatal care, media, communication	13-Jan-21	Re-birth in a Covid hospital: a point of view	Minerva Ginecologica	Original Research	In this cross-sectional study, the authors assessed the impact of changes imposed by the COVID-19 pandemic on the well-being of pregnant women in Italy, and specifically how the transformation of Schiavonia Hospital into a dedicated COVID-19 hospital affected their pregnancy experience. A survey was conducted from May-September 2020 among 104 respondents (mean age 32.5 years, range 19-43 years). 51% of respondents reported changing an aspect of their lifestyle during the COVID-19 pandemic. Major worries reported during the pandemic involved the following themes: contracting SARS-CoV-2 (64.4%), isolation (36.5%), and post-partum care (35.6%). The major source of information for participants regarding COVID-19 was the media (63.5%). 59% reported not participating in prenatal courses even though online options were available. The identification of a COVID-19 hospital did not change participant's trust in the facility for 90% of respondents. 82.7% of women reported that the	In this article, the authors assessed the effect of the COVID-19 pandemic on the well-being of pregnant women in Italy and how the transformation of Schiavonia Hospital into a dedicated COVID-19 hospital affected their pregnancy experience. Although 51% reported changing an aspect of their lifestyle due to the pandemic, they also reported that they received comprehensive communication from the	Dorizzi C, Scotton F, Merlin F, et al. Re-birth in a Covid hospital: a point of view. Minerva Ginecol. 2021; doi:10.23736/S0026-4784.20.04701-2

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					communication they received at the time of delivery was complete. 100/104 (96%) women reported they felt safe with their birth experience. The authors conclude that overall, the hospital delivered a high level of care to pregnant women despite its transformation into a COVID-19 hospital during the pandemic.	hospital, felt safe during delivery, and their level of trust in the facility remained unchanged. The authors conclude that the hospital delivered a high level of care to pregnant women despite its transformation into a COVID-19 hospital during the pandemic.	
COVID-19; pregnancy; bifacial weakness and paresthesia; Guillain Barré syndrome; vestibulocochlear neuritis; Morocco	13-Jan-21	A unique association of bifacial weakness, paresthesia and vestibulocochlear neuritis as post-COVID-19 manifestation in pregnant women: a case report	Pan African Medical Journal	Case Report	The authors reported the first known case of a pregnant woman with bifacial weakness and paresthesia (BFP) associated with vestibulo-cochlear neuritis after having COVID-19 in Morocco [date not specified]. The 36-year-old patient had a history of SARS-CoV-2 infection 6 weeks before admission. She presented to the emergency department at 37 weeks' gestation, with rapid-onset bifacial paralysis, bilateral lower extremity paresthesia, vertigo, nausea, vomiting and right auricular pain. An acute stroke was ruled out after neurological examination and brain MRI. Clinical presentation, neuro-physiological assessment, audiometry, videonystagmography workup, and cerebrospinal fluid findings were suggestive of a variant of Guillain Barré Syndrome, namely BFP associated with right vestibulo-cochlear neuritis. The patient was treated with IV immunoglobulin therapy and IV steroids. The patient made a complete recovery of the right facial palsy and the sensorineural hearing loss, but still had tingling in lower limbs and left facial palsy at 2 weeks' follow-up. The rest of the pregnancy progressed normally, and she had an uncomplicated spontaneous vaginal delivery of a healthy child at 40 weeks of gestation. This case report highlighted the possibility of association between a variant of Guillain-Barré syndrome (BFP) with vestibulocochlear neuritis, and SARS-CoV-2 infection.	The authors reported the first known case of a pregnant woman with bifacial weakness and paresthesia (BFP) associated with vestibulo-cochlear neuritis after having COVID-19 in Morocco. The patient was treated with IV immunoglobulin therapy and IV steroids. The patient made a complete recovery of the right facial palsy and the sensorineural hearing loss, but still had tingling in lower limbs and left facial palsy at 2 weeks' follow-up. The case highlighted the possibility of association between a variant of Guillain-Barré syndrome (BFP) with vestibulocochlear neuritis, and SARS-CoV-2 infection.	Aasfara J, Hajjij A, Bensouda H, et al. A unique association of bifacial weakness, paresthesia and vestibulocochlear neuritis as post-COVID-19 manifestation in pregnant women: a case report. Pan Afr Med J. 2021;38:30. doi:10.11604/pamj.2021.38.30.27646.
Pregnancy, hyperglycemia, diabetes, diagnosis, maternal health	13-Jan-21	COVID-19 pandemic: Can fasting plasma glucose and HbA1c replace the oral glucose tolerance test to screen for hyperglycaemia in pregnancy?	Diabetes Research and Clinical Practice	Original Research	This study retrospectively evaluated the sensitivity of the temporary French-speaking Society of Diabetes (SFD) COVID-19 proposal for HbA1c and fasting plasma glucose measurement as a substitute for oral glucose tolerance test (OGTT) to diagnose hyperglycemia in pregnancy (HIP) during the COVID-19 pandemic. The main predefined endpoint was the occurrence of a HIP-related event which included at least one of the following: pre-eclampsia, large-for-gestational-age infant, shoulder dystocia, and neonatal hypoglycemia. 467 women ages 18-50 years were included who underwent the OGTT between 22-30 weeks gestation, and who had an available HbA1c for analysis. The SFD proposal was retrospectively applied: HbA1c $\geq 5.7\%$ (39 mmol/mol) and/or fasting plasma glucose level ≥ 5.1 mmol/l. With the OGTT as the standard, the sensitivity of the proposal for HIP diagnosis was 57% [95% CI 52–62]. The percentage of HIP-related events was similar in true positive and false negative case subgroups of HIP, indicating that the false-negative group was at the same risk of an event ($p = 0.48$).	This study evaluated the French-speaking Society of Diabetes (SFD) proposal to consider HbA1c and fasting plasma glucose measurement as a substitute for the oral glucose tolerance test (OGTT) to diagnose hyperglycemia in pregnancy (HIP) during the COVID-19 pandemic. The authors observed that the proposal has a poor sensitivity to detect HIP (57%) and does not have any advantages in predicting adverse outcomes.	Nachtergaele C, Vicaut E, Pinto S, et al. COVID-19 pandemic: Can fasting plasma glucose and HbA1c replace the oral glucose tolerance test to screen for hyperglycaemia in pregnancy?. Diabetes Res Clin Pract. 2021;172:doi:10.1016/j.diabres.2020.108640

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					The authors concluded that The SFD proposal has a poor sensitivity to detect HIP and fails to have any advantages in predicting adverse outcomes.		
electrocardiograms, children, MIS-C, pediatrics, cardiology	13-Jan-21	Electrocardiographic Changes in Children with Multisystem Inflammation Associated with COVID-19: Associated with Coronavirus Disease 2019	Journal of Pediatrics	Original Research	This study describes findings and trends on serial electrocardiograms (ECGs) in a single-center cohort of 63 children (mean age 10 years, range 0.3-16 years) presenting with MIS-C between April-June, 2020 in London, United Kingdom. ECGs were recorded at admission, discharge, and on follow-up, with additional ECGs recorded at serial intervals of around 48 hours during inpatient stay, or if clinically indicated. Many children (n = 42, 67%) showed ECG changes. The most common findings were low QRS amplitudes and transient T-wave inversion, which improved over time. ST changes were uncommon and included ST-segment elevation consistent with pericarditis in 1 child and acute coronary ischemia in 1 child. Arrhythmias were seen in 13 children (21%) but were benign with the exception of 1 child who was compromised by an atrial tachycardia requiring support with extracorporeal membrane oxygenation. No children were found to have high-grade atrioventricular block. The authors conclude that MIS-C is associated with electrocardiographic changes over the course of the illness, however there was a low prevalence of ST-segment changes and tachy-arrhythmias.	In this analysis of serial electrocardiograms in children presenting with MIS-C in London, the authors found that 67% of children showed ECG changes, most commonly low QRS amplitude and transient T-wave inversions, however there was a low prevalence of ST-segment changes and tachy-arrhythmias.	Regan W, O'Byrne L, Stewart K, et al. Electrocardiographic Changes in Children with Multisystem Inflammation Associated with COVID-19: Associated with Coronavirus Disease 2019. J Pediatr. 2021;S0022-3476(20)31542-0. doi:10.1016/j.jpeds.2020.12.033
Children, MIS-C, gastroenterology, pediatrics	13-Jan-21	Gastrointestinal Symptoms Prevalent in Both Children with MIS-C and those with COVID-19	Gastroenterology	Letter	In this letter, the authors (Miller et al.) thank Chen et al. for writing "Gastrointestinal involvement in children with COVID-related multisystem inflammatory syndrome" in response to their original manuscript. The original manuscript reported a high prevalence of gastro-intestinal (GI) dysfunction as an initial presentation of children with MIS-C, which was confirmed by an even higher prevalence of GI symptoms detected in patients observed by Chen et al. More recently, the Miller group has identified that hepatitis is also correlated with increased disease severity in patients with MIS-C. In agreement with Chen et al., the presence of severe GI presentations, such as those mimicking appendicitis, have been found. Miller et al. have also subsequently sought to evaluate the phenotypic differences between MIS-C and non-MIS-C-afflicted children with COVID-19. In a preliminary review of this data, including 71 patients with MIS-C and 220 patients with COVID-19 admitted in New York, USA from March 14 - June 30, 2020, Miller et. al found that 87.3% of MIS-C patients demonstrated GI symptoms while only 54.5% of patients with COVID-19 had GI symptoms. In conclusion, the authors agree with Chen et. al that GI conditions in children with MIS-C should be considered.	In this letter, the authors acknowledge the response by Chen et al. to their original article, in which they identified gastro-intestinal involvement as a common initial presentation of children with MIS-C. The authors have since assessed differences in GI symptoms between children with MIS-C and with non-MIS-C COVID-19. In New York, 87.3% of 71 MIS-C patients demonstrated GI symptoms, while only 54.5% of 220 patients with COVID-19 had GI symptoms.	Miller J, Martinez M, Margolis K. Gastrointestinal Symptoms Prevalent in Both Children with MIS-C and those with COVID-19. Gastroenterology. 2021;S0016-5085(21)00076-7. doi:10.1053/j.gastro.2021.01.016
Abortion, Early pregnancy, COVID-19, pandemic, Access to care	13-Jan-21	A Rare Coincidence-a Second Trimester Ectopic Pregnancy Following Early Medical Abortion: a Case Report	SN Comprehensive Clinical Care	Case Report	The authors discuss a case report of a G5P3A2 woman in her mid-30s who presented to a tertiary level maternity hospital in Ireland 17 days after an early medical abortion in the 1st trimester with a positive urine pregnancy test during the COVID-19 pandemic, discussing indirect effects of the pandemic on this case and maternity care. The patient had presented to her primary care physician requesting termination of pregnancy and was noted to be 6 weeks and 3 days	The authors discuss a case of a G5P3A2 woman in her mid-30s who presented to a tertiary level maternity hospital in Ireland 17 days after an early medical abortion in the 1st trimester and discuss the	McCarthy CM, Hayes-Ryan D, Harrity C, et al. A Rare Coincidence-a Second Trimester Ectopic Pregnancy Following Early Medical Abortion: a Case Report [published online,

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					<p>gestation by her last menstrual period. She was prescribed mifepristone and misoprostol, which induced heavy vaginal bleeding which led her to believe she had a complete medical abortion. 15 days later, she had some vaginal bleeding with lower abdominal pain and a syncopal episode. 2 days later she was seen by her primary care physician and was found to again have a positive urine pregnancy test. She was urgently referred to a tertiary level maternity hospital where an ultrasound was performed which revealed a viable extra-uterine pregnancy, measuring approximately 14 weeks' gestation. The patient underwent a diagnostic laparoscopy, which identified a large left ectopic pregnancy in the left fallopian tube. Significant hemoperitoneum and fresh bleeding from the ectopic pregnancy were identified, and a left salpingectomy was performed. The patient made a full recovery and was discharged 48 hours post-operatively. The authors discuss the indirect effects of the SARS-CoV-2 pandemic on this case. They concluded that it is important particularly in the current climate that access to care and facilities (such as ultrasound) can be potentially impacted by both healthcare and societal restrictions. It is important to ensure that clinical decision-making is not compromised by extraneous factors, in order to provide the highest standard of care.</p>	indirect effects of the SARS-CoV-2 pandemic on this case and maternity care.	2021 Jan 13]. SN Compr Clin Med. 2021;1-4. doi:10.1007/s42399-021-00748-z
anosmia; hyposmia; COVID-19; dysgeusia; children; adolescents	13-Jan-21	Loss of smell and taste in COVID-19 infection in adolescents	International Journal of Pediatric Otorhinolaryngology	Article	<p>The authors conducted a prospective study from May-August, 2020 of adolescents (10-19 years, mean age 15.2 years) that had tested positive for SARS-CoV-2 by RT-PCR with mild to moderate symptoms to determine the prevalence of olfactory or taste dysfunction (OTD) in adolescents. The study included 141 patients, 83 males (58.9%) and 58 females (41.1%), who had presented to a medical center in Faridabad, India. 40 participants reported OTD, of which 34 (24.1%) reported olfactory dysfunction, taste dysfunction was reported by 34 (24.1%), and 28 patients (19.8%) reported both olfactory and taste dysfunction. The difference between age groups of 10-14 years and 15-19 years or males to females for OTD was not statistically significant (p=0.644 and p=0.581, respectively). OTD was noticed by 19 patients (13.5%) before other symptoms and lasted for 2-15 days with an average of 5.7 days. OTD persisted in 3 patients after recovery from COVID-19 symptoms with full recovery from OTD in 10 days for 2 patients and 15 days for the other patient. OTD was found to have a significant positive association with fever (OR 10.6, p=0.001) and diarrhea (OR 4.86, p=0.027). The authors state that recognizing OTD may help in identifying asymptomatic individuals.</p>	The authors conducted a prospective study from May-August, 2020 of adolescents (10-19 years) in India with SARS-CoV-2 with mild to moderate symptoms to determine the prevalence of olfactory or taste dysfunction (OTD). Recognizing OTD may help in identifying asymptomatic individuals.	Kumar L, Kahlon N, Jain A, Kaur J, Singh M, Pandey AK. Loss of smell and taste in COVID-19 infection in adolescents. Int J Pediatr Otorhinolaryngol. 2021;142:110626. doi: https://doi.org/10.1016/j.ijporl.2021.110626.
SARS-CoV-2, late miscarriage, placental colonization, obstetric outcomes	13-Jan-21	Description of a late miscarriage case at 16 weeks of gestation associated with a SARS-CoV-2 infection	Journal of Gynecology Obstetrics and Human Reproduction	Case Report	<p>This is a case of a 40-year-old pregnant woman (gravida 3 para 1) without previous obstetric complications who had COVID-19 and a late miscarriage at 16 weeks of gestation in France. The patient complained of painful uterine contractions and had preterm premature rupture of membranes. She had had a fever, dry cough, myalgia, and headache 9 days earlier. Examination showed that the fetus had been expelled into the vagina, and placental retention was managed by intra-uterine aspiration. The patient was discharged the following day without any</p>	This is a case of a SARS-CoV-2-positive 40-year-old pregnant woman without previous obstetric complications, who had a late miscarriage at 16 weeks of gestation in France. SARS-CoV-2 might induce fetal	Michel A-S, De Logiviere V, Schnuriger A, et al. Description of a late miscarriage case at 16 weeks of gestation associated with a SARS-CoV-2 infection. J Gynecol Obstet Hum Reprod.

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					complications. Her laboratory tests only showed lymphopenia, and she tested negative for SARS-CoV-2 RT-PCR from a nasopharyngeal swab. However, her serum IgG and RT-PCR from a placental swab were positive for SARS-CoV-2. Placental pathology examination showed ischemic-hemorrhagic lesions without evidence of fetal inflammatory response. A fetal autopsy showed a normal fetus without congenital malformation and negative RT-PCR for SARS-CoV-2 from fetal liver and lung—indicating no vertical transmission occurred. The authors also compared their case with other previously reported pregnancy losses of women with COVID-19. These findings suggest that SARS-CoV-2 infection may lead to late miscarriage. This fetal loss might have been induced by SARS-CoV-2 that caused local inflammation by binding to ACE2 receptors in the placenta.	loss through ACE2 receptor binding in the placenta.	Published online January 13, 2021. doi:10.1016/j.jogoh.2021.102064
COVID-19; pregnancy; postpartum; women; mental health	13-Jan-21	Impact of COVID-19 on Maternal Mental Health	MCN: The American Journal of Maternal/Child Nursing	Article	The authors present an overview of the potential impact of the COVID-19 pandemic on mental health of pregnant and postpartum women, with implications for nursing practice to promote maternal-infant wellbeing. Shelter-in-place mandates to reduce exposure risk to SARS-CoV-2 created a forced and sudden shift from face-to-face in-person clinic visits to telehealth for many pregnant and postpartum women. However, difficulty in setting up software, accessing continuous Wi-Fi or data for the visit, hesitation or anxiety in using telehealth, and the need for home monitoring devices such as fetal heart Dopplers and blood pressure cuffs have been identified as barriers to telehealth. In addition to potential financial and emotional stress due to COVID-19, social isolation and poor social support may increase anxiety and depressive symptoms, leading to development of perinatal anxiety and mood disorders. It is important for nurses working with childbearing women to be attentive to increased stress during this time of crisis, identify any stressors during prenatal care, and provide resources to manage and/or reduce their impact. Synchronous group prenatal telehealth care visits may help create a sense of community for women.	The authors present an overview of the potential impact of the COVID-19 pandemic on mental health of pregnant and postpartum women, with implications for nursing practice to promote maternal-infant wellbeing. Barriers to telehealth and increased stressors elevate the risk of developing perinatal anxiety and mood disorders. It is important for nurses working with childbearing women to be attentive to increased stress during this time of crisis, identify any stressors during prenatal care, and provide resources to manage and/or reduce their impact.	Goyal D, Selix NW. Impact of COVID-19 on Maternal Mental Health. MCN Am J Matern Child Nurs. 2021. doi:10.1097/NMC.0000000000000692.
maternal mental health; anxiety, depression, PTSD; lockdowns	13-Jan-21	Maternal mental health during the COVID-19 lockdown in China, Italy, and the Netherlands: A cross-validation study	Psychological Medicine	Article	This study compared factors predicting maternal mental health during the COVID-19 lockdown in China, Italy, and the Netherlands. 900 Dutch, 641 Italian, and 922 Chinese mothers (mean age = 36.74 years, SD = 5.58 years) with at least 1 child aged 1-10 years completed an online questionnaire during COVID-19 lockdown (Netherlands, April 17–May 10; Italy, April 21–June 13; China, April 21–28, 2020). All mothers were between 18 and 60 years old [exact range not reported]. Mental health was assessed by measuring somatization, depression, and anxiety, and posttraumatic stress disorder (PTSD) symptoms in the preceding 2 weeks. In all countries, COVID-19-related stress, less resilience, and marital conflict showed a significant association with more mental health problems ($p < 0.001$ for all). In Italy, maternal age and poor physical health were related to more mental health	This study compared factors predicting maternal mental health during COVID-19 lockdowns in China, Italy, and the Netherlands. In all countries, COVID-19-related stress, less resilience, and marital conflict showed a significant association with more maternal mental health problems.	Guo J, Carli P, Lodder P, Bakermans-Kranenburg MJ, Riem MME. Maternal mental health during the COVID-19 lockdown in China, Italy, and the Netherlands: A cross-validation study [published online, 2021 Jan 13]. Psychol Med. 2021;1-44. doi:10.1017/S0033291720005504

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					symptoms, while in the Netherlands maternal high education and unemployment were associated with mental health symptoms. In China, high socio-economic status and poor physical health were associated with high levels of maternal mental health symptoms; having >1 child, being married, and having grandparental support were associated with fewer maternal mental health symptoms [statistical significance not reported for country-specific models]. These findings may help identify at-risk mothers and help inform mental health promotion programs during COVID-19 and future pandemics.		
transplacental transmission, pregnancy, fetus, villitis, vertical transmission	13-Jan-21	COVID-19, Villitis and Placenta in Pregnancy	Turkish Journal of Pathology	Letter to the Editor	The author shares his ideas relevant to a previous publication entitled "Movement Disorders in COVID-19: Whither Art Thou?" by Ozer et al. The paper claims that villitis of unknown etiology (VUE) represents a maternal anti-viral immune response against viruses, including SARS-CoV-2. However, the author of this letter asserts that it has been previously proven that the placental barrier can prevent trans-placental migration of the virus. Thus, circulating virus during viremia in pregnant women might end up in the placenta without crossing it. While the author admits there is likely an immune mechanism at the placenta that can lead to villitis, without underlying placental pathology there should be no trans-placental transmission of SARS-CoV-2 to the fetus in utero.	This letter responds to a recent paper by Ozer et al., which stated that villitis of unknown etiology (VUE) represents a maternal anti-viral immune response against viruses, including SARS-CoV-2. The author of this letter asserts that the placental barrier prevents transmission of SARS-CoV-2 to the fetus.	Wiwanitkit V. Covid-19, villitis and placenta in pregnancy. Turkish Journal of Pathology. 2020. doi:10.5146/tjpath.2020.01520
Pregnancy, ectopic, extra-uterine pregnancy, emergency, delays in care	13-Jan-21	Effects of the COVID-19 pandemic on timely care for extrauterine pregnancies: A retrospective analysis	The Lancet Regional Health - Europe	Original Research	In this report the authors aimed to assess the toll of the COVID-19 pandemic on the rates of extra-uterine pregnancy (EUP)-related Emergency Department (ED) admissions and emergent surgeries in Tel Aviv, Israel. All visits due to suspected EUP (i.e., ectopic pregnancy) at one medical center were collected from February 27-September 27, 2020 and compared to a control group in the same 7-month period during 2018 and 2019. During the 2020 COVID-19 pandemic there was a 28.3% reduction in women seeking early pregnancy and emergent gynecological medical care. However, admission rates due to suspected EUP were similar. The rate of ruptured EUPs was significantly more common during the COVID-19 pandemic than in previous years [OR 2.403 (95% CI 1.272-4.539), p=0.006]. Nonetheless, the overall rate of surgically treated EUPs (laparoscopic salpingectomy) was similar between the groups [OR 1.070 (95% CI 0.660-1.734), p=0.439]. Women admitted due to a confirmed EUP during the COVID-19 pandemic were significantly more symptomatic at arrival [OR 1.815 (95% CI 1.072-3.074), p=0.017], had more substantial blood loss [OR 2.441 (95% CI 1.07-5.565), p=0.028], and more often presented with hemo-peritoneum (>1000 mL) during surgery [OR 2.672 (95% CI 1.095-6.52), p=0.035]. The authors conclude that the COVID-19 pandemic has significantly affected early pregnancy emergent care for EUP, resulting in a significantly higher risk of tubal rupture and morbidity.	In this article, the authors compared emergency department admissions and emergent surgeries for extra-uterine pregnancies (EUPs) during the COVID-19 pandemic at an Israeli medical center, to the same period in years prior. They discovered that the rate of ruptured EUPs was significantly higher during the pandemic, as were other markers of morbidity, including blood loss and hemo-peritoneum.	Anteby M, Mil LV, Michaan N, et al. Effects of the COVID-19 pandemic on timely care for extrauterine pregnancies: A retrospective analysis. The Lancet Regional Health - Europe. 2021; doi: https://doi.org/10.1016/j.lanepe.2021.100026
COVID-19 pandemic; adolescents and youth;	13-Jan-21	Adapting care provision and advocating for unprotected	Global Health Promotion	Editorial	Unprotected minors (UMs) have increased globally, largely due to the refugee crises in recent years. In France, there are approximately 40,000 UMs. However, their access to child protective services is scant, primarily due to department staff doubting their eligibility. In March	This article focuses on the work of civil service organizations in France, protecting unaccompanied	Gautier L, Poveda J-D, Nguengang Wakap S, Bouchon M, Quesnel-Vallée A. Adapting care

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community action; health promotion; social support; unaccompanied minors		unaccompanied minors in Paris in the context of COVID-19			2020, the COVID-19 lockdown further reduced UMs' access to these services, which prompted civil society organizations (CSO) to ensure continuity of care. UMs represent a uniquely vulnerable population: they lack health coverage, steady housing, and are food insecure. CSOs implemented social distancing techniques that allowed them to safely distribute food, producing 7,300 meals on the day of lockdown. Non-government organizations carried out 400 medical consultations and 730 psychological consultations for UMs between March 15 and May 15, 2020. This was accomplished mainly by volunteers, who also did follow-up calls to UMs and communicated public health information relevant to the pandemic. Furthermore, these organizations joined forces to issue a call to governmental action to protect UMs, pleading for emergency shelter, which was only granted for a handful of extreme cases. The authors close by calling on government organizations to take responsibility for UMs and assert that this population's complete protection cannot rest with community organizations alone.	minors during the COVID-19 lockdown in Paris. The authors discuss the accomplishments of numerous organizations but issue a call to the government to increase its support for this vulnerable population.	provision and advocating for unprotected unaccompanied minors in Paris in the context of COVID-19. Global Health Promotion. January 2021. doi:10.1177/1757975920984193
Pregnancy; delivery; COVID-19; rapid antigen testing; universal screening	13-Jan-21	Rapid antigen detection testing for universal screening for SARS-CoV-2 in women admitted for delivery	American Journal of Obstetrics and Gynecology	Article	The authors conducted a prospective study of asymptomatic pregnant women admitted for delivery to a university-affiliated hospital in Israel between October 21- December 28, 2020, to evaluate the performance of an antigen-based rapid detection test (RDT) for universal screening for SARS-CoV-2 in women admitted for delivery. A total of 1326 women were co-tested for SARS-CoV-2 using an antigen-based RDT along with the gold standard RT-PCR test. 9 (0.7%) were positive for SARS-CoV-2 using the RT-PCR, 5 of which also had positive results using the antigen-based RDT. 4 tested negative via the RDT (false negatives) leading to a sensitivity of 55.6% (95% CI 21.2%, 86.3%). The cycle threshold (Ct) of false negatives were ≥ 30 (30, 31, 31, 33) while the 5 that were positive using both the RDT and PCR testing had a Ct below 30 (16, 25, 28, 28, 29). None of the negative women using the RT-PCR had a positive RDT result, leading to 100% specificity (95% CI, 99.7%, 100.0%). The authors state that a rapid testing option may allow timely determination of SARS-CoV-2 status, which will guide the utilization of PPE and neonatal care. The point-of-care RDT showed moderate sensitivity and high specificity.	The authors conducted a prospective study of asymptomatic women admitted for delivery to a university-affiliated hospital in Israel between October 21- December 28, 2020, to evaluate the performance of an antigen-based rapid detection test (RDT) for universal screening for SARS-CoV-2 in pregnant women admitted for delivery.	Rottenstreich A, Zarbiv G, Kabiri D, et al. Rapid antigen detection testing for universal screening for SARS-CoV-2 in women admitted for delivery. <i>Obstet Gynecol.</i> 2021. doi: https://doi.org/10.1016/j.jag.2021.01.002
CT, pregnancy, vertical transmission	13-Jan-21	COVID-19 in pregnancy: A systematic review of chest CT findings and associated clinical features in 427 patients	Clinical Imaging	Original Research	This article details a comprehensive systematic review of existing literature regarding findings on chest CT, as well as associated clinical features, in pregnant patients diagnosed with COVID-19. A literature search was conducted on April 21, 2020 and again updated on July 24, 2020 using PubMed, the WHO, and Google Scholar. A total of 427 pregnant patients from 67 articles were included in the study. The average age was 30.4 years (range 17 – 49 years). The most common pulmonary findings on chest CT of pregnant patients with COVID-19 were ground glass opacities (77.2%, 250/324), posterior involvement (72.5%, 50/69), multi-lobar involvement (71.8%, 239/333), bilateral lung involvement (69.4%, 231/333), peripheral distribution (68.1%, 98/144), and consolidation (40.9%, 94/230). pleural effusion was	Results of this study indicate that pregnant patients with COVID-19 showed higher rates of consolidation and pleural effusion, compared to the general population. The authors also concluded that there was low risk of vertical transmission.	Oshay RR, Chen MYC, Fields BKK, et al. COVID-19 in pregnancy: A systematic review of chest CT findings and associated clinical features in 427 patients. <i>Clin Imaging.</i> 2021. doi: https://doi.org/10.1016/j.clinimag.2021.01.004 .

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					observed in 30.0% of cases. Additionally, clinical findings of the pregnant patients included antepartum fever, lymphopenia, and neutrophilia. 96.8% of tested neonates had negative PCR and/or IgG antibody testing. 8 neonates were confirmed positive for SARS-CoV-2. The authors concluded that pregnant patients present with more advanced COVID-19 CT findings than the general adult population. They also concluded that the results of the neonatal testing suggest low risk of vertical transmission.		
COVID-19; child abuse; violence	13-Jan-21	Experiences of a Child Abuse Program in the Time of COVID-19 [Free Access to Abstract Only]	Hospital Pediatrics	Perspective	In this piece, the authors discuss the impacts of the COVID-19 pandemic on an interdisciplinary child abuse program in a 300-bed tertiary care urban pediatric hospital in Canada. Between March and August 2020, the program adapted swiftly to provide virtual options for clinical care, medical education, and clinician wellness. For patients, 10 virtual assessments were provided for suspected physical abuse, and 282 virtual assessments were provided for psych-social issues. The provision of virtual care was especially effective for patients suffering trauma in remote locations, while in-person care remained necessary for cases requiring medical care and the collection of forensic evidence. Both clinician and trainee wellness were prioritized in the program's operations during the onset and continuation of the pandemic, with transitions to virtual orientations, check-ins, lessons, debriefs, and team engagements all within a few months after the pandemic started. The authors remark that pediatric hospitalists should continue to be vigilant for signs of child abuse, should continue to make referrals to the appropriate programs, and should connect children and families to community services before abuse occurs.	This piece details the impact of the COVID-19 pandemic on an interdisciplinary child abuse program at a Canadian hospital between March and August 2020. Virtual options were quickly adopted for patients' clinical care, trainees' medical education, and clinician wellness. For patients, 10 virtual assessments were provided for suspected physical abuse and 282 virtual assessments for psychosocial issues during the time frame. Hospitalists must remain vigilant for child abuse signs and provide appropriate virtual or in-person care recommendations.	Cho R, Smith T, Cory E, Smith JN. Experiences of a Child Abuse Program in the Time of COVID-19. <i>Hosp Pediatr</i> . 2021;hpeds.2020-001529. doi:10.1542/hpeds.2020-001529
epidemiology; SARS-CoV-2; children; adolescents; young adults; school re-openings	13-Jan-21	COVID-19 Trends Among Persons Aged 0–24 Years — United States, March 1–December 12, 2020	Morbidity and Mortality Weekly Report (MMWR)	Report	This report describes the demographic characteristics, underlying health conditions, and clinical outcomes, as well as trends in SARS-CoV-2 infection (confirmed by RT-PCR) and testing volume among US children, adolescents, and young adults (aged 0–24 years) between March 1 - December 12, 2020. Data were stratified into 5 age groups: 0–4, 5–10, 11–13, 14–17, and 18–24 years to align with age groupings in educational settings. Of a total 2,871,828 positive SARS-CoV-2 test results analyzed, the majority (57.4%) occurred among adults 18–24 years; 16.3% were aged 14–17 years, 7.9% were 11–13 years, 10.9% were 5–10 years, 7.4% were 0–4 years. Weekly incidence increased among all age groups since summer 2020, was higher in each successively increasing age group, and was highest in all age groups during the final week of review (the week of December 6, 2020). Trends among children and adolescents aged 0–17 years paralleled those among adults. Among children, adolescents, and young adults with available data for these outcomes, 30,229 (2.5%) were hospitalized, 1,973 (0.8%) required ICU admission, and 654 (<0.1%) died, compared with 16.6%, 8.6%, and 5.0% among adults aged ≥25 years, respectively. Among those aged 0–24 years, the largest	This report shows that the weekly incidence of SARS-CoV-2 infection in children, adolescents, and young adults (0–24 years) has increased since summer 2020 in the United States, with the weekly incidence higher in each successively increasing age group. Trends among children and adolescents aged 0–17 years paralleled those among adults.	Leidman E, Duca LM, Omura JD, Proia K, Stephens JW, Sauber-Schatz EK. COVID-19 Trends Among Persons Aged 0–24 Years — United States, March 1–December 12, 2020. <i>MMWR Morb Mortal Wkly Rep</i> . ePub: 13 January 2021. DOI: http://dx.doi.org/10.15585/mmwr.mm7003e1

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					percentage of hospitalizations (4.6%) and ICU admissions (1.8%) occurred among children aged 0–4 years. Lower incidence among younger children is consistent with previous studies and suggests that the risk for SARS-CoV-2 infection and transmission associated with re-opening child care centers and elementary schools might be lower than that for re-opening high schools and higher education institutions. However, ensuring safe in-person learning in any setting will require universal and proper mask-wearing to reduce transmission within schools and communities.		
acute myocarditis, AM, pediatric, severe acute respiratory syndrome coronavirus 2, COVID-19, SARS-CoV-2, multisystem inflammatory syndrome in children, MIS-C	12-Jan-21	Differences Between Pediatric Acute Myocarditis Related and Unrelated to SARS-CoV-2	The Pediatric Infectious Disease Journal	Original Research	The authors conducted a retrospective study of children with acute myocarditis (AM) from January 2018 to November 2020 in Serbia to analyze the differences between SARS-CoV-2-related and unrelated AM. The study population included 24 patients (18 males, 6 females, average age 11.8+/-6.5 years). 7 of 24 patients had AM related to SARS-CoV-2 and were older than 7 years, while 6 of 17 patients with SARS-CoV-2-unrelated AM were older than 7 years (p=0.006). 6 of 7 patients with SARS-CoV-2-related AM had MIS-C. The patients with SARS-CoV-2-related AM were more likely to have abdominal pain (p=0.014), headache (p=0.003), cutaneous rash (p=0.003), and conjunctivitis (p=0.003). These patients also had lower serum cardiac troponin I (cTnl) (p=0.012) and platelets (p<0.001) but had a higher CRP level (p=0.04) and N-terminal-pro hormone BNP compared to patients with SARS-CoV-2-unrelated AM. ECG revealed mild to moderate systolic Left Ventricular (LV) dysfunction and dilated LV in both groups. Segmental wall motion abnormalities were frequently identified in patients with SARS-CoV-2-unrelated AM, while dilated coronary arteries were common in patients with SARS-CoV-related AM. The duration of inotropic drug support was significantly shorter among patients with SARS-CoV-2-related AM (p=0.02), and these patients had significant improvement of left ventricular systolic function on the 3rd day in the hospital (p=0.001). Patients with SARS-CoV-2-unrelated AM had more frequent adverse outcomes (p = 0.04; 3 deaths and 4 dilated cardiomyopathy). The findings identified in patients with AM related to SARS-CoV-2 may underlie a possible new spectrum inflammatory disease that causes an immune-mediated myocardial injury with mild cardiomyocyte necrosis and a favorable prognosis.	The authors conducted a comparative analysis of the differences between SARS-CoV-2-related and unrelated acute myocarditis (AM) in children in Serbia from January 2018 to November 2020. In contrast to patients with SARS-CoV-2-unrelated AM, patients with SARS-CoV-2-related AM had a higher CRP level, polymorphic clinical presentation, shorter durations of inotropic drug use, and prompt recovery of left ventricle systolic function. The findings identified in patients with AM related to SARS-CoV-2 may underlie a possible new spectrum inflammatory disease that causes an immune-mediated myocardial injury with mild cardiomyocyte necrosis and a favorable prognosis.	Vukomanovic VA, Krasic S, Prijic S, Ninic S, Minic P, Petrovic G, Nestic D. Differences Between Pediatric Acute Myocarditis Related and Unrelated to SARS-CoV-2. <i>Pediatr Infect Dis J</i> . 2021 May 1;40(5):e173-e178. doi: 10.1097/INF.0000000000003094. PMID: 33847291.
COVID-19; children; families; autism spectrum disorder; Spain	12-Jan-21	How have youth with Autism Spectrum Disorder managed quarantine derived from COVID-19 pandemic? An approach to families perspectives	Research in Developmental Disabilities	Article	The authors examined how children with autism spectrum disorder (ASD) navigated through quarantine in Spain during the COVID-19 pandemic. 47 families with a child with ASD aged 2-17 years (mean age=7.3 ± 3.4 years) completed an online questionnaire in April 2020 on different aspects of their daily life management of quarantine. Most of the families stressed that their child adjusted better to quarantine than expected. Some families reported that children participated more often in families' routines (27.7%) and were more communicative with their parents (19.2%). Families had more time to spend with their children and teach them new skills such as autonomy in taking care of themselves (personal hygiene, getting dressed and eating) (14.9%).	The authors examined how children with autism spectrum disorder (ASD) navigated through quarantine in Spain during the COVID-19 pandemic. The findings suggest that both children with ASD and their families have managed quarantine better than expected.	Mumbardó-Adam C, Barnet-López S, Balboni G. How have youth with Autism Spectrum Disorder managed quarantine derived from COVID-19 pandemic? An approach to families perspectives. <i>Res Dev Disabil</i> . 2021 Mar;110:103860. doi: 10.1016/j.ridd.2021.103860

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					Families also developed new strategies to manage quarantine, such as structuring their days and using visual supports or new technologies for learning or leisure. Families found their family cohesion, online contact with relatives, and online psychological supports helpful. No significant differences were found in these children's management of quarantine based on the number of children living at home (Mann-Whitney U=215.5, z=1.50, p=0.133), the type of residence where they lived (Mann-Whitney U=198.0, z=1.33, p=0.184), or the working status of their parents during quarantine (Kruskal Wallis H=2.35, df=3, p=0.502). The findings suggest that both children with ASD and their families have managed quarantine better than expected.		0. Epub 2021 Jan 12. PMID: 33486395.
COVID-19; children; MIS-C; radiography; extracardiac imaging; United States	12-Jan-21	Extracardiac imaging findings in COVID-19-associated multisystem inflammatory syndrome in children	Pediatric Radiology	Article	This retrospective study reviewed the extracardiac radiologic findings of MIS-C in a group of children and young adults with a confirmed diagnosis of MIS-C in the United States. From April 1 -July 31, 2020, the authors reviewed the imaging studies of 47 children and adolescents diagnosed with MIS-C (47% male; mean age=8.4 years, age range=1.3-20 years). 45 patients had chest radiographs, 8 had abdominal radiographs, 13 had abdominal US or MRI, 2 had neck US, and 4 had brain MRI. 82% of patients with chest radiographs had findings, with pulmonary opacities being the most common finding (n=27, 60%), most often bilateral and diffuse, followed by peribronchial thickening (n=26, 58%). 8 patients had normal chest radiographs. On abdominal imaging, small-volume ascites was the most common finding (n=7, 54%). Other findings included right lower quadrant bowel wall thickening (n=3, 23%), gallbladder wall thickening (n=3, 23%), and cervical (n=2) or abdominal (n=2) lymphadenopathy. Of the 4 patients with brain MRI, 1 had bilateral parieto-occipital abnormalities and another papilledema. The diagnosis of MIS-C and its distinction from other pathologies should be primarily based on clinical presentation and laboratory evidence of inflammation because imaging findings are nonspecific. However, it should be considered in the setting of bilateral diffuse pulmonary opacities, peribronchial thickening, right lower quadrant bowel inflammation, or unexplained ascites in a child presenting with Kawasaki-like symptoms and a history of SARS-CoV-2 infection or recent SARS-CoV-2 exposure.	This retrospective study reviewed the extracardiac radiologic findings of MIS-C in a group of children and young adults with a confirmed diagnosis of MIS-C in the United States. MIS-C should be considered by the clinical team when there are bilateral diffuse pulmonary opacities, peribronchial thickening, unexplained ascites, right lower quadrant bowel inflammation or gallbladder wall thickening in a child with a history of SARS-CoV-2 infection or recent SARS-CoV-2 exposure.	Fenlon Iii EP, Chen S, Ruzal-Shapiro CB, et al. Extracardiac imaging findings in COVID-19-associated multisystem inflammatory syndrome in children. <i>Pediatr Radiol</i> . 2021:1-9. doi:10.1007/s00247-020-04929-1.
COVID-19; autism; coronavirus; home isolation; lockdown; pandemic; special needs	12-Jan-21	Core experiences of parents of children with autism during the COVID-19 pandemic lockdown	Autism	Original Research	The authors described the experiences of parents of children ages 4-11 years (median age 5 years 11 months) with autism during COVID-19 pandemic lockdown. Interviews were conducted with 31 parents of 25 children (3 female and 22 male) with autism living in urban areas of Israel in April 2020, one month after the initiation of complete lockdown. The interviewers asked the parents to describe their concerns, challenges, coping strategies, and needs during the lockdown period. Themes that emerged from the interviews included concerns over closures of special education systems, logistical difficulties, coping strategies, and functional, social, and behavioral impacts for the children. Lack of peer social interaction, seeking informal support (such as medications not prescribed by a provider),	This article describes the experiences of parents of children with autism in Israel during lockdown due the COVID-19 pandemic. The parents' concerns, challenges, coping strategies, and needs during the lockdown period are described.	Tokatly Latzer I, Leitner Y, Karnieli-Miller O. Core experiences of parents of children with autism during the COVID-19 pandemic lockdown [published online ahead of print, 2021 Jan 12]. <i>Autism</i> . 2021. doi:10.1177/1362361320984317

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					alterations in eating behaviors, changes in family dynamics, and sleep disturbances were areas of concern identified by the authors. The authors suggest that programs for children with autism be focused on supporting and guiding parents on managing the situation during the COVID-19 pandemic and providing them with individualized coping strategies and methods for resilience.		
COVID-19; pregnancy; ultrasound; United States	12-Jan-21	Performing Obstetrical Ultrasound Examinations in the Era of Covid-19	Journal of Ultrasound in Medicine	Commentary	The author discusses the unique challenges in performing obstetrical ultrasound in the United States during the COVID-19 pandemic and proposes additional measures to keep sonographers, caregivers, and patients safe. In the ultrasound units, it is not possible for sonographers to socially distance themselves from the patients and accompanying family members. Patients often talk, laugh, and joke during obstetric ultrasound scans, and they may be asked to inhale or hold their breath to complete some portions of it, which potentially results in aerosol release. Additional measures may be used to reduce the risk of viral transmission. These measures include setting up the waiting room so that distancing is enforced by chair placement and requiring universal masking. Dedicated work clothes should be considered as any droplets or aerosols produced in the examination room may fall onto the sonographers. Patient history and counseling can be performed at a distance. Patients should be instructed to keep their masks on at all times, and sonographers can attempt to keep talking and laughing to a minimum. While the effectiveness of barriers in ultrasound rooms has not been studied, inexpensive barriers may be considered. The number of scans should be limited, and patients with known SARS-CoV-2 infection should have routine scans delayed.	The author discusses the unique challenges in performing obstetrical ultrasound in the United States during the COVID-19 pandemic and proposes additional measures to keep sonographers, caregivers, and patients safe. Patients should be instructed to keep their masks on at all times, and sonographers can attempt to keep talking and laughing to a minimum. The number of scans should be limited, and patients with known SARS-CoV-2 infection should have routine scans delayed.	Ranzini AC. Performing Obstetrical Ultrasound Examinations in the Era of Covid-19. J Ultrasound Med. 2021. doi:10.1002/jum.15628.
COVID-19, Pandemic, Pregnancy, Psychological impact, Anxiety, Depression	12-Jan-21	Anxiety, depression and concerns of pregnant women during the COVID-19 pandemic	Archives of Gynecology and Obstetrics	Original Research	This study aims to survey pregnant women to capture the psychological impact and perceptions during the COVID-19 pandemic in Turkey. In May 2020, 297 pregnant women (mean age 27.64 years; mean gestation 27.04 weeks) were included in this study. The women's anxiety was assessed on a Likert scale 14-item Hospital Anxiety and Depression Scale for anxiety (HADS-A) and point Hospital Anxiety and Depression Scale for depression (HADS-D). Each survey has a maximum score of 21; scores ranging 0–8 indicate healthy patients, 8– <11 represent borderline for depression or anxiety, and ≥11 show severe depression or anxiety. The HADS-A score (mean 7.23) and HADS-D score (mean 7.94) indicated normal to borderline abnormal symptoms for both anxiety and depression. 82.5% of women reported concerns of transmitting the infection to their infants during delivery. Multivariate analysis shows that older women (≥35 years, p=0.04) and having anxiety (HADS-A≥11, p=0.01) but not depression (HADS-D≥11, p=0.37) were unique risk factors of being afraid of infecting their infant during delivery. High HADS-D score (HADS-D≥11, p=0.001) and concern about not reaching obstetrician for follow-up (p=0.04) were risk factors for anxiety. While those with high HADS-A score (HADS-A≥11, p=0.001) had significant concern about reaching an obstetrician for follow-ups (p=0.001). The authors conclude that in future pandemics,	This study aims to survey the pregnant women to capture the psychological impact and perceptions during the COVID-19 pandemic in Turkey. The authors conclude that in future pandemics, communications and reassurance of the patients should be prioritized upon their routine ante-natal care to avoid increased levels of anxiety and depression.	Akgor U, Fadiloglu E, Soyak B, et al. Anxiety, depression and concerns of pregnant women during the COVID-19 pandemic [published online ahead of print, 2021 Jan 12]. Arch Gynecol Obstet. 2021;1-6. doi:10.1007/s00404-020-05944-1

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					communications and reassurance of the patients should be prioritized upon their routine ante-natal care to avoid increased levels of anxiety and depression.		
early life stress, COVID-19, adolescence, depression, perceived stress	12-Jan-21	Early Life Stress Predicts Depressive Symptoms in Adolescents During the COVID-19 Pandemic: The Mediating Role of Perceived Stress	Frontiers in Psychology	Original Research	In this study, the authors aimed to examine whether adolescents who experienced more severe early life stress (ELS) as children report higher levels of depressive symptoms during the COVID-19 pandemic and whether this association is mediated by elevated perceived levels of stress during the pandemic. The authors conducted a longitudinal study of 109 adolescents aged 13-20 years old in San Francisco, United States, whose exposure to ELS and depression symptoms had been characterized at baseline between 2013-2016, 3-7 years before the study period. Participants' completed baseline and follow-up assessments about stress and depression via interviews and online questionnaires, and follow-up measures were conducted virtually in April 2020, after the COVID-19 pandemic-related restrictions were implemented. Participants' self-reported very low average depressive symptoms at baseline. At follow-up, both depression and stress rates were higher than at baseline, though different measurements were used at both time points. Severity of ELS predicted levels of depressive symptoms during the pandemic [$r=0.26, p=0.006$], which were higher in females than in males [$t=-3.56, p<0.001$]. The association between ELS and depression was mediated by adolescents' reported levels of stress, even after controlling for demographic variables. These findings highlight the importance of monitoring the mental health and stress levels of vulnerable children and adolescents during this pandemic.	This longitudinal study of 109 13-20-year-olds in the United States aimed to understand whether severe early life stress (ELS) was predictive of depressive symptoms experienced during the COVID-19 pandemic. Severity of ELS predicted levels of depressive symptoms during the pandemic [$r=0.26, p=0.006$], which were higher in females than in males [$t=-3.56, p<0.001$]. The association between ELS and depression was mediated by adolescents' reported levels of stress, even after controlling for demographic variables.	Gotlib IH, Borchers LR, Chahal R, et al. Early Life Stress Predicts Depressive Symptoms in Adolescents During the COVID-19 Pandemic: The Mediating Role of Perceived Stress. <i>Front Psychol.</i> 2021;11:603748. Published 2021 Jan 12. doi:10.3389/fpsyg.2020.603748
COVID-19, working parents, financial insecurity, childcare, mental health	12-Jan-21	Working parents, financial insecurity, and childcare: Mental health in the time of COVID-19 in the UK	Review of Economics of the Household	Original Research	In this paper, the authors discussed the link between financial security, working from home, and childcare as a result of the COVID-19 pandemic and the UK lockdown policies introduced in March 2020. The used data from the UK Household Longitudinal Study (UKHLS), otherwise known as Understanding Society. The authors used monthly data from April and May 2020. The final estimation sample consists of over 15,500 observations of individuals, including 6795 (43%) working parents, who completed at least one of the 2 monthly surveys. Mental health was measured using the General Health Questionnaire (GHQ), and financial insecurity was captured by 7 specific indicators in the survey. Working parents experienced significantly higher levels of financial and mental health distress than workers without children, and mothers reported harsher financial hardship than fathers in the sample. Parents with a lower pre-pandemic income were particularly exposed to financial insecurity. [Authors provide financial indicator details in tables, and p-values varied by indicator]. Financial insecurity was a predictor of worsening mental well-being in this sample ($p<0.01$), and spending 20 or more hours per week on childcare or home schooling was associated with worsening mental health ($p<0.01$). The results of this study suggest that the 'one-size-fits-all' approach to COVID-19 policy resulted in less effective measures for working families. The authors conclude that public policy decisions ought to	The 'one-size-fits-all' approach to COVID-19 policy in the UK resulted in less effective measures for working families, leading to significantly higher levels of financial and mental health distress for parents, relative to working counterparts without children. In this study, women and poorer households were more substantially affected. Public policy decisions ought to consider these underlying inequities.	Cheng Z, Mendolia S, Paloyo AR, et al. Working parents, financial insecurity, and childcare: mental health in the time of COVID-19 in the UK [published online ahead of print, 2021 Jan 12]. <i>Rev Econ Househ.</i> 2021;1-22. doi:10.1007/s11150-020-09538-3

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					consider these underlying inequities and that addressing this imbalance requires a targeted approach to policy and emergency management.		
MIS-C, persistent pulmonary hypertension of the newborn, SARS-CoV-2, infant	12-Jan-21	COVID-19-related Potential Multisystem Inflammatory Syndrome in Childhood in a Neonate Presenting as Persistent Pulmonary Hypertension of the Newborn	The Pediatric Infectious Disease Journal	Brief Reports	This is a case of a 4-hour-old male infant from Northeastern India with persistent pulmonary hypertension of the newborn (PPHN) and MIS-C in the United Kingdom. The infant was born at 38 3/7 weeks' gestation from a 41-year-old mother through an emergency C-section due to prolonged labor and fetal distress. He weighed 4.84 kg, and had respiratory distress and cyanosis. Chest radiograph showed bilateral haze, and echocardiography indicated PPHN. He was given sildenafil, dopamine, furosemide, and tazobactam/piperacillin. Breast milk was given through an oro-gastric tube. His condition improved for a few hours on day 7 but worsened within a few hours, leading to re-intubation. He developed necrotizing enterocolitis and vasculitis on day 14. His condition improved in 72 hours, and breast milk was re-introduced. Both mother and infant tested positive for SARS-CoV-2 IgG but negative for SARS-CoV-2 IgM and antigen. 2 months later, the infant's antibody titers had declined, suggesting transplacental transfer, according to the authors. Transplacental transfer potentially induced the infant's hyper-inflammatory response with cytokine storm, thus affecting multiple systems including the lungs, skin, and gut. A guideline on neonatal MIS-C criteria and management is urgently needed.	This is a case of a 4-hour-old male infant from Northeastern India with persistent pulmonary hypertension of the newborn (PPHN) and MIS-C in the United Kingdom. The authors report that this case demonstrates a hyper-inflammatory response with cytokine storm, that originated from transplacental SARS-CoV-2 antibody transfer.	Khaund Borkotoky R, Banerjee Barua P, Paul SP, et al. COVID-19-related Potential Multisystem Inflammatory Syndrome in Childhood in a Neonate Presenting as Persistent Pulmonary Hypertension of the Newborn. <i>Pediatr Infect Dis J</i> . 2021. doi:10.1097/INF.0000000000003054
Pregnancy, maternal outcomes, neonatal outcomes, preterm birth, C-section	12-Jan-21	Maternal and Neonatal Characteristics and Outcomes of COVID-19 in Pregnancy: An Overview of Systematic Reviews	International Journal of Environmental Research and Public Health	Review	Given the large number and heterogeneity of systematic reviews on maternal, fetal and neonatal outcomes that emerged during the COVID-19 pandemic, the authors carried out an overview of the existing literature to assess the obstetric-perinatal and neonatal outcomes of SARS-CoV-2 infected pregnant women and their newborns. 3 databases were searched for a total of 39 systematic reviews through September 10, 2020. Primary outcomes included mode of delivery, preterm delivery/labor, (preterm) premature rupture of membranes (pPROM/PROM) and abortions/miscarriages. Reported rates of C-sections varied from 52.3-95.8% with rates of vaginal deliveries ranging from 4.2-44.7%. Rates of preterm deliveries varied from 14.3-63.8%; preterm labor varied from 22.7-32.2%; PROM from 5.3-12.7%; and pPROM from 6.4-16.1%. Maternal ICU admission and mechanical ventilation rates were 3-28.5% and 1.4-12%, respectively. Overall maternal mortality rate was <2%, stillbirths <2.5%, neonatal ICU admissions 3.1-76.9%, and infant mortality rates <3%. Neonatal PCR positivity rates ranged between 1.6%-10%, however data from the analyzed systematic reviews could not lead to definite conclusions on vertical transmission. The authors conclude that maternal SARS-CoV-2 infection increased rates of C-sections and preterm birth rates (although with some potential for iatrogenic causes) and led to concerning rates of maternal and neonatal ICU admission.	In this summary of 39 systematic reviews on maternal, fetal, and neonatal outcomes from maternal SARS-CoV-2, the authors found increased rates of C-section delivery and preterm birth, with concerning rates of maternal and neonatal ICU admission. No conclusions could be made about vertical transmission.	Papapanou M, Papaioannou M, Petta A, et al. Maternal and Neonatal Characteristics and Outcomes of COVID-19 in Pregnancy: An Overview of Systematic Reviews. <i>Int J Environ Res Public Health</i> . 2021;18(2):E596. Published 2021 Jan 12. doi:10.3390/ijerph18020596

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COVID-19; school inequities; virtual classrooms; learning difficulties	12-Jan-21	Supporting marginalised children with school problems in the COVID-19 pandemic	British Medical Journal (BMJ) Paediatrics Open	Editorial	The authors state that the COVID-19 pandemic has resulted in changes to environments where children learn and play and has revealed disparities in access to virtual education, developmental resources, and support. The COVID-19 pandemic has exacerbated existing inequities, especially for the 10-15% of US based children who will have school problems at some point. Careful assessments of children's educational environments and socio-economic circumstances with behavioural, learning, and social-emotional difficulties are needed. However, distance learning makes this a challenge. Attention-deficit/hyperactivity disorder can be overlooked in the virtual setting and behavioural disorders may be challenging to assess without direct peer interactions. Learning at home can be stressful for some children due to increased concerns of domestic violence, child maltreatment, and parental mental health concerns exacerbated by the pandemic. 15% of children in the US lack access to broadband internet and may not have a dedicated device to connect to school. Children with socio-economic disadvantages are at the greatest risk of these learning challenges. Low-income students are also impacted due to reduced access to supplementary educational materials, tutoring, or parental supervision and support at home for learning. In-class learning with masks and physical distancing can be difficult for some children due to interference with speech recognition, hearing and language impairments, or new language learners. Students isolating themselves from peers may be seen as trying to conform to new social norms rather than a concern to be addressed. As a result of the potential school problems faced during the pandemic, the authors suggest that paediatricians use this opportunity to redefine a care model for at-risk children, with more frequent follow-ups for students experiencing inequities.	The authors state that the COVID-19 pandemic has resulted in changes to environments where children learn and play and have revealed disparities in access to virtual education, developmental resources, and support in the US.	Minhas RS, Freeman SJ Supporting marginalised children with school problems in the COVID-19 pandemic BMJ Paediatrics Open 2021;5:e000956. doi: 10.1136/bmjpo-2020-000956
Children, harm, delays in care, separation, healthcare quality	12-Jan-21	The Secondary Consequences of the COVID-19 Pandemic in Hospital Pediatrics [Free Access to Abstract Only]	Hospital Pediatrics	Brief Report	To understand the negative consequences of the COVID-19 pandemic on hospitalized children and their families, the authors surveyed clinicians (n=51,727) at a single institution in Canada every 2 weeks starting May 25, 2020. Clinicians identified patients they perceived to have experienced a suboptimal quality of care as a result of the COVID-19 pandemic, and then a chart review of each case was conducted. Thematic analysis of the first 50 reported cases was used to identify themes focusing on health care quality domains (safe, effective, patient-centered, timely, efficient, and equitable care). Clinical cases described delays in seeking medical attention leading to preventable intensive care admissions and delayed diagnosis and treatment, such as for cancer or ruptured appendicitis. They also revealed family separation often at pivotal times, including disclosure of life-altering diagnoses and even death. Other cases highlighted the challenges associated with virtual care, including an inability to complete physical examinations. Lastly, cases highlighted broad pandemic-related changes to other organizations (eg. challenges with discharge planning because of limitations in home care provider availability). The authors	In this case analysis, the authors describe the broad social and clinical impact of COVID-19 on hospitalized pediatric patients and their families in Canada. Delays in care, separation of families in critical time, challenges with virtual care, and disruptions in other aspects of the health system (e.g. home health) were several of the negative consequences identified.	Diskin C, Orkin J, Agarwal T, Parmar A, Friedman JN. The Secondary Consequences of the COVID-19 Pandemic in Hospital Pediatrics. Hosp Pediatr. 2021;hpeds.2020-002477. doi:10.1542/hpeds.2020-002477

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					conclude that recognition of the breadth of negative consequences resulting from changes in health care due to the pandemic is essential to inform strategies to minimize unintended harm.		
COVID-19; SARS-CoV-2; respiratory syncytial virus; co-infection; pediatric	12-Jan-21	SARS-CoV-2 and respiratory syncytial virus coinfection in hospitalized pediatric patients	The Pediatric Infectious Disease Journal	Brief Report	The author described and compared the clinical and laboratory characteristics of pediatric COVID-19 patients (aged <24 months) with and without respiratory syncytial virus (RSV) co-infection at a secondary care children’s hospital in Guarulhos, Brazil from March 1-September 30, 2020. 6/32 patients (33.3% male; median age 6 months, range not noted) had both RSV and SARS-CoV-2 co-infection, resulting in a viral co-infection rate of 18.7%. 5/21 COVID-19 cases that occurred from March 1- June 15, 2020 (during RSV seasonality in the region) and 1/11 cases from June 16-September 30, 2020 had a co-infection with RSV. The study found no significant differences in sex (p=0.19), age (p=0.94), or underlying medical conditions (p=0.31) between the co-infected group and the group with COVID-19 only. The author noted that 26.9% of COVID-19 cases who were not co-infected with RSV presented with gastro-intestinal symptoms, in contrast to none in the co-infected group, although this was not statistically significant (p=0.29). Additionally, those with co-infection had longer hospital stays than those who did not (mean 7 days vs 3 days, p=0.00003). There were no differences in the need for intensive care (p=0.47), mechanical ventilation (p=0.34), or mortality rate (p>0.99) between the groups. Hence, the author concluded that there was an 18.7% rate of RSV co-infection in children <24 months of age with SARS-CoV-2, and co-infected patients had significantly longer hospital stays compared to those without co-infection.	The author found that there was an 18.7% rate of RSV co-infection in children <24 months of age with SARS-CoV-2,, and patients with both infections experienced significantly longer hospital stays than those without co-infection.	Alvares PA. SARS-COV-2 AND RESPIRATORY SYNCYTIAL VIRUS COINFECTION IN HOSPITALIZED PEDIATRIC PATIENTS. <i>Pediatr Infect Dis J.</i> 2021 Jan 12. doi: 10.1097/INF.0000000000003057. Epub ahead of print. PMID: 33464015.
Breastfeeding; COVID-19; support	12-Jan-21	COVID-19 Precautions Hamper Breastfeeding Support	Journal of the American Medical Association (JAMA)	News commentary	The author reports the disruption that COVID-19 precautions had on breastfeeding support in the United States during the summer of 2020. The author states that 1 in 5 hospitals reduced in-person lactation support, and 75% of hospitals discharged women in less than 48 hours to prevent potential infection. There was mixed guidance early on in the pandemic. Both the WHO and American Academy of Family Physicians advised mothers who tested positive for SARS-CoV-2 to wear masks and continue breastfeeding and practicing skin to skin contact. The American College of Obstetricians and Gynecologists recommended that mothers and doctors practice shared decision-making. The CDC and American Academy of Pediatrics initially recommended separating SARS-CoV-2 positive mothers from their infants, but later revised their guidance to the same recommendations as the WHO. The author reports that in a CDC survey of 1,344 hospitals, 14% of hospitals discouraged and 6.5% prohibited skin-to-skin contact when a mother was suspected or confirmed SARS-CoV-2 positive, and 13% did not support direct breastfeeding. These practices run contrary to evidence-based lactation support practices.	In this news report, the author explains the conflicting guidance and the resulting decline in breastfeeding support in hospitals in the United States during the COVID-19 pandemic in the summer of 2020. The author reports declines in in-person lactation support and findings that both skin-to-skin contact and direct breastfeeding were discouraged in hospitals.	Kuehn B. M. (2021). COVID-19 Precautions Hamper Breastfeeding Support. <i>JAMA</i> , 325(2), 122. doi:10.1001/jama.2020.25241

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SARS-CoV-2, non-communicable disease, children,	12-Jan-21	Could children born to mothers with COVID-19 be more prone to non-communicable diseases?	Acta Paediatrica	Short Commentary	The authors express concern about the effect of SARS-CoV-2 infection in pregnant women on their offspring, particularly in the context of non-communicable diseases (i.e., obesity, diabetes, hypertension, cardiovascular disease, etc.). Their concern stems from the increase in sedentary living and unhealthy dietary changes due to the prolonged COVID-19 lockdown. Furthermore, COVID-19 has been related to an increase in preterm births, fetal growth restriction, and increased cesarean deliveries, which have been correlated with increased risk for non-communicable diseases. Stillbirth rates have increased during the COVID-19 pandemic, possibly due to lack of care during the lockdowns. Also, postnatal symptoms such as feeding issues have increased. Together, these findings suggest that SARS-CoV-2 may directly impact the fetus and neonate. In all, the authors believe that long-term follow-up studies are needed to determine the outcomes of children of SARS-CoV-2 infected mothers.	This commentary explores the possibility that children born to mothers infected with SARS-CoV-2 may have increased risk of non-communicable diseases.	Malamitsi-Puchner A, Briana DD, Giudice L, Di Renzo GC. Could children born to mothers with COVID-19 be more prone to non-communicable diseases? [published online, 2021 Jan 12]. Acta Paediatr. 2021;10.1111/apa.15757. doi:10.1111/apa.15757
Pandemic, stress, eating behavior, children, obesity	12-Jan-21	Parental stress, food parenting practices and child snack intake during the COVID-19 pandemic	Appetite	Original Research	The aim of this study was to investigate the impact of pandemic-associated stress on food parenting practices, including interactions surrounding snacks and child diet. 318 parents of children (ages 2-12 years of age) completed an online survey assessing current COVID-19-specific stress, stress levels before the pandemic, food parenting practices, and child snack intake frequency. Results indicated that stress, including that related to financial hardship, was higher during the COVID-19 pandemic when compared to levels before the pandemic. Parents also reported that a majority of children have regular meal times but irregular snack habits. Additionally, higher stress due to the pandemic was associated with increased non-nutritive food and snack intake, such as greater child intake of sweet and savory snacks. However, parents reported an increase in eating habit structure and positive interactions, such as eating with the child during mealtimes. The authors conclude that high levels of COVID-19-specific stress may be linked to child snack habits and could potentially impact childhood obesity risk.	Findings from this article indicate that COVID-19-related stress has a negative effect on the snacking habits of children, which may posit an increased risk for childhood obesity.	Jansen E, Thapaliya G, Aghababian A, et al. Parental stress, food parenting practices and child snack intake during the COVID-19 pandemic. Appetite. 2021:105119. doi: https://doi.org/10.1016/j.appet.2021.105119.
COVID-19; academic-community partnerships; hand hygiene education; school nurses	12-Jan-21	Utilizing Academic-Community Partnerships With Nursing Students to Improve Hand Hygiene in Elementary Students to Reduce Transmission of COVID-19 [Free Access to Abstract Only]	National Association of School Nurses	Article	The authors analyzed the benefit of a 6-week-long academic-community partnership between a local nursing program and a low-resource, high-need Tennessee school to provide access to hand hygiene education (HHE), which is especially relevant during the COVID-19 pandemic, when such education was not otherwise offered. The school, ranked in the lowest 5% of academic performance in the state, serves 388 pre-Kindergarten to 4th grade students [ages not given]. Over 97% of students qualify for free or reduced-price lunch, and 18% receive special education services. 10 nursing students conducted a community health needs assessment for the school and collaborated with teachers at the district level to develop and implement an HHE curriculum. After training 4 school health staff members and one supervisor, nursing students successfully collaborated with school staff to educate 232 students through hands-on training. Academic-community partnerships, especially those that	This analysis of an academic-community partnership between nursing students and a low-resource Tennessee elementary school focused on the development, implementation, and continuation of a hand hygiene education program. By collaborating with and training district-level school staff and supervisors, nursing students educated 232 students via hands-on lessons, and found potential benefit of this	Perry J, McClure N, Palmer R, Neal JL. Utilizing Academic-Community Partnerships With Nursing Students to Improve Hand Hygiene in Elementary Students to Reduce Transmission of COVID-19. <i>NASN Sch Nurse</i> . 2021;1942602X20986958. doi:10.1177/1942602X20986958

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					can be led sustainably by non-nursing staff in schools, present a valuable opportunity to provide critical infection control and disease prevention education for children, and can significantly reduce COVID-19 transmission.	program in reducing COVID-19 transmission in schools.	
COVID-19; pediatric; emergency care; India	12-Jan-21	Impact of COVID-19 pandemic on use of Pediatric Emergency Health Services in a Tertiary Care Pediatric Hospital in North India	medRxiv	Preprint (not peer-reviewed)	This retrospective, cross-sectional, observational study compared pediatric emergency department (PED) attendance and patient profiles before and during the COVID-19 pandemic in India. Medical records from January-June 2020 were collected for a tertiary care hospital in New Delhi, India, and compared to data from 2019 for similar months. Of 15,432 patients who attended PED during January-June 2020, 5,143 were admitted, and 40 expired within 24 hrs of admission. PED usage reduced from a monthly average of 4,500 in 2019 to 2,572 in 2020: a 43% decline. This decline was more pronounced during the lockdown period (April-June 2020), when this indicator significantly decreased to nearly 75% (p-value=0.005). There was a significant decrease in children of the age group 1-5 years attending PED. Average hospital admissions drastically decreased during the pandemic by nearly 30%, and the mortality rate during the lockdown increased by nearly 3 times the average monthly mortality rates. While children might not have been directly affected by the COVID-19 pandemic, fear and measures taken to control the pandemic have delayed health-seeking behavior and caused more damage than anticipated.	This retrospective, cross-sectional, observational study analyzed medical records to compare pediatric emergency department (PED) attendance and patient profiles before and during the COVID-19 pandemic in India. PED usage drastically reduced during the lockdown, while the mortality rate increased. While children might not have been directly affected, fear and measures taken to control the pandemic have delayed health-seeking behavior and caused more damage than anticipated.	Sodani R, Gupta S, Kumar V. Impact of COVID-19 pandemic on use of Pediatric Emergency Health Services in a Tertiary Care Pediatric Hospital in North India. medRxiv. 2021. doi:10.1101/2021.01.09.21249489.
COVID-19; cystic fibrosis; epidemiology; exacerbation	12-Jan-21	Reduction of pulmonary exacerbations in young children with cystic fibrosis during the COVID-19 pandemic	Pediatric Pulmonology	Letter to the Editor	In this letter, the authors assess the impact of COVID-19 restrictions on children's cystic fibrosis (CF) pulmonary exacerbations (PEx), comparing the first few months of 2019 with the same time period of 2020 at a CF center in the United States. CF PEx events were identified through a retrospective chart review of children with CF aged 2 – 11 years, and events were classified into 2 periods: January - March 15 and March 16 - May 15, corresponding with peak COVID-19 incidence in the latter period in 2020. PEx was determined by the treating clinician based on changes in signs, symptoms, or lung function that led to oral or IV antibiotic therapy. In 2019, 56 and 35 PEx events were reported in each of the 2 periods, while this number reduced to 42 (p=0.012) and 14 (p<0.001) events in 2020. In 2020, a higher proportion of PEx events were identified via phone calls compared to 2019. COVID-19 restrictions have thus been associated with fewer PEx events and diagnoses through phone encounters rather than in-person visits, likely due to reduced exposure to general respiratory infections. This information is important for CF clinicians to anticipate the burden of CF lung disease in the case of future COVID-19 lockdowns.	Cystic fibrosis (CF) pulmonary exacerbations (PEx) in 2019 versus 2020 were compared in children aged 2-11 years at a CF center in the United States through a retrospective chart review, to identify the impact of COVID-19 restrictions. The number of identified PEx events significantly decreased in both time intervals (January - March and March - May) in 2020 compared to 2019, and more PEx events were identified through phone calls (rather than in-person visits) in 2020 than in 2019.	Patel S, Thompson MD, Slaven JE, Sanders DB, Ren CL. Reduction of pulmonary exacerbations in young children with cystic fibrosis during the COVID-19 pandemic. <i>Pediatr Pulmonol</i> . 2021;10.1002/ppul.25250. doi:10.1002/ppul.25250

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Obstetrics, ultrasound, timeline, events, pregnancy	11-Jan-21	Scientific effort in combating COVID-19 in obstetrics and gynecology	Ultrasound in Obstetrics and Gynecology	Commentary	In this commentary, the authors provide a timeline of scientific research and main events in relation to COVID-19, focusing on obstetric and gynecological settings and the contribution of Ultrasound in Obstetrics & Gynecology (UOG). The early pandemic was marked by the declaration of a global emergency on January 30, 2020 by the WHO, followed by rapid discoveries about the novel coronavirus and classification as SARS-CoV-2. In March 2020, research began to emerge regarding risks of severe illness and the impact of infection during pregnancy. In addition, guidance on changes to clinical practice took shape from expert groups such as ISUOG (The International Society of Ultrasound in Obstetrics & Gynecology). In April and May 2020, focus shifted to concerns regarding possible vertical transmission and asymptomatic universal testing. On July 17, results from the RECOVERY trial showed that dexamethasone reduced mortality among COVID-19-hospitalized individuals, the first drug with positive results on COVID-19. In September, lung ultrasound became routinely identified as a useful early diagnostic tool for SARS-CoV-2 in pregnancy, and the end of the year brought vaccine approvals with authorized use in pregnant women. The authors conclude by applauding the contributions of those involved in improving safety and care of pregnant women during the COVID-19 pandemic.	In this commentary, the authors provide a timeline of scientific research and main events in relation to COVID-19, focusing on obstetric and gynecological settings and the contribution of Ultrasound in Obstetrics & Gynecology (UOG). They highlight key studies and applaud the contributions of those involved in improving safety and care of pregnant women during the COVID-19 pandemic.	Martinez-Portilla RJ, Gil MM, Poon LC. Scientific effort in combating COVID-19 in obstetrics and gynecology. <i>Ultrasound Obstet Gynecol.</i> 2021;57(2):189-194. doi:10.1002/uog.23584
COVID-19; testing; labor and delivery; pregnancy	11-Jan-21	SARS-CoV-2 testing and clinical outcomes in a Texas tertiary care center labor and delivery unit	Proceedings (Baylor University Medical Center)	Original Research	The authors conducted a retrospective observational study to assess the clinical outcomes after SARS-CoV-2 testing at a labor and delivery unit at a Texas hospital in the United States between April 1 to July 31, 2020. 16 of 746 patients had a positive SARS-CoV-2 test, 4 of whom had symptoms upon admission. The median age of patients was 28 years (IQR: 23-32 years) for SARS-CoV-2 positive patients and 28 years (IQR: 24-32 years) for SARS-CoV-2 negative patients. The median birth weights of neonates born to SARS-CoV-2 positive and negative patients were 2830g (IQR: 1720g-3275g) and 3248g (IQR: 2871g-3584g), respectively. 4 of 108 patients who presented at delivery tested positive for SARS-CoV-2, and the median period between test collection and result was 239 minutes (IQR: 183-552 minutes) in April, 195 minutes (IQR: 164-289 minutes) in May, 189 minutes (IQR: 131-384 minutes) in June, and 119 minutes (IQR: 88-154 minutes) in July 2020. 11 of 16 SARS-CoV-2 positive patients underwent cesarean sections, and the remaining had a vaginal delivery. These results were in contrast to 232/730 SARS-CoV-2 negative patients who underwent C-sections and 498/730 who had vaginal deliveries. The authors determined that the overall positivity rate was 2.1%, and three-quarters of subjects with laboratory-confirmed SARS-CoV-2 infection did not have documented symptoms at the time of admission.	The authors conducted a retrospective observational study to assess the clinical outcomes after SARS-CoV-2 testing at a labor and delivery unit at a Texas hospital in the United States between April 1 to July 31, 2020. The overall SARS-CoV-2 positivity rate was 2.1%, and three-quarters of subjects with laboratory-confirmed SARS-CoV-2 infection did not have documented symptoms at the time of admission.	Woodard T, Anderson L, Ehrig J, Shaver C, Hofkamp M. SARS-CoV-2 testing and clinical outcomes in a Texas tertiary care center labor and delivery unit. <i>Proc (Bayl Univ Med Cent).</i> 2021;34(2):229-231. Published 2021 Jan 11. doi:10.1080/08998280.2020.1866477

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COVID-19; telemedicine; pediatrics; medical genetics; metabolism; training	11-Jan-21	Pediatric medical genetics house call: Telemedicine for the next generation of patients and providers [Free Access to Abstract Only]	American Journal of Medical Genetics	Commentary	The authors described their experience in providing telehealth care and training in pediatric (ages not specified) medical genetics and metabolism during the COVID-19 pandemic in a children's hospital in the United States (period not specified). The authors provided a summary of the literature on telemedicine in pediatrics, telemedicine in medical genetics, barriers to telemedicine, and telemedicine education. The authors also describe their experience of providing training on telemedicine in the genetics unit. Training included developing learning milestones to measure progress (detailed milestone chart available in the article), teaching how to conduct physical exams through telemedicine, teaching how to guide caregivers through assisting with physical exams and measurements (photos available in the article), and content components for provider education on technical and clinical skills specific to telehealth. The authors also outline tools provided for families, including handouts to guide visits (examples included in the article), guides on sending photos, and tips for providing measurements. Positive aspects of telemedicine use for pediatric medical genetics and metabolism included increased opportunities for specialized training, maintaining social distancing, improved observations of social determinants of health by observing the home environment, increased care access (particularly for medical genetics and rare disease), and expanded observational examination for people with different communication abilities.	This article details the authors' experiences in providing pediatric medical genetics and metabolism care and training during the COVID-19 pandemic in a children's hospital in the United States. Take-aways for provider training on telemedicine are described, along with tools and tips for working with family members to assist with elements of physical examinations during telehealth visits. The authors note that telemedicine in this setting has many benefits, including increased specialized care and provider training opportunities.	Cohen AJ, Shur N, Starin D, et al. Pediatric medical genetics house call: Telemedicine for the next generation of patients and providers [published online ahead of print, 2021 Jan 11]. Am J Med Genet C Semin Med Genet. 2021;10.1002/ajmg.c.31882. doi:10.1002/ajmg.c.31882
COVID-19; pediatric; Kawasaki Disease; MIS-C; Korea	11-Jan-21	The Importance of Early Recognition, Timely Management, and the Role of Healthcare Providers in Multisystem Inflammatory Syndrome in Children	Journal of Korean Medical Science	Report	The authors described the case of a 12-year-old boy in Korea with a history of PCR-confirmed SARS-CoV-2 infection who developed MIS-C approximately 3 weeks after hospitalization with COVID-19 (on September 14, 2020). High fever with abdominal pain mimicking appendicitis was his initial manifestation of MIS-C, which could have been easily missed if the patient's history of COVID-19 was ignored. 5 days after the onset of MIS-C, intravenous immunoglobulin was administered twice, 24 hours apart, and the patient fully recovered without any obvious sequelae. This case indicates that early recognition by disease awareness and prompt management are the key to saving the lives of children affected by MIS-C.	The authors described the case of a 12-year-old boy in Korea who had a history of PCR-confirmed SARS-CoV-2 infection and developed MIS-C approximately 3 weeks after the initial diagnosis of COVID-19. He recovered after treatment without any obvious sequelae. This case indicates that early recognition by disease awareness and prompt management are the key to saving the lives of children affected by MIS-C.	Lee JH, Han HS, Lee JK. The Importance of Early Recognition, Timely Management, and the Role of Healthcare Providers in Multisystem Inflammatory Syndrome in Children. J Korean Med Sci. 2021;36(2):e17. doi:10.3346/jkms.2021.36.e17.
COVID-19, Kidneys, Necrotizing glomerulonephritis, Dialysis, Pediatrics	11-Jan-21	Acute necrotizing glomerulonephritis associated with COVID-19 infection: Report of two pediatric cases	Pediatric Nephrology	Case Report	The authors present 2 cases of acute necrotizing glomerulo-nephritis and fibrinoid nephritis in SARS-CoV-2-positive patients in Iran, September and October 2020. The first case is a 17-year-old boy who presented with decreased urine output, nausea, and vomiting. Physical examination revealed hypertension, mild tachypnea, and bilateral periorbital edema. Chest X-ray showed bilateral pleural effusion and pulmonary edema. An echocardiogram showed left ventricular (LV) hypertrophy and LV systolic-diastolic dysfunction. Lab results included	The authors present 2 cases of acute necrotizing glomerulonephritis and fibrinoid necrosis in SARS-CoV-2-positive adolescent boys in September and October 2020 in Iran. Fibrinoid necrosis was	Basiratnia M, Derakhshan D, Yeganeh BS, et al. Acute necrotizing glomerulonephritis associated with COVID-19 infection: report of two pediatric cases. Pediatr Nephrol. 2021 Jan 26;1-5.

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					uremia and elevated blood urea nitrogen (BUN) and serum creatinine. SARS-CoV-2 RT-PCR was positive. The patient underwent emergency hemodialysis for fluid overload and electrolyte imbalance. He was given anti-hypertensive medications, blood transfusion, and erythropoietin. A permanent subclavian catheter was inserted for routine hemodialysis, he was treated with enoxaparin and prednisolone pulse therapy, and steroids were tapered off during follow-up [time not specified]. The second patient was a 16-year-old boy admitted with fever, oliguria, and tea-colored urine. Physical examination showed peri-orbital edema and blood pressure of 130/70 mmHg. Lab tests showed severe uremia with elevated BUN and serum creatinine, and SARS-CoV-2 RT-PCR was positive.. He received enoxaparin, steroids, and 2 episodes of hemodialysis. His urine output and serum creatinine were normal at a 2-month follow-up. Neither patient had viruria, and both were negative for SARS-CoV-2 RNA on kidney tissue specimens. Fibrinoid necrosis was possibly caused by a virus-induced pro-coagulant state.	possibly caused by a virus-induced procoagulant state.	doi:10.1007/s00467-021-04944-w
Gender difference; Primary school; Remote work; School closure; COVID-19	11-Jan-21	The impact of closing schools on working from home during the COVID-19 pandemic: Evidence using panel data from Japan	Review of Economics of the Household	Original Research	This study aimed to explore how school closure due to the COVID-19 pandemic influenced parents' work style during school closure from mid-March to mid-April 2020 in Japan. There were 3 survey waves (March 13-16, March 27-30, and April 10-13), resulting in a total of 11,867 responses. The average age for male and female respondents was 34.9 years and 34.2 years, respectively [age ranges not provided]. 23-24% of respondents had a child in primary school and 13-14% had a child in junior high school. The analysis controlled for numerous factors, such as years of schooling for the respondent, age, and survey wave. The authors reported that for parents working full-time with children in primary school, mothers were more likely to report not having gone to their workplace in a given week, which the authors interpreted as working from home, than were fathers. For parents with children in junior high school, however, work-from-home behavior was not significantly affected. The authors interpreted these results as showing that mothers shoulder the burden of working remotely and caring for small children at home, while fathers tend to work in the office and spend less time in childcare at home. The authors concluded that the COVID-19 pandemic has increased gender inequality in the burden of childcare.	This study explored the effects of school closure due to the COVID-19 pandemic on parents' work style in Japan from March-April 2020. The authors report that for parents of primary school students, women bear the burden of childcare, and that the COVID-19 pandemic has exacerbated gender inequality in the burden of childcare.	Yamamura E, Tsustsui Y. The impact of closing schools on working from home during the COVID-19 pandemic: evidence using panel data from Japan. Rev Econ Househ. 2021;1-20. doi:10.1007/s11150-020-09536-5
Kawasaki disease, COVID-19, children	11-Jan-21	Tracking awareness for Kawasaki disease in children related to the COVID-19 pandemic	Clinical Rheumatology	Letter to the Editor	This letter responds to an article by Dey and Zhao, on a Google Trends analysis of COVID-19 and Kawasaki disease. The authors of the original paper stated that keywords related to Kawasaki disease and COVID-19 had not yet peaked, based on the data up to 12 May 2020. The authors show the updated Google Trends analysis of keywords related to Kawasaki Disease and COVID-19 from 1 February to 26 September 2020. They observed 4 peaks related to Kawasaki disease interest worldwide: 29 April—the highest peak, 6 May, 9 May, and 15 May. They also found no correlation between Kawasaki disease and coronavirus interest ($r = -0.05$, $p < 0.001$). The peaks were likely caused	The authors comment on an article that utilized Google Trends to analyze the keywords search related to COVID-19 and Kawasaki disease. The letter authors observed 4 search peaks from 1 February to 26 September 2020 and found no correlation	Springer S, Strzelecki A, Zieger M. Tracking awareness for Kawasaki disease in children related to the COVID-19 pandemic [published online, 2021 Jan 11]. Clin Rheumatol. doi:10.1007/s10067-020-05535-0

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					by online publications or newspapers in the UK and the US. These trends demonstrate the role of media in rapid information transmission across the world.	between Kawasaki disease and coronavirus interest.	
COVID-19; Parenting; Caregiver stress; scaffolding; thematic analysis	11-Jan-21	Thematic Analysis of Parent-Child Conversations about COVID-19: "Playing it safe"	Journal of Child and Family Studies	Original paper	The authors designed a qualitative analysis of caregiver teachings on SARS-CoV-2 transmission suppression and children's' coping behaviors witnessed during the pandemic. Data was collected April 27-28, 2020, from 210 parents. Included parents were >18 years of age who had children <18 years. The average parental age was 39.33 years (range 18-65 years), parents were 64.8% female, and 14.3% identify as an ethnic/racial minority. The questions asked for this study included parental preparation for teaching CDC guidelines on viral transmission suppression and what coping strategies parents noticed in their children. Answers to these questions were obtained regarding a household's focal child. 53 children were age birth-5 years (25.2%), 77 6-11 years (36.7%), and 79 children 12-18 years (37.6%). The themes collected during the study are listed in Table 2 for both questions. Personal hygiene, specifically handwashing, had the highest number of observations at 82 for the CDC guidelines question, with social hygiene, especially social distancing, at 52 observations, being the second most common theme. Social distancing was the primary theme that parents reported caused their children stress, and physical activity was the #1 theme identified to manage stress. Overall, the authors state that parents reported feeling prepared to have conversations with their children about the COVID-19 pandemic.	The authors designed a qualitative analysis of caregiver teachings on SARS-CoV-2 transmission suppression and children's' coping behaviors witnessed during the pandemic	Tambling RR, Tomkunas AJ, Russell BS, Horton AL, Hutchison M. Thematic Analysis of Parent-Child Conversations About COVID-19: "Playing It Safe" [published online ahead of print, 2021 Jan 11]. <i>J Child Fam Stud</i> . 2021;1-13. doi:10.1007/s10826-020-01889-w
Antibiotics, pediatric, COVID-19	11-Jan-21	Why Is Antibiotic Treatment Rarely Performed in COVID-19-Positive Children Admitted in Pediatric Intensive Care Units?—Reply	Journal of the American Medical Association (JAMA) Pediatrics	Comment & Response	This is a reply to a comment by Fanos and colleagues, who pointed out that the authors did not include children who had been treated with antibiotics in their COVID-19 cohort. Shekerdemian et al. admit that changes in gut permeability and the pulmonary micro-biome might contribute to severity of lung injury in these patients. However, they assert that Fanos et al. have mis-interpreted the aim of the investigation, which was to describe pharmaco-therapies that modulate the clinical effects of COVID-19. They did not seek to explore or report anti-bacterial effects, only anti-viral or immuno-modulating therapies.	The authors reply to a comment on their previous study of pediatric COVID-19, that children treated with antibiotics were not used in the cohort. They assert that the study only aimed to assess the relative success of anti-viral and/or immuno-modulating therapies against the clinical effects of COVID-19.	Shekerdemian LS, Burns JP. Why Is Antibiotic Treatment Rarely Performed in COVID-19–Positive Children Admitted in Pediatric Intensive Care Units?—Reply. <i>JAMA Pediatr</i> . Published online January 11, 2021. doi:10.1001/jamapediatrics.2020.5360
pediatric, hospitalization, cumulative, COVID-19	11-Jan-21	Trends in Pediatric Hospitalizations for Coronavirus Disease 2019	Journal of the American Medical Association (JAMA) Pediatrics	Research Letter	The authors examine pediatric COVID-19 hospitalization trends in 22 states (USA, states not specified). Data was extracted from the University of Minnesota COVID-19 Hospitalization Tracking Project and included data from patients ≤19 years old, May 15 - November 15, 2020. Among these states, there was a cumulative total of 5,364 pediatric COVID-19 hospitalizations. At the start of the study, average cumulative COVID-19 hospitalization rate per 100,000 children was 2.0, but had increased to 17.2 by the end of the study. There were significant variations across states, and these variations also changed over time. Further, there was significant variance in the magnitude of change among states: for example, Utah experienced a 5067% increase	This study examines pediatric (≤19 years) COVID-19 hospitalizations across 22 US states, from May 15 - November 15, 2020. Authors find that overall, pediatric COVID-19 hospitalizations have increased significantly to varying degrees, depending on the state and time. They argue that many areas lack capacity	Levin Z, Choyke K, Georgiou A, Sen S, Karacamandic P. Trends in Pediatric Hospitalizations for Coronavirus Disease 2019. <i>JAMA Pediatr</i> . Published online January 11, 2021. doi:10.1001/jamapediatrics.2020.5535

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					in hospitalizations per 100,000 children (0.3 to 15.5), while New Hampshire only experienced a 42% increase (2.4 to 3.4). While adult and geriatric incidence of COVID-19 are predominant, this data shows that pediatric populations may require resources that are not readily available across the US. The authors outline study limitations, such as excluding the 56% of states whose data did not indicate patient age. The authors state that the trends for pediatric COVID-19 hospitalization rates are reason for concern; for instance, they argue that many areas lack capacity to hospitalize the growing number of pediatric patients.	to hospitalize the growing number of pediatric patients.	
Kawasaki disease; MIS-C; PIMS-TS; hyperinflammatory shock; myocarditis	11-Jan-21	COVID-19 and multisystem inflammatory syndrome in children: A systematic review and meta-analysis	Pediatric Pulmonology	Review Article	The authors conducted a systematic review and meta-analysis of 27 articles published between May-July 2020, to investigate the epidemiology and clinical course of MIS-C. The studies included 917 children and adolescents (mean 9.3 years [range not provided]) with MIS-C associated with SARS-CoV-2 infections. The pooled proportions of Hispanic and Black cases were 34.6% and 31.5%, respectively, which was higher compared to the other race/ethnicities. Common manifestations were gastro-intestinal symptoms (87.3%) and cardiovascular involvement such as myocardial dysfunction (55.3%), coronary artery aneurysms (21.7%) and shock (65.8%), often with marked elevated inflammatory and cardiac markers. The majority of patients received IV immunoglobulin (81.0%), aspirin (67.3%), and corticosteroids (63.6%), with a variety of anti-inflammatory agents. Although myocardial dysfunction had improved in 55.1% of patients at discharge, the rate of extracorporeal membrane oxygenation (ECMO) use was 6.3%, and the mortality rate was 1.9%. Compared to Kawasaki disease (KD), MIS-C affected older children and adolescents, whereas KD occurred predominantly in children <5 years old, with a peak incidence at 9–11 months. Finally, MIS-C manifests with a higher incidence of myocardial dysfunction and gastro-intestinal symptoms, and elevation of inflammatory biomarkers and cardiac markers, compared to KD.	The findings from this systematic review and meta-analysis of 27 articles demonstrated that MIS-C could lead to severe multi-system dysfunction, including myocardial dysfunction and coronary artery dilation or aneurysms. MIS-C has features distinct from KD, including an older age at onset and higher incidence of gastro-intestinal symptoms and myocardial dysfunction, with elevated inflammatory and cardiac markers.	Yasuhara J, Watanabe K, Takagi H, Sumitomo N, Kuno T. COVID-19 and multisystem inflammatory syndrome in children: A systematic review and meta-analysis [published online 2021 Jan 11]. <i>Pediatr Pulmonol.</i> 2021. doi:10.1002/ppul.25245
SARS-CoV-2; viral load; COVID-19; children cycle threshold; paediatric	11-Jan-21	SARS-CoV-2 Viral RNA Load Dynamics in the Nasopharynx of Infected Children	Epidemiology and Infection	Short report	In this study, the authors analyzed the daily trends of SARS-CoV-2 viral load from nasopharyngeal samples of infected symptomatic and asymptomatic pediatric patients to improve the understanding of infected viral load dynamics to postulate the role of children in transmission. The study included 17 children with a median age of 7.7 years (range 0.3-15.8 years) cared for as inpatients at a Children's Hospital in Singapore from March 23-April 5, 2020. Of this group, 10 (58.8%) were symptomatic, and all symptomatic children only had a mild illness resolved by day 5 of their illness. Of the 7 asymptomatic patients, none developed symptoms before discharge. All cases of COVID-19 were confirmed by positive SARS-CoV-2 RT-PCR from nasopharyngeal swabs. A cycle threshold (Ct) value of 45 is considered undetectable for the virus with lower numbers representing higher viral loads; during the study, the mean Ct of all PCRs was 29.86 (SD ±0.68). The mean duration of viral shedding was 16 days for all patients	In this study, the authors analyzed the daily trends of SARS-CoV-2 viral load from nasopharyngeal samples of infected symptomatic and asymptomatic pediatric patients. This was done to improve the understanding of viral load dynamics of infected children to postulate the role of children in transmission.	Kam KQ, Thoon KC, Maiwald M, et al. SARS-CoV-2 Viral RNA Load Dynamics in the Nasopharynx of Infected Children [published online ahead of print, 2021 Jan 11]. <i>Epidemiol Infect.</i> 2021;1-13. doi:10.1017/S095026882100008X

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					(SD 7.4 days), with one symptomatic child having viral shedding at 30 days. Symptomatic children had longer durations of viral shedding than asymptomatic patients, with a mean of 17 days versus 14 days (p=0.48); however, this was not statistically significant. Higher viral loads were seen in symptomatic (Ct=28.6) versus asymptomatic (Ct=36.7) patients (with unclear 95% CI, and p=0.02). The highest viral loads occurred around day 2 of illness or positive test for both symptomatic and asymptomatic patients. 15 of the patients (88.2%) had detectable virus on day 7. The mean duration of viral shedding was 16 days. The authors state that it is unknown whether detectable viral PCR equates to transmissibility; however, due to higher viral loads, symptomatic children may have higher transmission potential than asymptomatic children.		
Mental health; children	11-Jan-21	Child mental health in England before and during the COVID-19 lockdown	The Lancet Psychiatry	Commentary	In this commentary, the authors reflect on the results of England's Mental Health of Children and Young People (MHCYP) survey. The study showed an increase in mental health problems among 5–16-year-olds in England, with incidence rising from 10.8% in 2017 to 16.0% in July 2020 across age, gender, and ethnic groups. Before and during the COVID-19 pandemic, young women [age not clarified] were the group with the highest prevalence of mental health problems (27.2%). Children with a parent in psychological distress were more likely to have a probable mental health problem. Additionally, the results highlight that social protection systems must respond to the socio-economic challenges facing families, and that children with mental health problems are more likely to come from households with limited resources and are more likely to have issues with distanced schooling. Furthermore, there have been disruptions of care-seeking for mental health issues and a lack of support from adults (at home or school) during COVID-19 lockdowns. The authors conclude by stating the need for further research, particularly longitudinal analyses, to improve understanding of the differential effects of the COVID-19 pandemic, and to inform policy, commissioning, and practice response.	This commentary reports on the results of a longitudinal survey in England that assesses the mental health of children and adolescents before and during the COVID-19 pandemic. The authors report increases in mental health problems during the pandemic, decreased care-seeking for mental health treatment during lockdown, and factors associated with mental health issues in the population.	Newlove-Delgado, T., McManus, S., Sadler, K., et al (2021). Child mental health in England before and during the COVID-19 lockdown. The Lancet Psychiatry. doi:10.1016/S2215-0366(20)30570-8
Depression; Mental health; pregnancy; postpartum; risk factors	11-Jan-21	The prevalence and risk factors of depression in prenatal and postnatal women in China with the outbreak of Corona Virus Disease 2019	Journal of Affective Disorders	Original Research	This study sought to examine the prevalence of depression in Chinese prenatal and postnatal women after the COVID-19 pandemic began, and assess risk factors for their depression. A cross sectional survey was conducted among 2201 women from February 28th - April 9th, 2020 in Beijing, Wuhan, and Lanzhou, China. The enrolled participants were either pregnant or had given birth within 8 weeks prior to the survey. Depression was assessed using the Patient Health Questionnaire (PHQ-9). The Insomnia Severity Index (ISI) and Generalized Anxiety Disorder scale (GAD-7) were used as well. The total prevalence of depression in prenatal and postnatal women was 35.40%. The average age of the participants was 30.2 years [age range not specified] and women who were depressed were slightly younger than those who were not (p=0.018). Bivariate and multivariate logistic regression models were used to assess risk factors for depression [no COVID-specific risk factors included]. The authors reported that risk	This cross-sectional survey among 2201 pregnant and postpartum women in China examined the prevalence of depression and associated risk factors during the COVID-19 pandemic. The authors report a 35.4% prevalence of depression in the study population and numerous positively and negatively associated risk factors.	Li, C., Huo, L. et al. The prevalence and risk factors of depression in prenatal and postnatal women in China with the outbreak of Corona Virus Disease 2019, Journal of Affective Disorders. 2021. doi:10.1016/j.jad.2021.01.019.

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					factors for depression included drinking alcohol (adjusted OR (aOR) = 2.81, 95% CI: 1.26-6.24, p = 0.04), nausea and vomiting during pregnancy (aOR = 3.54, 95% CI: 1.10-11.44, p < 0.001), decreased mobility in pregnancy (aOR = 1.42, 95% CI: 1.11-1.83, p = 0.02), anxiety (aOR = 1.66, 95% CI: 1.57-1.75, p < 0.001), and insomnia (aOR = 1.17, 95% CI: 1.14-1.21, p < 0.001). Daily attention to fetal movement was a protective factor for depression (aOR = 0.41, 95% CI: 0.31-0.56, p < 0.001). The authors conclude by noting the limitations of the cross-sectional design and stating that pre- and postnatal women in China have experienced higher rates of depression during the COVID-19 pandemic.		
Pregnancy, ART, reproduction, infertility, lockdown	11-Jan-21	Spontaneous pregnancies among infertile couples during assisted reproduction lockdown for COVID-19 pandemic	Andrology	Short Communication	In this article, the authors sought to assess the impact of COVID-19-related lockdown on infertile couples in Italy by investigating spontaneous conception in couples whose assisted reproductive techniques (ART) were halted from March-May 2020. The authors collected anamnestic, anthropometrical, and demographic data of 431 couples. The mean age of men was 39.6 + 4.1 years, and the mean age of women was 37.6 ± 4.4 years [ranges not noted]. The average duration of couple infertility was 3.5 ± 2.8 years. 34 couples (7.9%) obtained a spontaneous pregnancy during the COVID-19 lockdown. Comparing spontaneously pregnant to non-pregnant women in the group, the mean age was significantly lower in the pregnant group (p=0.009). Similarly, the infertility history was shorter in pregnant patients (p=0.029). No differences were detected comparing BMI (p=0.164) or infertility causes (p=0.583). The sexual activity frequency was significantly higher in pregnant women compared to non-pregnant women (p<0.001). In a multi-variate logistic analysis, number of sexual intercourses per week (greater frequency) and infertility history duration (shorter duration) were significantly related to pregnancy (p<0.001 and p=0.030, respectively). The authors conclude that this study highlights the need for clinicians to better assess sexual habits of infertile couples to better determine which couples are most in need of ART.	The authors assessed the impact of COVID-19 lockdown in Italy on spontaneous conception for couples whose assisted reproductive techniques (ART) were halted. 34/431 couples (7.9%) obtained a spontaneous pregnancy during the COVID-19 lockdown. Compared to couples who did not become pregnant, pregnant couples had shorter infertility history duration and more frequent intercourse.	Villani MT, Morini D, Spaggiari G, Simoni M, Aguzzoli L, Santi D. Spontaneous pregnancies among infertile couples during assisted reproduction lockdown for COVID-19 pandemic. <i>Andrology</i> . 2021;10.1111/andr.12973.
pediatrics; telemedicine; telehealth; pandemic emergency medicine; teletrauma	11-Jan-21	Telemedicine Surge for Pediatric Patients in Response to the COVID-19 Pandemic in New York City	Telemedicine and e-Health	Article	In this retrospective cohort study of 406 pediatric patients' (< 18 years old) at a New York City medical center, the authors analyzed patients' virtual urgent care (VUC) experiences during the COVID-19 pandemic between March-May 2020. The authors analyzed outcomes for all patients who completed a telemedicine visit and described frequency, reasons for visit, management, visit outcome, and as a secondary outcome, indication for antibiotic prescriptions. Patients' median age was 4.4 years, and 54% were male. Reasons for a telemedicine visit included COVID-19-related symptoms (36%), dermatologic symptoms (15%), and trauma (10%). The majority of patients (72%) received conservative management at home, 18% received medication prescription, and only 10% were referred to an urgent care or pediatric emergency department. Only 4 of the 16 patients using the telemedicine emergency department follow-up program received an	In this retrospective study of 406 pediatric patients at a New York City medical center, authors analyzed virtual urgent care experiences between March-May 2020 to assess telemedicine visit frequency, reasons, management, and outcomes during the COVID-19 pandemic. Telemedicine allowed for high-quality, efficient medical care for patients during the peak of the COVID-19 pandemic and	Kim JW, Lame M, Szalay L, et al. Telemedicine Surge for Pediatric Patients in Response to the COVID-19 Pandemic in New York City. <i>Telemed J E Health</i> . 2021;10.1089/tmj.2020.0413. doi:10.1089/tmj.2020.0413

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					evaluation for MIS-C. Of 16 patients referred and presented to our emergency department, 2 required intensive care for multisystem inflammatory syndrome in children. Only 0.005% of patients had an unplanned 72-hour emergency department visit resulting in hospitalization after a VUC visit. Telemedicine provides an important, cost-effective, and efficient avenue to manage low-risk concerns without placing patients and providers at infection risk and enables the identification of patients who require in-person emergency care.	enabled rapid identification of patients who required in-person emergency care.	
Mental health; depression; anxiety; mothers; COVID-19	11-Jan-21	Increased depression and anxiety during the COVID-19 pandemic in Brazilian mothers: A longitudinal study	Brazilian Journal of Psychiatry	Article	In this longitudinal study of 2051 Brazilian mothers, researchers administered 3 questionnaires to assess changes in depression and anxiety levels during the COVID-19 pandemic, as defined by the Edinburgh Postnatal Depression Scale (EPDS) and Generalized Anxiety Disorder 7-item Scale (GAD-7). A baseline mental health assessment was incorporated into measures included in the 2019 Rio Grande birth cohort from which mothers were recruited, and 2 web-based follow-ups were conducted between May-July 2020 and July-December 2020. Depression was defined as a score >13 on the EPDS; anxiety was defined as a score >10 on the GAD-7 scale. Among 591 mothers who completed all 3 questionnaires, depression rose from 3% to 28% to 31% at each time point. Anxiety rose from 10% to 27% to 29%. These drastic increases in both depression and anxiety may be driven by reduced access to diagnosis and treatment and the stressors of lockdowns that women disproportionately face in Brazil, and may be generalizable to the global maternal population. Maternal mental health must be prioritized in health and policy responses to the COVID-19 pandemic.	This longitudinal study of Brazilian mothers' changing mental health during the COVID-19 pandemic compared depression and anxiety levels before and during the pandemic in 591 women. Using web-based questionnaire results, researchers found that depression rose from 3% to 28% to 31% during the pandemic, while anxiety rose from 10% to 27% to 29%. These results highlight the importance of maternal mental health and increasing access to diagnosis and treatment.	Loret de Mola C, Blumenberg C, Martins RC, et al. Increased depression and anxiety during the COVID-19 pandemic in Brazilian mothers: a longitudinal study. <i>Braz J Psychiatry</i> . 2021;S1516-44462021005001202. doi:10.1590/1516-4446-2020-1628
COVID-19; pregnancy; vaccine trials	11-Jan-21	The need for inclusion of pregnant women in COVID-19 vaccine trials	Vaccine	Commentary	The authors highlight the many compelling scientific, public health, and ethical reasons why pregnant women need to be considered and included in vaccine investigations for COVID-19. The complexity of pregnancy should be viewed as an opportunity to generate much-needed evidence through responsible inclusion of pregnant women in research, rather than a barrier to progress and reason for unjust exclusion, which has been the norm for decades. Thus far, the cumulative data suggest that pregnant women are at a higher risk for severe morbidities from COVID-19, as noted in terms of an increased need for intensive care, mechanical ventilation, and death among symptomatic pregnant women, and suggestions of increased rates of preterm birth. Maternal immunization can also protect the neonate through the transplacental passage of protective antibodies. There is an important need to demonstrate the safety of vaccine products, specifically during pregnancy. Moreover, given the distinct physiologies and susceptibilities of pregnancy, response to vaccination may differ from that of the general population. Consequently, optimal public health programming and clinical use require pregnancy-specific data.	The authors highlight the many compelling scientific, public health, and ethical reasons why pregnant women need to be considered and included in vaccine investigations for COVID-19. Since pregnant women appear to be at higher risk for severe morbidities from COVID-19, there is a need to generate pregnancy-specific data for optimal public health programming and clinical use rather than subjecting them to unjust exclusion.	Beigi RH, Krubiner C, Jamieson DJ. The need for inclusion of pregnant women in COVID-19 vaccine trials. <i>Vaccine</i> . 2021. doi:10.1016/j.vaccine.2020.12.074.

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Sub-Saharan Africa; maternal morbidity and mortality; sexual and reproductive health; COVID-19	11-Jan-21	Impact of COVID-19 Pandemic on Antenatal Healthcare Services in Sub-Saharan Africa	Public Health in Practice	Letter to the Editor	Despite a 40% reduction in the global maternal mortality rate (MMR) between 1990 and 2015, MMR levels remain unacceptably high in many Sub-Saharan African countries. Recognizing the importance of quality access to antenatal care (ANC) in providing early diagnosis and treatment of pregnancy-related illnesses, the WHO increased its recommendation of at least 4 ANC visits to 8 visits per pregnancy in 2016; however, a 2017 global report states that only 52% of women in Sub-Saharan Africa have received at least 4 ANC visits. Healthcare systems in Sub-Saharan Africa face many challenges, including funding, limited workforce capacity, poor leadership, and inadequate infrastructure; the current COVID-19 crisis has further burdened this region's already fragile healthcare systems. Recent shifts in funding from governments and donors have exacerbated existing health-related gender inequalities as resources have been diverted from sexual and reproductive health to COVID-19 care. The International Planned Parenthood Federation reports closing 5,633 clinics worldwide, with 477 of the closures in Sub-Saharan Africa. COVID-19 threatens to reverse recent trends in decreasing MMR across Sub-Saharan Africa's overburdened healthcare systems, thus endangering women of reproductive age in these areas.	This letter to the editor warns of increasing maternal morbidity and mortality in Sub-Saharan Africa during the COVID-19 pandemic due to shifts in funding, closures of sexual and reproductive health clinics, and disruptions of an already fragile health system infrastructure.	Ogunkola IO, Adebisi YA, Imo UF, et al. Impact of COVID-19 pandemic on antenatal healthcare services in sub-saharan africa. Public Health in Practice. 2021:100076. doi: 10.1016/j.puhip.2021.100076
COVID-19, preterm, disability, ethics	10-Jan-21	Using the COVID-19 as an excuse for unjustified devaluation of preterm infants	Acta Paediatrica	Editorial	This editorial responds to an article by Kaempf et al., which argued that the COVID-19 pandemic has the potential to lead to care rationing, and predicts that neonatologists will claim that their population has priority if resources should become scarce. These authors disagree with this notion, instead arguing that the original authors showed bias in their study when they both excluded infants with mild disabilities, and via how they defined outcome. For example, "worst outcome" for some could be death, but others might consider lifelong disability to be worse. Further, "quality of life" assessments by providers is naturally discordant from the patients themselves and is not always reliable. They argue that publishing such guidelines based on measurements that are biased alter the thresholds for care options with extreme prematurity and present bias against the smallest, most fragile patients. In all, the authors argue that interpreting disability in premature infants as "suboptimal health outcomes" and rejecting the youngest patients as stakeholders reflects able-ism and age-ism by Kaempf et al.	The authors disagree with a paper by Kaempf et al., which stated that physicians may use the COVID-19 pandemic as an excuse to assert that their neonatal population has priority status, in the case of medical resource scarcity. The authors point out numerous instances of bias in the article, and argue that the pandemic has only strengthened their perspectives about what "suboptimal" outcome really means. They accuse the original article as age-ist and able-ist, excluding the smallest and most vulnerable patients.	Haward, M.F., Janvier, A. and Lorenz, J.M. (2021), Using the COVID-19 as an excuse for unjustified devaluation of preterm infants. Acta Paediatr. https://doi.org/10.1111/apa.15744
COVID-19; SARS-CoV-2; children; clinical characteristics	10-Jan-21	Clinical Characteristics of Pediatric COVID-19 and Predictors of PCR Positivity	Pediatrics International	Original Article	The authors aimed to identify the clinical findings and outcomes of children with COVID-19 and factors predicting SARS-CoV-2 RT-PCR positivity. The authors conducted a retrospective study of 404 [228 suspected (median 30.5, IQR 9-82 months) and 176 confirmed (median 79, IQR 34-149 months)] pediatric COVID-19 patients admitted to the emergency room, inpatient clinic, or pediatric ICU of a tertiary hospital in Turkey between March 20-May 31, 2020. The 176 confirmed patients with positive SARS-CoV-2 RT-PCR were less symptomatic than the 228 suspected patients with negative RT-PCR (67.6% vs. 95.6%,	The authors conducted a retrospective study of 404 suspected and confirmed pediatric COVID-19 patients admitted to a tertiary hospital in Turkey to identify the clinical findings and outcomes of children with COVID-19 and factors predicting RT-PCR	Arslan G, Aktürk H, Duman M. Clinical Characteristics of Pediatric COVID-19 and Predictors of PCR Positivity [published online 2021 Jan 10]. <i>Pediatr Int</i> . 2021. doi:10.1111/ped.14602

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					p<0.001). Among the SARS-CoV-2 positive patients, cough (44.9%), fever (38.1%), sore throat (18.5%), and smell-taste loss (12.7%) were the most common symptoms. Among all the patients, exposure to SARS-CoV-2 was detected in confirmed and suspected cases, at 92.6% and 23.2%, respectively. Close contact with SARS-CoV-2 infected family members and cough symptoms increased the RT-PCR positivity 23.8 and 5.0 times, respectively, while positivity decreased by 0.4 times if the fever was over 38°C. The authors found that the presence of a sore throat, especially in older children who can identify it, significantly predicts the RT-PCR positivity. Patients with moderate, severe, and critical disease had higher C-reactive protein (39.1% to 13.1%, p=0.004) and procalcitonin (21.7% to 4.6%, p=0.011) levels and more frequent lymphopenia (47.8% to 13.7%, p=0.001). No deaths were reported. The authors concluded that contact exposure to SARS-CoV-2 and sore throat are the most important predictors for RT-PCR positivity.	positivity. The authors determined that contact exposure to SARS-CoV-2 and sore throat are the most important predictors for RT-PCR positivity.	
Neurodevelopmental disorder; mental health; child well-being; family health	10-Jan-21	Impact of the COVID-19 pandemic on the well-being of children with neurodevelopmental disabilities and their parents	Journal of Paediatrics and Child Health	Article	This study used the results of a cross-sectional self-report survey of 302 caregivers to understand the impact of the COVID-19 pandemic on the mental health and socio-emotional and physical well-being of children with neuro-developmental disabilities (NDD), aged 2-17. The survey was distributed online via disability service providers and support groups in Australia for a 6-week period during May - June 2020. Caregivers were overwhelmingly female (95%), with average child age 10 years. The most commonly reported NDD diagnoses were Autism Spectrum Disorder, Attention Deficit-Hyperactivity Disorder (ADHD), and Tourette Syndrome, and the most commonly reported comorbidity was anxiety disorder. About 65% of caregivers reported worsening of child NDDs and mental health symptoms during the pandemic. Well-being was affected by increased television/digital media consumption (82%), decreased exercise (68%), poor sleep quality (44%), and poor diet (32%). Almost 20% of families reported an increase in their child's medication dosage. Over 50% of caregivers were dissatisfied with services they received for their children with NDD during the pandemic, and over 75% of caregivers reported that COVID-19 had negatively impacted their own well-being. Only 30% of caregivers reported telehealth being adequate for their child's care. Targeted interventions addressing poor diet, sleep, and exercise patterns in children with NDD and increased telehealth care access would improve the health of children with NDD during the COVID-19 pandemic.	The authors analyzed the results of a cross-sectional self-report survey of 302 Australian caregivers of children with neuro-developmental disabilities aged 2-17 during the COVID-19 pandemic, and found poor physical and mental well-being of both children and caregivers. Over 65% of caregivers reported worsening of their child's NDDs and mental health symptoms. Further, poor diet, sleep, exercise, and access to telehealth services negatively impacted a high proportion of children and their caregivers, and must be addressed to improve health.	Masi A, Mendoza Diaz A, Tully L, et al. Impact of the COVID-19 pandemic on the well-being of children with neurodevelopmental disabilities and their parents. <i>J Paediatr Child Health</i> . 2021;10.1111/jpc.15285. doi:10.1111/jpc.15285
COVID-19; PPE; professional practice; patient care	10-Jan-21	We still can't hear: Staff Perceptions of Personal Protective Equipment Impact on Speech and Communication In	Pediatric Anesthesia	Short Report	The authors highlight the continued impact of PPE (filtering facemask and powered respirators) as a barrier to communication when used during aerosol-generating procedures (AGPs) such as pediatric airway surgery in the operating theater during the COVID-19 pandemic. A multi-cadre staff survey was conducted at a tertiary pediatric center in the United Kingdom in July 2020 to assess the issue. A mixed-methods approach combining semi-quantitative and qualitative analysis was	The authors highlight the continued impact of PPE (filtering facemask and powered respirators) as a barrier to communication when used during aerosol-generating procedures (AGPs)	Hampton T, Sharma S, Dunham M. We still can't hear: Staff Perceptions of Personal Protective Equipment Impact on Speech and Communication In the

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		the Operating Theatre During Paediatric Airway Surgery			utilized to evaluate the survey responses. All 25 respondents (52% male) agreed that the use of PPE for AGPs could impact patient safety. Overall, whenever they wear PPE for AGPs, 25/25 (100%) of the staff had difficulty understanding others, and 25/25(100%) had difficulty being understood by others. 8 staff members explicitly identified wearing powered air-purifying respirator hoods as having a worse impact on communication than masks and visors. Additional concerns from anesthetists included difficulty hearing breath sounds or air leaks and repeated missed messages. The increased frequency of repeated requests or misheard communications occurred between anesthetists and surgeons and between surgeons and scrub nurses.	such as pediatric airway surgery in the operating theater during the COVID-19 pandemic. Survey respondents agreed that the use of PPE (particularly powered air-purifying respirators) for AGPs affected communication and could impact patient safety.	Operating Theatre During Paediatric Airway Surgery. Paediatr Anaesth. 2021. doi:10.1111/pan.14127.
COVID-19; pediatric; hemato-oncology care	9-Jan-21	Pediatric Hemato-Oncology Care Amid the COVID-19 Pandemic	The Indian Journal of Pediatrics	Editorial	The authors discussed the impact of the COVID-19 pandemic on pediatric hemato-oncology care. Limited data show SARS-CoV-2 infection is mild in children with cancer and chronic blood disorders except when associated with co-morbidities (splenectomized, iron overload, etc.). There are challenges to continuing care, such as reallocation of hospital resources to manage COVID-19 cases, interrupted drug supply chains, blood component shortage, restricted travel, and fear of contracting SARS-CoV-2. Apart from the universal infection prevention practices such as screening of patients and caregivers, isolation of patients, ensuring 'social distancing' and use of masks, additional measures include patient education and training regarding hand hygiene, respiratory etiquette ad use of masks, teleconsultation, and courier methods to deliver oral chemotherapy for home administration. Diagnostic investigations and response evaluation may be adapted to available resources. A triage system may be used to tailor treatment according to patient disease, stage, phase of treatment, and prognosis. Measures like drug-dose reductions, delay of intensive chemotherapy regimens, increased duration between cycles, and conversion to oral agents may be adopted to reduce patient visits. Chemotherapy/radiotherapy/ surgery may be deferred for symptomatic COVID-19 positive patients. Strategies for the care of pediatric hemato-oncology patients need to be adapted locally in line with available resources, updated research findings, and the dynamic nature of the pandemic.	The authors discuss the impact of the COVID-19 pandemic on pediatric hemato-oncology care and suggest measures for ensuring continuity of care for patients. Strategies for the care of pediatric hemato-oncology patients need to be adapted locally in line with available resources, updated research findings, and the dynamic nature of the pandemic.	Sahi PK, Chandra J. Pediatric Hemato-Oncology Care Amid the COVID-19 Pandemic. Indian J Pediatr. 2021;1–4. doi:10.1007/s12098-020-03577-5.
Coronavirus disease 2019, Children, Clinical symptom, Laboratory features, Meta-analysis	9-Jan-21	COVID-19 infection in children: A systematic review and meta-analysis of clinical features and laboratory findings	Archives de Pédiatrie	Systematic Review	The authors aimed to analyze the clinical characteristics of COVID-19 in children with a systematic review and meta-analysis of the clinical and laboratory data reported in recent observational studies. The research was conducted using the Medline/PubMed, Scopus, Web of Sciences, and Google Scholar databases. Out of 569 articles, they selected 32 for full-text assessment. Of the 32 publications, 3 were from Iran, the United States, and Spain, while 29 were from China. The total sample size consisted of 759 children (0 -17 years), of whom 399 (52%) were male. They found that gastrointestinal symptoms were more common symptoms among children. With the combined results of the meta-analysis, they found fever (46%, 95% CI 40–53%), cough (37%, 95% CI 29–46%), diarrhea (19%, 95% CI 9–28%), and pharyngalgia (13%, 95%	The authors provide a meta-analysis of previously published papers from Iran, USA, Spain and China on the COVID-19-related clinical features and laboratory findings in children. The authors found that children with COVID-19 have milder clinical presentations, better prognosis, and lower mortality rates than adult patients but	Mansourian M, Ghandi Y, Habibi D, Mehrabi S. COVID-19 infection in children: A systematic review and meta-analysis of clinical features and laboratory findings. Arch Pédiatrie. 2021;(xxxx). doi:10.1016/j.arcped.2020.12.008

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					CI 5–20%) as the most widely reported symptoms. Furthermore, positive SARS-CoV-2 RT-PCR test results (43%, 95% CI 33–53%), low oxygen saturation (38%, 95% CI 25–51%), and elevated D-dimer levels (36%, 95% CI 16–56%) were the most common laboratory findings. The authors concluded that children with COVID-19 have milder clinical presentations, better prognosis, and lower mortality rates than adult patients but are potential carriers. These findings should assist clinicians worldwide, particularly those practicing in regions with new onset of SARS-CoV-2 infections, to monitor patients, implement control measures, and prevent further transmission if they recognize the infection in earlier stages. However, more comprehensive clinical studies are still required.	are potential carriers of SARS-CoV-2. Therefore, early identification and intervention in pediatric patients with COVID-19 are essential to control the pandemic.	
Trauma-Informed Care, perinatal care, obstetrics and gynecology, maternal mental health, trauma	9-Jan-21	Education in Trauma-informed Care in Maternity Settings Can Promote Mental Health During the COVID-19 Pandemic	Journal of Obstetric, Gynecologic and Neonatal Nursing	Principles & Practice	The authors call for perinatal clinicians to implement Trauma-Informed Care (TIC) to support the mental health of pregnant women during the COVID-19 pandemic. Maintaining emotional well-being during pregnancy strongly predicts mental health outcomes during childbirth and the postpartum period which can in turn affect a mother's ability to bond with her newborn, leading to healthy, short- and long-term neurobehavioral outcomes for the infant. On top of other social and financial stressors caused by the COVID-19 pandemic, abrupt changes in maternity care, difficulties understanding others and reading facial expressions due to PPE, social isolation, loss of support systems, visitor restrictions, fear of COVID-19, fear of separation from their infants, reduced options in birth preferences, and shorter hospital stays all have the possibility of increasing risk of perinatal mood and anxiety disorders. The four assumptions (or 4 "Rs") of TIC include: Realizing the widespread impact of trauma, Recognizing signs and coping mechanisms, and Responding by creating a safer environment in order to avoid Retraumatization. Just as universal precautions related to hygiene protect clinicians and patients regardless of known pathogens, TIC can be understood as a universal precaution for mental health to be used with all patients, regardless of any known history of trauma. Specific clinical practice implications of TIC in perinatal care are outlined in detail in accordance with TIC's 6 guiding principles: Safety (physical and psychological), Trustworthiness, Collaboration, Peer Support, Empowerment, and Cultural Sensitivity. The authors cite several specific frameworks and educational resources for implementing TIC in perinatal care.	Recognizing the impact of the COVID-19 pandemic on maternal mental health, this article offers specific strategies and cites educational resources for implementing Trauma-Informed Care to create safer environments and reduce the risk of retraumatization in perinatal care settings.	Hall S, White A, Ballas J, Saxon SN, Dempsey A, Saxer K. Education in Trauma-Informed Care in Maternity Settings Can Promote Mental Health During the COVID-19 Pandemic [published online, 2021 Jan 9]. J Obstet Gynecol Neonatal Nurs. 2021;50884-2175(21)00012-5. doi:10.1016/j.jogn.2020.12.005
COVID-19; pandemic; midwives; birth; focusing event	9-Jan-21	The COVID-19 Pandemic: A Focusing Event to Promote Community Midwifery Policies in the United States	Social Sciences and Humanities Open	Commentary	The author theorizes that the COVID-19 pandemic has resulted in a disrupted health care system in the United States, and that the increasing importance of the role of midwives may present a window to shift policy on midwifery practice. Hospital policies and conditions such as crowding, universal masking, mother-infant separation, and labor companion restrictions have disrupted the birth experience and have led some pregnant people to seek care instead with community midwives or in free-standing birth centers. While midwifery is a more common practice in other nations, this recent change represents a shift	This article highlights the role of midwives during the COVID-19 pandemic in the United States, as many pregnant people seek care outside of the hospital setting. The author argues that this shift presents an opportunity to change policy in order to	Montebianco AD. The COVID-19 pandemic: A focusing event to promote community midwifery policies in the united states. Social Sciences & Humanities Open. 2021;3(1):100104. doi: htt

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					in birth preferences and experiences in the United States. Long-term benefits to expanding midwifery practice for low-risk pregnancies include improved maternal and newborn outcomes, increased attendance to psycho-social needs of patients, reduction in unnecessary interventions, cost savings to patients and the health system, and providing an alternative to hospital care for those who have experienced historical trauma. The authors highlight the role midwives have played during public health emergencies when there are disruptions in daily life and strains on institutions, and the increasing importance of their role amidst climate change. Historical and continual marginalization of midwives is noted, along with the potential for the COVID-19 pandemic to trigger policy change, as systematic deficiencies and inequalities have been revealed.	improve maternal and child health outcomes and address systematic deficiencies and inequalities.	ps://doi.org/10.1016/j.ssa.2020.100104.
SARS-CoV-2, COVID-19, school reopening, education, children	9-Jan-21	Comprehensive and safe school strategy during COVID-19 pandemic	Italian Journal of Pediatrics	Review	This article evaluates the efficacy of school closure for pandemic control over time. The authors cite evidence that re-opening of schools in various countries was not associated with significant variations in COVID-19 incidence or related deaths. Although outbreaks at schools have occurred, there aren't data to support the claim that these outbreaks contribute significantly to SARS-CoV-2 diffusion throughout the population. The authors believe given these observations that schools should re-open or remain open. They believe that school infrastructure must be adapted, and appropriate measures for disease prevention must be provided such as universal use of face masks, hand hygiene, and social distance. The authors conclude that so long as problems related to school frequency and reduction of infection risk are solved that school attendance should be considered completely safe.	This article evaluates the efficacy of school closure for pandemic control over time. Given data that school re-openings have not been shown to contribute significantly to changes in COVID-19 incidence, the authors believe that schools should re-open, provided proper safety guidelines remain in place.	Esposito S, Cotugno N, Principi N. Comprehensive and safe school strategy during COVID-19 pandemic. Ital J Pediatr. 2021;47(1):6. Published 2021 Jan 9. doi:10.1186/s13052-021-00960-6
ARDS, COVID-19, pregnancy, pulmonary tuberculosis, SARS-CoV-2 infection	9-Jan-21	Clinical Presentations, Pregnancy Complications, and Maternal Outcomes in Pregnant Women with COVID-19 and Tuberculosis: A Retrospective Cohort Study	International Journal of Gynecology and Obstetrics	Brief Communication	The authors of this retrospective cohort study aim to assess the clinical presentation and maternal outcomes in pregnant and/or postpartum women with active tuberculosis (TB). They included 879 pregnant and/or postpartum women with SARS-CoV-2 who were admitted between April and September 2020 in Mumbai, India. The results showed that 6 pregnant women were diagnosed with concurrent pulmonary TB (PTB) and SARS-CoV-2, and 11 pregnant women and 1 postpartum woman had previous history of TB, which was subsequently cured. Oxygen saturation at the time of admission in patients with active PTB and SARS-CoV-2 was comparatively lower than in patients with previous TB history and SARS-CoV-2 (p=0.04). Of the 6 women with PTB, there was 1 case of maternal mortality and one spontaneous abortion at 11 weeks of gestation. Additionally, 2 women with active PTB and SARS-CoV-2 developed ARDS and required ICU admission. 1 woman with extensively drug-resistant TB who underwent treatment therapy for 4 months, developed severe complications including acute respiratory distress syndrome, pre-eclampsia, and fetal growth restriction, and she died 18 days after SARS-CoV-2 diagnosis. The authors concluded that the combination of PTB and SARS-CoV-2 infection would possibly result in severe	The authors of this retrospective study in India demonstrate the adverse impact of SARS-CoV-2 and tuberculosis (TB) in pregnant women. They subsequently recommend that pregnant women with respiratory symptoms be tested for both SARS-CoV-2 and TB in countries with a high burden of TB.	Gajbhiye RK, Mahajan NN, Kamath N, et al. Clinical presentations, pregnancy complications, and maternal outcomes in pregnant women with COVID-19 and tuberculosis: A retrospective cohort study [published online, 2021 Jan 9]. Int J Gynaecol Obstet. 2021;10.1002/ijgo.13588. doi:10.1002/ijgo.13588

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					presentation with adverse outcomes in pregnant women, which appears to be a greater challenge in LMICs with a high burden of both diseases.		
Pregnancy, maternal outcomes, obstetrics, registries, neonatal outcomes, preterm birth	9-Jan-21	Pregnancy and neonatal outcomes of COVID-19 – co-reporting of common outcomes from the PAN-COVID and AAP SONPM registry	medRxiv	Preprint (Not peer-reviewed)	The authors compared data from 2 registries of SARS-CoV-2 in pregnancy, the UK's Pregnancy and Neonatal Outcomes of COVID-19 (PANCOVID) study (177 centers, UK and global), and the American Academy of Pediatrics (AAP) Section on Neonatal Perinatal Medicine (SONPM) National Perinatal COVID-19 Registry (288 centers, United States), to assess the incidences of miscarriage, fetal growth restriction, stillbirth, pre-term birth and neonatal transmission. From January 1-July 24, 2020, 1606 women (mean age 32 years ± 5.4) were recruited to the PAN-COVID study, and from April 1st -August 8, 2020, 2398 women (mean age 28.6 years ± 8.9) were recruited to the AAP SONPM registry. In PANCOVID and AAP SONPM, maternal death occurred in 0.5% and 0.17%, early neonatal death in 0.2% and 0.3%, and stillbirth in 0.50% and 0.65% of women, respectively. Delivery was pre-term (<27 weeks) in 0.6% in PAN-COVID and 0.7% in AAP SONPM. Neonatal SARS-CoV-2 infection was reported in 2.0% in PAN-COVID confirmed infections and 1.8% in AAP SONPM. The proportion of small for gestational age infants was 9.7% in PAN-COVID confirmed infections and 9.6% in AAP SONPM. The authors conclude that the pregnancy registries were remarkably concordant and pre-term delivery affected a higher proportion of women with SARS-CoV-2 in pregnancy.	In this study, the authors compared data from 2 large registries of SARS-CoV-2 in pregnancy, the PANCOVID study (UK, Global) and the AAP SONPM registry (USA). They found that results of maternal and neonatal outcomes were remarkably concordant between the registries, and preterm delivery affected a high proportion of women with SARS-CoV-2 in pregnancy.	Mullins E, Hudak ML, Banerjee J, Getzlaff T, Townson J, Barnette K, Playle R, Bourne T, Lees C. Pregnancy and neonatal outcomes of COVID-19–co-reporting of common outcomes from the PAN-COVID and AAP SONPM registry. medRxiv.:2021-01.https://doi.org/10.1101/2021.01.06.21249325
SARS-CoV-2, acute acral eruptions, children, family	9-Jan-21	Acute acral eruptions in children during the COVID-19 pandemic: Characteristics of 103 children and their family clusters	Annales de Dermatologie et de Vénérologie	Original Research	The aim of this article was to assess the proportion of household members that could possibly be infected by SARS-CoV-2, based on children with acute acral eruptions (AAE). Data was collected in a multi-center observational study prospectively from April 7-June 22, 2020, and retrospectively since February 28, 2020. The primary measurement was household infection rate, defined as the proportion of family clusters having at least one member with SARS-CoV-2 infection, other than the child with AAE. The study included 103 children (median age 13 years, IQR 8-15 years) across 10 dermatology departments in France and Quebec, Canada. Results indicated that in children with AAE, all SARS-CoV-2 PCR tests were negative (n=18), and serology was positive for IgG in 2/14 (14%) cases. In 66 of the 103 families (64%), at least one other family member was infected, apart from the child with AAE. The total number of household members was 292, of which 119 (40.8%) were considered to be possibly infected by SARS-CoV-2, defined as having symptoms or clinical testing consistent with COVID-19. The authors concluded that despite the high infection	Results of this study showed that in families with a child with AAE, 64% had at least one other infected family member. The authors concluded that despite the high infection rate, there was no report of severe COVID-19.	Hubiche T, Phan A, Leducq S, et al. Acute acral eruptions in children during the COVID-19 pandemic: Characteristics of 103 children and their family clusters. Annales de Dermatologie et de Vénérologie. 2021. doi: https://doi.org/10.1016/j.annder.2020.11.005.

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					rate, no child with AAE nor their family members showed severe COVID-19 disease.		
COVID-19; childbirth; women; maternity care; midwifery, Italy	9-Jan-21	The experiences of childbearing women who tested positive to COVID-19 during the pandemic in northern Italy	Women and Birth	Article	This study explores the childbearing experiences of COVID-19 mothers who gave birth during March- April 2020 in a Northern Italy maternity hospital. The authors undertook a qualitative interpretive phenomenological approach in their analysis. Audio-recorded semi-structured interviews were conducted with 22 women (age range=24-45 years), and thematic analysis was completed using NVivo software. The following themes were identified: 1)coping with unmet expectations, 2)reacting and adapting to the “new ordinary,” 3)” pandemic relationships,” and 4)sharing a traumatic experience with long-lasting emotional impact. The most traumatic elements of women’s experiences were the sudden family separation, self-isolation, transfer to a referral center, the partner not being present at birth, and limited physical contact with the newborn. Key elements of good practice, including the provision of compassionate care, effective communication and support, presence of birth companions, and transfer to referral centers only for the most severe COVID-19 cases, should be considered across maternity care pathways to promote positive childbirth experiences.	This qualitative study explores the childbearing experiences of COVID-19 mothers who gave birth during March- April 2020 in a Northern Italy maternity hospital, using semi-structured interviews. The most traumatic elements of women’s experiences were the sudden family separation, self-isolation, transfer to a referral center, the partner not being present at birth, and limited physical contact with the newborn.	Fumagalli S, Ornaghi S, Borrelli S. The experiences of childbearing women who tested positive to COVID-19 during the pandemic in northern Italy. Women Birth. 2021. doi:10.1016/j.wombi.2021.01.001.
Parenting, children, physicians, privilege	9-Jan-21	Parenting in the time of COVID-19	The Lancet	Perspective	This perspective piece provides personal insight into the lives and challenges of physician parents in the United States during the COVID-19 pandemic. The authors reflect on both privilege and despair, stating: “We were witnesses to the toll this virus takes on patients’ bodies and mental health, and to the burden on a health-care system already taxed to breaking point before this crisis. We understood our privilege in new or deeper ways: we were employed; we could find ways to make the child care work, somehow; we could engage in the fight against COVID-19.” The authors also share the challenges accompanying dueling priorities of caring for children at home while simultaneously taking on more responsibility at work out of a desire to change the course of the pandemic. In conclusion, the authors provide a statement of hope, that “our children are watching and absorbing lessons about serving the needs of others in times of crisis... perhaps they will seek to be helpers in some way, whether in direct healing roles or pulling together community for a common cause. How they act, and who they are in the After Times, could be a redemptive outcome of this pandemic.”	In this perspective piece, the authors share the experiences and challenges of being two physician parents in the United States during the COVID-19 pandemic. The impact on children and the privilege of affecting the course of the pandemic are two themes shared throughout.	Kusin S, Choo E. Parenting in the time of COVID-19. Lancet. 2021 Jan 9, 397(10269):87. doi: 10.1016/S0140-6736(20)32755-0
COVID-19; meta-analysis; children; clinical symptoms	8-Jan-21	Clinical symptoms of COVID-19 pneumonia in children: A protocol for systematic review and meta-analysis	Medicine (Baltimore)	Protocol	This article describes the protocol for a systematic review and meta-analysis of the clinical symptoms of COVID-19 pneumonia in children. The authors systematically reviewed relevant published articles about clinical symptoms of COVID-19 pneumonia in children and used meta-analysis methods to analyze the clinical symptoms of COVID-19 pneumonia in children. Electronic databases including PubMed, EMBASE, Web of Science, China National Knowledge Infrastructure (CNKI) database, Wanfang Database, and Chinese Biomedical Literature Database (CBM) were searched by 2 reviewers from its	The authors systematically reviewed relevant published articles about clinical symptoms of COVID-19 pneumonia in children and used meta-analysis methods to analyze the clinical symptoms of COVID-19 pneumonia in children. They systematically	Tang Z, Li M, Chen W, et al. Clinical symptoms of COVID-19 pneumonia in children: A protocol for systematic review and meta-analysis. Medicine (Baltimore). 2021;100(1):e24108.

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					inception to June 21, 2020. Search terms included (Mesh “COVID-19” and key words “Novel coronavirus,” “Novel coronavirus 2019,” “2019 nCoV” “COVID-19” “Wuhan coronavirus”), and (Mesh “COVID-19” and keywords “SARS-CoV-2” “Wuhan pneumonia”). A manual search of the references of all the retrieved publications was conducted to identify additional studies. Consistency between reviewers was identified by kappa value. Clinical symptoms in COVID-19 pneumonia in children were collected and recorded. Identifying the clinical symptoms of COVID-19 pneumonia in children is critically important for clinicians to accurately predict disease development and further provide clinical management guidance.	searched both English and Chinese databases to comprehensively selected the published papers. Identifying the clinical symptoms of COVID-19 pneumonia in children is critically important for clinicians to accurately predict disease development and further provide clinical management guidance.	doi:10.1097/MD.00000000000024108.
Pregnancy, therapeutic strategies, pharmacology, prevention, inflammation, immunology, Vitamin D	8-Jan-21	Inositol and vitamin D may naturally protect human reproduction and women undergoing assisted reproduction from Covid-19 risk	Journal of Reproductive Immunology	Original Article	This article summarizes evidence regarding SARS-CoV-2 infection in pregnant women and encourages the scientific community to investigate the use of Vitamin D and Myo-inositol (MI) as preventive treatments for pregnant women or women undergoing assisted reproductive technologies. Some patients experience a robust immune system hyper-reaction to the SARS-CoV-2 virus through interleukins-6 (IL-6) activation, leading to severe disease. Therefore, controlling the immune system response represents a possible strategy for counteracting the onset of COVID-19 symptomatology, which is where Vitamin D and Myo-inositol have a potential role. Patients with Vitamin D deficiency have been demonstrated to have increased susceptibility to acute viral respiratory infections. Moreover, Vitamin D is involved in host protection from different virus species by modulating activation and release of cytokines. Myo-inositol down-regulates the expression of IL-6 by phosphatidylinositol-3-kinase (PI3K) pathway. Use of these medications could downregulate IL-6 downstream inflammation pathways and potentially prevent the hyperinflammatory response to SARS-CoV-2. Furthermore, myo-inositol is the precursor of phospholipids in surfactant and is used in infants for treating respiratory distress syndrome (RDS). The authors speculate it might also be helpful in COVID-19-induced lung pathology. The authors conclude that MI and Vitamin D would represent effective and safe prophylactic approaches against SARS-CoV-2 for pregnant women and should therefore be further investigated.	The authors propose that Vitamin D and Myo-inositol (MI) could be preventive treatments against SARS-CoV-2 for pregnant women and women undergoing assisted reproductive technologies. Both modulate immune system activation through cytokine release, and could therefore possibly prevent the hyper-inflammatory response related to severe COVID-19. In addition, myo-inositol may also be helpful for COVID-19 induced lung pathology. The authors conclude that use of MI and Vitamin D should be further investigated.	Bezerra Espinola MS, Bertelli M, Bizzarri M, et al. Inositol and vitamin D may naturally protect human reproduction and women undergoing assisted reproduction from Covid-19 risk. J Reprod Immunol. 2021;144:103271. doi:10.1016/j.jri.2021.103271
transplacental transmission; vertical transmission; breast milk; placenta; SARS-CoV-2; immunohistochemistry	8-Jan-21	Evaluation of vertical transmission of SARS-CoV-2 in utero: nine pregnant women and their newborns	medRxiv	Preprint (not peer-reviewed)	To determine whether SARS-CoV-2 can infect the fetus through the placental barrier, this study investigated the presence of SARS-CoV-2 structural proteins (spike protein and nucleoprotein) and targeted receptor protein (ACE2, CD147 and GRP78) expression in the placental tissue of 7 women diagnosed with COVID-19 in China. Amniotic fluid, neonatal throat and anal swabs, and breastmilk samples were collected immediately after delivery and tested for SARS-CoV-2 by RT-PCR. 2 samples of SARS-CoV-2-negative placental tissues were obtained as negative controls. All infants were separated from their mothers immediately after delivery and admitted to the neonatal ICU, and RT-PCR tests of newborn swabs were performed at 0h, 24h, and 48h after birth. Results showed that CD147 was expressed on the basal	This study in China tested for the presence of SARS-CoV-2 structural proteins and targeted receptor protein expression in the placentas of 7 women with COVID-19. RT-PCR of amniotic fluid, neonatal throat and anal swabs, and breastmilk samples were all negative for SARS-CoV-2. Despite the detection of viral structural proteins in the	Dong L, Pei S, Ren Q, et al. Evaluation of vertical transmission of SARS-CoV-2 in utero: Nine pregnant women and their newborns. medRxiv. 2021. doi: 10.1101/2020.12.28.20248874

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					side of the chorionic trophoblast cell membrane and ACE2 was expressed on the maternal side, while GRP78 was strongly expressed in the cell membrane and cytoplasm. Immunohistochemistry of the structural protein of SARS-CoV-2 showed that S protein and nucleoprotein were positive in the cytoplasm of syncytial trophoblasts of the COVID-19 exposed placentas. However, RT-PCR results of amniotic fluid, neonatal throat and anal swabs, and breastmilk samples were all negative. The authors conclude that despite the detection of viral structural proteins in the placenta, transplacental transmission of SARS-CoV-2 is prevented by the presence of the placental barrier.	placenta, the authors conclude that transplacental transmission of SARS-CoV-2 is prevented by the placental barrier.	
COVID-19; children; inflammatory bowel disease; behavior; Germany	8-Jan-21	The COVID-19 Pandemic: Fears and Overprotection in Pediatric Patients with Inflammatory Bowel Disease and Their Families	Pediatric Gastroenterology, Hepatology and Nutrition	Article	In this study, the authors reviewed COVID-19-related behaviors, fears, and perceptions of pediatric patients with inflammatory bowel disease (IBD) and their parents, at a pediatric gastro-enterology unit of a university medical center in Germany. A total of 46 pediatric patients with IBD and 44 parents completed a cross-sectional survey conducted from May-June 2020. The mean age of participating patients was 15 years (age range=7-19 years; 56.5% male); 91% were home-schooled. 74.5% had Crohn's disease, 17% had ulcerative colitis, and 8.5% had unclassified IBD. 78.7% were receiving immuno-suppressive therapy. The findings showed that 73% of patients and 81% of parents felt sufficiently informed about COVID-19. The primary source of COVID-19-related information for the patients were their parents (43%), television (41.3%) and social media (39.1%), while the parents relied mostly on internet news websites (52.2%) and television (39.1%). Significant differences between pediatric patients and their parents were observed in the use of social media (39.1% vs. 10.9%, p=0.003), newspapers (10.9% vs. 30.4%, p=0.02), and public health institutes (13% vs. 32.6%, p=0.025). 62% of parents had high fear of their children becoming infected with SARS-CoV-2, and 60% perceived schools as a hazardous environment. Pediatric patients showed cautious behavior by enhancing hand hygiene (84%) and leaving the house less frequently than before (40%). However, in-person medical visits remained favored over video consultations (78% of patients and 93% of parents).	In this study, the authors reviewed COVID-19-related behaviors, fears, and perceptions of pediatric patients with inflammatory bowel disease (IBD) and their parents, at a pediatric gastro-enterology unit of a university medical center in Germany. The findings indicate parental fear of children getting infected, and perception of schools as a hazardous environment. However, patients showed cautious behavior by enhancing hand hygiene and leaving the house less frequently.	Reinsch S, Stallmach A, Grunert PC. The COVID-19 Pandemic: Fears and Overprotection in Pediatric Patients with Inflammatory Bowel Disease and Their Families. <i>Pediatr Gastroenterol Hepatol Nutr</i> . 2021;24(1):65-74. doi:10.5223/pghn.2021.24.1.65.
COVID-19; pathology; placenta; pregnancy; SARS-CoV-2	8-Jan-21	The Effects of COVID-19 on Placenta and Pregnancy: What Do We Know So Far?	Diagnostics	Systematic Review	Due to the novelty of COVID-19, the changes reported on placentas from SARS-CoV-2-positive women are limited to isolated case reports and a handful of case series. This study aimed to find the effects of COVID-19 on placenta and pregnancy outcomes by performing a systematic review. The authors found 29 articles using a literature search on the MED- LINE/PubMed with reports on placental pathology in pregnant women (16 – 47 years old) who tested positive for SARS-CoV-2 and were published between January 01 - October 10, 2020. The authors found that the reviewed articles on placenta with SARS-CoV-2 infection showed common histological features in the second and third trimesters, including: maternal vascular malperfusion (37.8% - increased fibrin deposition, infarction, decidual vasculopathy), inflammation (34.7% - chorioamnionitis/ subchorionitis, intervillitis,	The authors reviewed 29 articles to assess the effects of COVID-19 on the placenta and pregnancy and reported risks of adverse perinatal and long-term outcomes. The authors conclude that a well-designed prospective cohort study on larger population samples with thorough placental examination adopting a standardized diagnostic approach is required to	Wong YP, Khong TY, Tan GC. The Effects of COVID-19 on Placenta and Pregnancy: What Do We Know So Far? <i>Diagnostics</i> . 2021; 11(1):94. https://doi.org/10.3390/diagnostics11010094

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					fetalvasculitis/choriovasculitis, villitis), fetal vascular malperfusion (9.2% - chorangiomas, villous stromal-vascular karyorrhexis) and others (16.3% - meconium, extravillous trophoblasts, placental accrete), which may potentiate early-onset severe pre-eclampsia in a patient with a history of gestational hypertension. The risks of adverse perinatal and long-term outcomes of SARS-CoV-2 infection include miscarriage, stillbirth, fetal growth restriction, early-onset pre-eclampsia, fetal inflammatory response, and neurosensorial developmental delay. The authors conclude that a well-designed prospective cohort study on larger population samples with thorough placental examination adopting a standardized diagnostic approach is required to facilitate the current understanding of the impact of SARS-CoV-2 on the placenta and how it influences pregnancy outcomes.	facilitate the current understanding of the impact of SARS-CoV-2 on the placenta and how it influences pregnancy outcomes.	
COVID-19; pediatrics; behavioral health; telehealth	8-Jan-21	Pediatric behavioral telehealth in the age of COVID-19: Brief evidence review and practice considerations	Current Problems in Pediatric and Adolescent Health Care	Review Article	The authors reviewed the evidence for using telehealth assessment for externalizing and internalizing behavioral health disorders in children, along with practice considerations for providing services in the United States. Overall they found that the literature supports the use of telehealth for pediatric behavioral health interventions and behavioral parent training. Some national organizations and professional societies have put out telehealth practice guidelines discussed by the authors in the context of the COVID-19 pandemic. Overall the need for pediatric behavioral health services has increased during the pandemic, particularly among families experiencing multiple hardships. Practice considerations discussed by the authors include the ecological validity of telehealth interventions, telehealth access barriers, reimbursement challenges for pediatric behavioral health services, and guidance frameworks for telehealth practice. The authors conclude that the advancement of telehealth for pediatric behavioral health has risen since the start of the COVID-19 pandemic, and there is an increasing need to examine factors that impact telehealth delivery.	This article examines the evidence for the use of telehealth for pediatric behavioral health interventions, along with practice considerations and the increasing need for such services in the United States. The authors note that the advancement of telehealth for pediatric behavioral health has risen since the start of the COVID-19 pandemic, and there is a need to examine factors that impact telehealth delivery.	Ros-DeMarize R, Chung P, Stewart R. Pediatric behavioral telehealth in the age of COVID-19: Brief evidence review and practice considerations. Current Problems in Pediatric and Adolescent Health Care. 2021;100949. doi: https://doi.org/10.1016/j.cppeds.2021.100949 .
COVID-19; children; assessment; autism; diagnosis; technology; telehealth	8-Jan-21	A systematic review of technological approaches for autism spectrum disorder assessment in children: Implications for the COVID-19 pandemic	Research in Developmental Disabilities	Systematic Review	This systemic review identifies current technologies that screen or assess for autism spectrum disorder (ASD) in 0-12 year-old children, summarizing the current state of the field and suggesting future directions for use of technology, especially during and after the COVID-19 pandemic. An electronic database search was conducted using EBSCOhost/PsychINFO and PubMed during June-July 2020 to gather relevant articles. Across the 16 studies examined, 10 conducted research on technology-based screening tools for ASD, whereas 6 utilized technology for ASD diagnostic assessments. Overall, a total of 1584 children participated in some form of technology-based ASD assessment, with participant ages ranging from 18 months-12 years across samples. Results strongly supported live-video evaluations, video observations, and online or phone methods. However, researchers should more fully evaluate the feasibility of these methods as they apply to the stay-at-home orders required by the COVID-19 pandemic, and other situations that limit clients from seeing providers in-person.	This systemic review identifies current technologies that screen or assess for autism spectrum disorder (ASD) in 0-12 year-old children especially during and after the COVID-19 pandemic. Results strongly supported live-video evaluations, video observations, and online or phone methods, but researchers should more fully evaluate the feasibility of these methods as they apply to the stay-at-home orders required by the pandemic, and other situations that limit	Dahiya AV, DeLucia E, McDonnell CG, et al. A systematic review of technological approaches for autism spectrum disorder assessment in children: Implications for the COVID-19 pandemic. Res Dev Disabil. 2021;109:103852. doi:10.1016/j.ridd.2021.103852.

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COVID-19; school-age children; return-to-school; criteria; RT-PCR	8-Jan-21	Return-to-School Evaluation Criteria for Children With Suspected Coronavirus Disease 2019	Frontiers in Public Health	Opinion	In this piece, the authors propose return-to-school evaluation criteria for children with possible COVID-19 symptoms including fever and/or cough, combining several clinical and epidemiological parameters. Major criteria include pre-existing medical conditions in children or household members, new onset of anosmia/ageusia, close contact with a confirmed SARS-CoV-2-positive individual, and the presence of ≥ 1 SARS-CoV-2 case in the child's school classroom. Minor criteria include additional clinical symptoms (sore throat, headache, diarrhea), living in or travel to an area with high community prevalence of COVID-19, residence in a group home/dormitory, having a family member working in the public sector, being in a low-income family, and participating in sports/extracurricular activities. The authors then describe increasing levels of management (such as staying home from school, isolation, or seeking a RT-PCR test for confirmation) required for children satisfying 0, 1, 2, or 3 major or minor criteria in addition to fever/cough; recommendations are provided in an algorithm. These criteria, combining clinical and epidemiological factors, could be a useful tool to help primary care physicians evaluate a child with fever and/or cough and make a safe return-to-school decision.	clients from seeing providers in-person. The authors describe several major and minor criteria that may be useful in deciding how to stratify school-age children and minimize in-school transmission of COVID-19, through pairings of clinical (e.g., fever/cough) and epidemiologic (e.g., level of community transmission) criteria. These criteria aim to aid families and physicians in making safe decisions for children to return to school.	Vlacha V, Feketea GM. Return-to-School Evaluation Criteria for Children With Suspected Coronavirus Disease 2019. <i>Front Public Health</i> . 2021;8:618642. Published 2021 Jan 8. doi:10.3389/fpubh.2020.618642
attitude, COVID-19; knowledge; pregnant women; Debre Tabor General Hospital	8-Jan-21	Knowledge and Attitude Towards the Current Pandemic Corona Virus Disease and Associated Factors Among Pregnant Women Attending Antenatal Care in Debre Tabor General Hospital Northwest Ethiopia: An Insitutional-Based Cross-Sectional Study	International Journal of Women's Health	Original research	The goal of this cross-sectional study conducted from June 5-26, 2020 was to assess the level of knowledge and attitudes towards SARS-CoV-2 among mothers attending antenatal care (ANC) at Debre Tabor General Hospital in Ethiopia. 403 women were enrolled in this study with a response rate of 99%; of these, 56.9% were aged 25-34 years (age range 20-38 years, mean age 27.19 years, SD \pm 4.72). Knowledge and attitude towards the COVID-19 pandemic were determined using 2 questionnaires. The knowledge questions are available in Table 3. The attitude questions are in Table 4 and include questions such as, "COVID-19 attacks only white people" and "Taking preventive measures is not believing in God." The primary source of information on the COVID-19 pandemic for the women was mass media (304, 76.2%), and 52.1% of the respondent had good knowledge about COVID-19 (95% CI 47.1-57.1), with 210 (52.6%) having a positive attitude towards the pandemic (95% CI 47.6-57.4). Respondents ages 15-24 years had higher odds of having good COVID-19 knowledge (adjusted (a)OR 4.58, 95% CI 1.72-12.20) compared with those >35 years. Women who attended college had higher odds of good COVID-19 knowledge (aOR 7.78, 95% CI 2.31-15.65) compared to those with no formal education and those who worked as civil servants had higher odds of good COVID-19 knowledge (aOR 2.26, 95% CI 1.23-4.15) compared to housewives. The authors recommend that an emphasis is placed on education programs on preventive strategies to battle the COVID-19 pandemic for pregnant women.	The goal of this cross-sectional study conducted from June 5-26, 2020, was to assess the level of knowledge and attitudes towards SARS-CoV-2 among mothers attending antenatal care at Debre Tabor General Hospital in Ethiopia.	Degu A, Nibret G, Gebrehana H, Getie A, Getnet B. Knowledge and Attitude Towards the Current Pandemic Corona Virus Disease and Associated Factors Among Pregnant Women Attending Antenatal Care in Debre Tabor General Hospital Northwest Ethiopia: An Institutional-Based Cross-Sectional Study. <i>Int J Womens Health</i> . 2021;13:61-71. Published 2021 Jan 8. doi:10.2147/IJWH.S285552

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COVID-19, Intussusception, Mesenteric lymphoid hyperplasia, Infants	8-Jan-21	COVID-19 presenting as intussusception in infants: A case report with literature review	Journal of Pediatric Surgery Case Reports	Case Report	This is a case of a 10-week-old male infant with COVID-19-associated intussusception, who was born healthy through normal vaginal delivery in Jordan. The patient presented with vomiting, abdominal distension, fever, poor feeding, tachycardia, and dehydration with a history of flu-like symptoms 10 days earlier. A nasogastric tube was inserted and showed bilious discharge. Jelly-like stool was found on rectal examination. He had a normal white blood count and chest X-ray. An abdominal X-ray showed distal small bowel obstruction, and abdominal ultrasound revealed ileo-colic intussusception. The patient tested positive for SARS-CoV-2 and was treated with antibiotics and pneumatic reduction. He was discharged on the following day with isolation recommendations. The authors reviewed 4 similar cases and summarize their hypothesis on the patients' patho-physiology. Since ACE2 receptors have been found in absorptive enterocytes from the ileum, colon, and intestinal mucosa's brush border, these organs could act as a main viral entry point to host cells. Cytokine storm could originate from the gastro-intestinal tract, and mesenteric lymphoid hyperplasia, lymphadenopathy, hypertrophy of Peyer patches, and delay in peristaltic movement could also explain the observed intussusception. Performing COVID-19 rectal swabs and oropharyngeal swabs for intussusception patients can help clarify the relationship between intussusception and COVID-19.	This is a case of a 10-week-old male infant with COVID-19-associated intussusception in Jordan. Performing COVID-19 rectal swabs might help clarify the relationship between intussusception and COVID-19.	Athamnah MN, Masade S, Hamdallah H, et al. COVID-19 presenting as intussusception in infants: A case report with literature review. Journal of Pediatric Surgery Case Reports. 2021. doi:10.1016/j.epsc.2021.101779
COVID-19; multisystem inflammatory syndrome; MIS-C; biomarkers	8-Jan-21	Laboratory findings in a child with SARS-CoV-2 (COVID-19) multisystem inflammatory syndrome	Clinical Chemistry and Laboratory Medicine	Letter to the Editor	The authors describe the case of a 30-month-old hospitalized male who presented with fever, tachypnea, tachycardia, dilated coronary arteries, reduced systolic function, and a positive SARS-CoV-2 PCR result in the United States. The patient was administered IV lactated ringer's solution and admitted for presumed COVID-19 MIS-C, which was confirmed by symptoms and test results. In particular, the patient had an abnormally high C-reactive protein (CRP) value (233 mg/L), procalcitonin value (55 ug/L), and D-dimer value (775 ng/mL). After being treated with IV immunoglobulin (IVIG) and pain-reducing medications, the patient's previously reduced left ventricular ejection fraction improved from 46% to 76%. He was discharged after 7 days. The authors thus emphasize the need to measure cardiac and inflammatory biomarkers in pediatric patients with MIS-C symptoms, such as CRP, procalcitonin, and D-dimer values, all of which have been measured at higher levels in some patients with COVID-19. The authors also discuss the use of IL-6 values in predicting disease and inflammation severity. Taking all these diagnostic values together can help clinicians determine the most suitable form of treatment and therapy for pediatric patients.	The authors detail the case of a 30-month-old hospitalized male with severe COVID-19 symptoms and a positive SARS-CoV-2 PCR result in the United States. The patient had abnormally high C-reactive protein (CRP), procalcitonin, and D-dimer values and was treated with IV immunoglobulin. CRP, procalcitonin, and D-dimer values are important biomarkers that can predict disease severity and guide treatment options in hospitalized pediatric patients with COVID-19.	Smith SW, Strobel AM, Saenger AK, et al. Laboratory findings in a child with SARS-CoV-2 (COVID-19) multisystem inflammatory syndrome. Clinical Chemistry and Laboratory Medicine (CCLM). doi: https://doi.org/10.1515/cclm-2020-1699
breastfeeding, infant feeding, NICU, SARS-CoV-2, microbiome, neonatal health	8-Jan-21	Center-Based Experiences Implementing Strategies to Reduce Risk of Horizontal	medRxiv	Preprint (not peer-reviewed)	Since perinatal transmission of SARS-CoV-2 is poorly understood, many neonatal ICU (NICU) policies minimize mother-infant contact to prevent transmission. The authors present approaches of their unit in Chicago (USA) and discuss possible implications for neonatal microbiome acquisition. They summarize clinical characteristics and outcomes of 21 pregnant women (mean age 26 years; range 17-42	The authors summarize clinical characteristics and outcomes of pregnant women with COVID-19 who delivered at their facility in Chicago, USA making note of policies such as	Romano-Keeler J, Fiszbein D, Zhang J, et al. Center-based experiences implementing strategies to reduce risk of horizontal transmission of SARS-cov-

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		Transmission of SARS-CoV-2: Potential for Compromise of Neonatal Microbiome Assemblage			years) with COVID-19 who delivered 21 infants at their facility between March-August 2020. SARS-CoV-2 was confirmed either by PCR (n=2) or rapid point of care testing (POCT) (n=19). Prematurity complicated 2 deliveries. Delayed cord clamping (40% of cases) and skin-to-skin contact (allowed in 10% of cases) were generally avoided and all infants were admitted to the NICU. POCT was negative for SARS-CoV-2 at 24 and 48 hours for all infants. Average length of stay was 9 (range 5-52) days, with an average of 7 days when excluding the 2 premature infants. Use of maternal breast milk was not allowed in the NICU. All infants received formula in the NICU except for 1 premature infant who qualified for donor breastmilk. Lactation counselors met with mothers to instruct on safe nursing and pumping. In 30% of newborns, mothers provided expressed milk at discharge or at the time of the first outpatient appointment; no infants received breast milk exclusively. The authors note that extended hospital stays, no skin-to-skin contact, limited maternal milk use, and discharge to caregivers outside primary residences can potentially affect the neonatal microbiome. Therefore, further research is warranted to evaluate the impact of these and similar policies on neonatal health.	limited skin-to-skin contact and restricted use of maternal milk that can impact the neonatal microbiome.	2: Potential for compromise of neonatal microbiome assemblage. medRxiv. 2021:2021.01.07.21249418. doi: 10.1101/2021.01.07.21249418.
Children, pediatrics, resource allocation, respiratory illness	8-Jan-21	COVID-19 Pandemic: Impact on Health Care of Children and the Urgent Need to Restore Regular Healthcare Services	Indian Journal of Pediatrics	Perspective	In this perspective piece, the authors share how re-allocation of health care resources toward COVID-19 efforts during the pandemic in India affected services for children with chronic respiratory problems in their pediatric center. Annually, the clinic registers about 500 new respiratory patients, but from March-November 2020, there were no new registrations of children with chronic respiratory problems. Prior to March 2020, consultations were provided to 130–140 children with chronic respiratory problems every week. During the pandemic, the clinic provided tele-consultation to 60–70 children per week, implying a >50% reduction in visits. Additionally, 180 new children with tuberculosis (TB) were registered from March-October 2019, while in the corresponding period in 2020, only 5 children were diagnosed with TB. These observations suggest that respiratory illnesses are being missed and care is less than optimal. The authors propose that a phased opening of non-COVID services without increasing the risk of surge in infections should be initiated as soon as possible. Facility-specific plans should be developed to ensure protection of both patients and healthcare providers from exposure to the virus, while accounting for shortage of providers and infrastructure, and prioritizing access to patients with various acute and chronic conditions.	The authors share how re-allocation of healthcare resources toward COVID-19 response has negatively impacted their ability to care for children with chronic respiratory illnesses. They recommend a phased opening of non-COVID services as soon as possible, while minimizing risk of a surge in COVID-19 infections.	Lodha R, Kabra SK. COVID-19 Pandemic: Impact on Health Care of Children and the Urgent Need to Restore Regular Healthcare Services. Indian J Pediatr. 2021 Jan 8:1–2. doi: 10.1007/s12098-020-03596-2.
SARS-CoV-2; COVID-19; diphtheria tetanus pertussis vaccine; influenza	8-Jan-21	Impact of Recommended Maternal Vaccination Programs on the Clinical Presentation of	Vaccines	Original Research	The authors conducted a multi-center prospective study in Spain of 1150 pregnant women with COVID-19 from February 26-November 5, 2020, to assess the association between vaccination status and the clinical presentation and symptom severity of SARS-CoV-2 infection. Median age of women was 33 years (IQR 28–37). [Cohort gestational age characteristics not noted.] Influenza and Tdap vaccination statuses were assessed: 183 had not received either vaccine, 23 had been	The authors conducted a multi-center prospective study in Spain of 1150 pregnant women with COVID-19 from February 26-November 5, 2020, to assess the association between vaccination status	de la Cruz Conty ML, Encinas Pardilla MB, Garcia Sanchez M, et al. Impact of Recommended Maternal Vaccination Programs on the Clinical Presentation of SARS-CoV-2 Infection: A

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vaccines; maternal immunization; passive immunization; pregnancy		SARS-CoV-2 Infection: A Prospective Observational Study			vaccinated against influenza only, 529 against Tdap only, and 415 had received both vaccines. Pregnant women vaccinated against both influenza and Tdap significantly differed from other groups: these women were older (p=0.013), and the proportion of Latin-Americans in this group was significantly lower (19.6% vs. >26.0%, p=0.001). The proportion of pregnant women with respiratory comorbidities in the influenza vaccine group was ~4 times that in the remaining groups (17.4% vs. <4.5% in each other group, p=0.007). No association was observed between the influenza and/or Tdap vaccination status of patients and the clinical presentation of SARS-CoV-2 infection and/or the severity of symptoms. Adherence to vaccination was observed to be ethnicity-dependent; therefore, the authors concluded that health education campaigns should be specially targeted to these groups.	and the clinical presentation and symptom severity of SARS-CoV-2 infection. No association was observed between the influenza and/or Tdap vaccination status of patients and the clinical presentation of SARS-CoV-2 infection and/or the severity of symptoms.	Prospective Observational Study. Vaccines (Basel). 2021;9(1):E31. Published 2021 Jan 8. doi:10.3390/vaccines9010031
Transmission, schools, children	8-Jan-21	The role of children in the transmission of SARS-CoV-2: Updated rapid review	Journal of Global Health	Review	The authors performed an updated rapid review to investigate the role of children in the transmission of SARS-CoV-2. There is limited evidence detailing transmission of SARS-CoV-2 from infected children based on a previous review by the authors, which they sought to update here. The authors searched PubMed, medRxiv and the WHO COVID-19 database on 21 June 2020 with entry date limits from late 2019 to identify studies that investigated transmission of SARS-CoV-2 in children or in schools. A total of 33 new studies were included for this review. There is somewhat limited evidence available for quantifying the extent to which children may contribute to overall transmission, but the balance of evidence so far suggests that children and schools play only a limited role in overall transmission.	The authors performed an updated rapid review to investigate the role of children in the transmission of SARS-CoV-2. There is somewhat limited evidence available for quantifying the extent to which children may contribute to overall transmission, but the balance of evidence so far suggests that children and schools play only a limited role in overall transmission.	Li X, Xu W, Dozier M, et al. The role of children in the transmission of SARS-CoV2: updated rapid review. J Glob Health. 2020;10(2):021101. doi:10.7189/jogh.10.021101
Thalassemia; Coagulation; COVID-19	8-Jan-21	Coagulation Abnormalities Due to COVID-19 in a Child with Thalassemia	The Indian Journal of Pediatrics	Scientific Letter	The authors present 4 pediatric cases (aged 9-17 years) of COVID-19 with simultaneous transfusion-dependent beta thalassemia in Indonesia. All cases had mild COVID-19 symptoms, with 3 patients showing infiltrated lungs upon radiologic examination. No patients developed clinical thrombosis, and all patients received supportive care in the form of antibiotics, antivirals, and blood transfusions. As has been reported in adult patients, these pediatric patients demonstrated less severe COVID-19 symptoms compared to the general population, which the authors attribute to coagulation abnormalities. Further, the authors hypothesize that patients with beta thalassemia may be at reduced risk of COVID-19 symptom development. The results of this analysis warrant study of a larger sample to better understand the impact of COVID-19-related coagulation abnormalities in children with beta thalassemia.	In 4 Indonesian pediatric cases (aged 9-17 years) of COVID-19 and transfusion-dependent beta thalassemia, patients had mild COVID-19 symptoms. The authors state that patients with beta thalassemia appear to be at low risk of symptom development compared to the general population, possibly related to coagulation abnormalities.	Marhaeni W, Wijaya AB, Khairiyadi, Munawaroh, Hendriyono. Coagulation Abnormalities Due to COVID-19 in a Child with Thalassemia. <i>Indian J Pediatr.</i> 2021;1-2. doi:10.1007/s12098-020-03600-9
Women; Fertility; Mental health; Health; COVID-19; Mexico	8-Jan-21	COVID-19 and women's health: Examining changes in mental health and fertility	Economics Letters	Original Research	The authors used an event-study design to track changes in call center inquiries over 9 weeks before and after the COVID-19 pandemic began in Mexico City, Mexico, to analyze the effect of the COVID-19 stay-at-home order on mental health and fertility decisions. The authors collected data from January-May of 2019 and 2020 from a 24-hour government-funded call-center that provides legal, psychological, and medical advice to women. There was a total sample of 672 calls per	The authors analyzed the effect of the COVID-19 stay-at-home order on mental health and fertility decisions in Mexico. Mental health worsened during the stay-at-home order, with an 88%	Silverio-Murillo A, Hoehn-Velasco L, Roberto Balmori de la Miyar J, Rodríguez A. COVID-19 and women's health: Examining changes in mental health and fertility. <i>Economics</i>

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					100,000 inhabitants, 336 calls per 100,000 inhabitants from January-May of 2019 and of 2020. [Overall age characteristics not included.] The authors concluded that mental health worsened during the stay-at-home order. After the COVID-19 pandemic began, calls for anxiety rose, but abortion-related inquiries declined [authors did not further define “abortion calls”]. Abortion calls decreased by more than 80% ($p < 0.01$), and anxiety calls rose by 88% ($p < 0.01$) after the COVID-19 pandemic began. Abortion calls dropped primarily for young women (15–30 years) and women with a high school degree. Women over 45 years old showed the largest increase in anxiety-related calls. Reproductive health services for pregnancy remained stable, and there were no significant changes in calls related to depression. The authors hypothesized 3 mechanisms to explain the observed patterns. First, unemployment may exacerbate mental health problems and influence household fertility decisions. Second, restricted healthcare access during the pandemic affected both abortion access and pregnancy decisions. Third, mental health may have declined during the pandemic due to lower social contact, higher stress, and increased alcohol consumption. Overall, the results helped demonstrate the effects of COVID-19 on fertility decisions and mental health.	increase in anxiety calls. Reproductive health services for pregnancy remained stable, while calls related to an abortion fell in number.	Letters. 2021. doi:10.1016/j.econlet.2021.109729
Placenta; COVID-19; Rab GTPase; SARS-CoV-2	8-Jan-21	Differential expression of Rab5 and Rab7 small GTPase proteins in placental tissues from pregnancies affected by maternal COVID-19	Clinical Therapeutics	Original Research	As key molecules governing intra-cellular vesicle transport including viral trafficking, RabGTPase proteins may help explain placental responses to COVID-19 in pregnancy. The authors used fluorescent immunohistochemistry to determine Rab5 and Rab7 placental localization and comparative fluorescence intensity in a cohort of placental tissues from pregnancies affected by maternal COVID-19 disease (“COVID,” $n=15$) in comparison with contemporary controls (“control,” $n=10$). Fluorescence intensity was quantified using corrected total cell fluorescence (CTCF) values. Within placental villi, Rab5 was consistently localized in syncytiotrophoblast cells (sTB) and cytotrophoblast cells (cTB). Rab5 had significantly higher fluorescence intensity in the COVID cohort (control mean 1.96 CTCF vs COVID mean 2.62 CTCF, $p=0.0014$). In contrast, while Rab7 was also localized within placental villous sTB and cTB, Rab7 fluorescence intensity was significantly down-regulated in COVID vs control placentas (control mean 35.9 CTCF vs COVID mean 20.1 CTCF, $p=0.0001$). This differential expression of Rab5 and Rab7 suggests that placental endocytic pathways may be altered at the maternal-fetal interface in pregnancies affected by maternal SARS-CoV-2 infection.	Rab5 is comparatively up-regulated in placentas from SARS-CoV-2-positive women, whereas Rab7 has comparatively low expression in placentas from SARS-CoV-2-positive women. This differential expression of Rab5 and Rab7 suggests that placental endocytic pathways may be altered at the maternal-fetal interface in pregnancies affected by maternal SARS-CoV-2 infection.	Benarroch Y, Juttukonda L, Sabharwal V, Boateng J, Khan AR, Yarrington C, Wachman EM, Taglauer E. Differential expression of Rab5 and Rab7 small GTPase proteins in placental tissues from pregnancies affected by maternal COVID-19. Clinical Therapeutics. 2021. doi:10.1016/j.clinthera.2021.01.002.
COVID-19; breastfeeding; vaccine	8-Jan-21	COVID-19: Breastfeeding women can have vaccine after guidance turnaround	The British Medical Journal (BMJ)	Article	The author states that the UK’s Medicines and Healthcare Products Regulatory Agency (MHRA) has revised its guidance and will allow pregnant and breastfeeding women to receive the COVID-19 vaccine, as of 30 December 2020. The MHRA advises that women should discuss the benefits and risks of the vaccine with their healthcare professionals. Although data does not indicate any safety concern or harm to pregnancy, there is insufficient evidence to recommend routine use of the COVID-19 vaccine during pregnancy. The Royal	The author states that the UK’s Medicines and Healthcare Products Regulatory Agency has revised its guidance as of 30 December 2020 and will allow pregnant and breastfeeding women to receive the COVID-19 vaccine.	Rimmer A. Covid-19: Breastfeeding women can have vaccine after guidance turnaround. <i>BMJ</i> . 2021;372:n64. Published 2021 Jan 8. doi:10.1136/bmj.n64

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					College of Obstetrics and Gynaecologists (RCOG) states that pregnant women who are frontline health or social care workers should discuss options for vaccination with their providers. The RCOG has called on the UK government to fund research to study the vaccine's suitability for pregnant and breastfeeding women.		
COVID-19; personality disorders; pregnancy; behavioral health	7-Jan-21	Impact of level of personality pathology on affective, behavioral, and thought problems in pregnant women during the coronavirus disease 2019 pandemic [Free Access to Abstract Only]	Journal of Personality Disorders	Original Research	The authors assessed the impact of personality pathology on affective, behavioral, and thought problems of French-Canadian pregnant women (n = 1,207) from April 2-13, 2020, during the COVID-19 pandemic. Then they tested a model in which mentalization of trauma mediated the impact of personality pathology on symptomatology for internalizing pathology, domestic violence perpetration, and dissociative experiences. 4 personality profiles were derived from latent profile analysis and the Criterion A elements of the alternative model for personality disorders: Healthy, Mild Self-Impairment, Intimacy Impairment, and Personality Disorder. Significant associations were observed between personality functioning and affective, behavioral, and thought problems. The findings demonstrate that slight elevations in personality pathology may be associated with increased distress and dysfunction. The authors note that the findings may have implications for clinical practice, including screening, intervention, and mitigation related to prenatal stress during the challenging context of the COVID-19 pandemic, and that such strategies could be used as a buffer to prevent inter-generational trauma.	This article examined the levels of personality pathology, mentalization of trauma, and symptomatology of French-Canadian pregnant women during the COVID-19 pandemic. Significant associations were observed between personality functioning and affective, behavioral, and thought problems. The findings may have implications for clinical practice related to prenatal stress during the challenging context of the COVID-19 pandemic.	Gamache D, Savard C, Lemieux R, et al. Impact of level of personality pathology on affective, behavioral, and thought problems in pregnant women during the coronavirus disease 2019 pandemic. Personal Disord. 2021 Jan 7. doi:10.1037/per0000479. PMID: 33411559.
COVID-19; Cost-effectiveness; Neonatal intensive care unit; Preterm infant; SARS-CoV-2; Screening.	7-Jan-21	The aftermath of SARS-CoV-2 in NICU: saving or checking accounts? Projected cost-effectiveness analysis	European Journal of Pediatrics	Original Research	The authors performed a cost-effectiveness analysis of the screening program interventions for a neonatal ICU in a university hospital setting in Italy during the COVID-19 pandemic (from February 21 - April 21, 2020). The first three trimesters of 2019 and the first three trimesters of 2020 were compared for the descriptive cost analysis. The program effectiveness was further evaluated, assuming an R0 (number of people expected to be infected by a single case) from 0.5 to 4.5 (4.5 was the peak R0 reported in the region and 2.68 the maximum R0 from the Wuhan area). The estimated savings-cost difference was estimated by the average salary of the estimated SARS-CoV-2 infection contacts minus the costs of the prevention strategy. The results showed that the 9-month costs for personal protective equipment and nasopharyngeal swabs doubled in 2020 vs. 2019, and the program's major cost was weekly nasopharyngeal swabs for parents, neonates, and staff. However, while the unitary cost for nasopharyngeal swabs remained unchanged throughout the three trimesters of 2020, the number of PCR tests for SARS-CoV-2 decreased during the last trimester, according to the lower R0, while the number of PPEs used increased from the 1st to the 3rd trimester of 2020. Parents' screening was associated with the most cost-effective saving scenario in the presence of R0 ≥ 1.5 since parents have at least 4 contacts per day with their neonates and healthcare providers. The authors concluded that nasopharyngeal testing is a cost-effective	This article examined the cost-effectiveness of a nasopharyngeal screening program for SARS-CoV-2 infection in a neonatal ICU in Italy during the COVID-19 pandemic. Weekly nasopharyngeal swabs for parents, neonates, and personnel were the program's major cost, and parents' screening was associated with the most cost-effective saving scenario. The authors concluded that nasopharyngeal testing is a cost-effective strategy in these units due to the high level of parent and staff contact in the hospital and the outside environment.	Galderisi A, Lolli E, Cavicchiolo ME, Bonadies L, Trevisanuto D, Baraldi E. The aftermath of SARS-CoV-2 in NICU: saving or checking accounts? Projected cost-effectiveness analysis [published online, 2021 Jan 7]. Eur J Pediatr. 2021;1-5. doi:10.1007/s00431-020-03884-1

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					strategy in these units due to the high level of parent and staff contact in the hospital and the outside environment.		
Children	7-Jan-21	Impact of lockdown due to COVID-19 pandemic in changes of prevalence of predictive psychiatric disorders among children and adolescents in Bangladesh	Asian Journal of Psychiatry	Original Research	This cross-sectional online survey assessed the changes in prevalence of predictive psychiatric disorders among children and adolescents in Bangladesh during the lockdown due to the COVID-19 pandemic. The survey was conducted from June-August, 2020 among 552 sets of parents and their children (4-17 years of age) and included the validated parent version of Bangla Strengths and Difficulties Questionnaire (SDQ) for screening psychopathology. Any predictive psychiatric disorder was found 20.5 % before lockdown and it increased into 39.7 % within the lockdown (t = -14.812; p < 0.001). Predictive emotional, conduct disorder and hyperactivity all increased during lockdown (p<0.05). Any psychiatric disorder during the lockdown period was found significantly (p < 0.05) higher among the adolescents 11-17 years of age (44.4 %) than children 4-10 years of age (35.5 %). Emotional disorder (62.5 %) was found statistically significant (p < 0.05) in those who had death due to COVID-19 in the family. Overall, burden to the families also increased significantly (t = -10.534, p < 0.001) during the period of lockdown than before the lockdown. The authors conclude that this study highlights the significant impact COVID-19 has had on mental health of children and adolescents in Bangladesh.	In this study of the changes in prevalence of predictive psychiatric disorders among children and adolescents in Bangladesh during the COVID-19 lockdown, the authors found that predictive psychiatric disorders increased during the pandemic, including emotional disorders, conduct disorders and hyperactivity. This was even greater for adolescents than for younger children. In addition, the burden of these on families increased significantly. This study highlights the significant impact COVID-19 has had on mental health of children and adolescents in Bangladesh.	Mallik CI, Radwan RB. Impact of lockdown due to COVID-19 pandemic in changes of prevalence of predictive psychiatric disorders among children and adolescents in Bangladesh. Asian J Psychiatr. 2021;56:102554. doi:10.1016/j.ajp.2021.102554
COVID-19 pandemic, intergenerational learning, implementation, effectiveness, learning society, learning family	7-Jan-21	The implementation and effectiveness of intergenerational learning during the COVID-19 pandemic: Evidence from China	International Review of Education	Original Research	This qualitative study explored the implementation and impact of the Intergenerational Learning between Grandparents and Grandchildren (IL-GP&GC) project during the COVID-19 pandemic in China. The study included teachers (n=11), children (n=7; age range: 7-13 years), and grandparents (n=7) associated with 7 primary schools between March-April 2020. Data was collected via individual interviews and focus groups exploring topics such as pandemic prevention, health and fitness, traditional culture, and information literacy. Thematic qualitative analysis of transcripts yielded four main findings: 1) participants reported learning about health, life skills, and values from each other; 2) grandparents changed their learning perspectives and behaviors; 3) grandchildren gained an understanding of older generations and the concept of lifelong learning; and 4) grandparents and grandchildren formed closer relationships with each other. The authors note that schools and teachers have played an important role in implementing intergenerational learning and could be a core force in uniting families and communities to create a learning environment in normal times and during critical periods such as the COVID-19 pandemic. Recent studies show that intergenerational learning can mitigate the effect of pandemics, mainly through increased health and hygiene knowledge and cultivating daily life habits. The authors highlight the need for further research on the implementation and	This qualitative study explored the implementation and impact of the Intergenerational Learning between Grandparents and Grandchildren (IL-GP&GC) project during the COVID-19 pandemic in China. Findings showed that intergenerational learning has a significant and positive impact on intergenerational relationships and the personal development of grandparents and grandchildren. Schools in China have played an important role in implementing intergenerational learning during the pandemic.	Lyu K, Xu Y, Cheng H, et al. The implementation and effectiveness of intergenerational learning during the COVID-19 pandemic: Evidence from China. Int Rev Educ. 2021 Jan 7:1-23. doi: 10.1007/s11159-020-09877-4.

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					effectiveness of intergenerational learning during the COVID-19 pandemic.		
COVID-19; pediatric; inflammatory bowel disease; United States	7-Jan-21	Inflammatory Bowel Disease Presenting With Concurrent COVID-19 Multisystem Inflammatory Syndrome	Pediatrics	Case Report	The authors describe the case of a 16-year-old boy with an initial presentation of severe inflammatory bowel disease (IBD) and concurrent MIS-C in the United States [date not specified]. He presented with abdominal pain, diarrhea, and hematochezia and met the criteria for systemic inflammatory response syndrome. Laboratory inflammatory profiling revealed markedly elevated ferritin, D-dimer, C-reactive protein, soluble interleukin 2, and interleukin 6 levels. His nasal swab for SARS-CoV-2 antigen testing was negative, while SARS-CoV-2 IgG tested positive with a negative IgM result. Endoscopy and colonoscopy revealed severe active gastroduodenitis, patchy colitis, and normal-appearing terminal ileum. The patient was treated with a combination of steroids, intravenous immunoglobulin, and infliximab, and his symptoms slowly resolved over a 3-week period. This pediatric case demonstrated an unusual presentation of new-onset IBD, likely Crohn's disease, with overlapping features of MIS-C related to COVID-19.	The authors describe the case of a 16-year-old boy with an initial presentation of severe inflammatory bowel disease (IBD) and concurrent MIS-C in the United States. This pediatric case demonstrated an unusual presentation of new-onset IBD, likely Crohn's disease, with overlapping features of MIS-C related to COVID-19.	Sweeny KF, Zhang YJ, Crume B, et al. Inflammatory Bowel Disease Presenting With Concurrent COVID-19 Multisystem Inflammatory Syndrome. Pediatrics. 2021:e2020027763. doi:10.1542/peds.2020-027763.
MIS-C; intravenous immunoglobulin; junctional tachycardia	7-Jan-21	Junctional tachycardia due to multisystem inflammatory syndrome in children with SARS-CoV-2 infection in a 12-year-old female	Cardiology in the Young	Case Report	This is a case study of a 12-year-old girl in Hawaii, USA, who presented with fever, myalgia, abdominal pain, vomiting, non-bloody diarrhea, bilateral eye redness, and a diffuse erythematous rash on her back, arms, and abdomen. Vital signs showed tachycardia, fever, and hypotension. Laboratory results were significant for lymphopenia, thrombocytopenia, elevated procalcitonin (18.47 ng/ml), elevated C-reactive protein (151.8 mg/L), elevated ferritin (391 ng/ml), and mild hypokalemia (3.1 mmol/L). The patient tested negative for the SARS-CoV-2 via PCR. Chest X-ray revealed left perihilar infiltrates. She was admitted to the pediatric ICU with concerns of septic shock and started on ceftriaxone and vancomycin. However, she started experiencing chest pain. Electrocardiogram and telemetry were significant for junctional tachycardia. Troponin-T and pro-B-type natriuretic peptides were elevated, while the potassium level was improved. Her antibody test was positive for SARS-CoV-2 IgG, and the patient was diagnosed with MIS-C and started on IV immunoglobulin and solumedrol. Over the next 12 hours, her junctional tachycardia resolved, and an echocardiogram revealed left ventricular ejection fraction improvement. Her electrocardiogram and echocardiogram were normal, and the patient was discharged after 5 days on steroids and aspirin. Given the rapid resolution, the junctional tachycardia was likely due to MIS-C-induced carditis. The mechanism is likely secondary to atrio-ventricular node inflammation.	This is a case study of a 12-year-old girl in Hawaii, USA, who presented with fever and signs of systematic inflammation. Based on her clinical manifestations and the presence of junctional tachycardia, the patient was diagnosed with MIS-C and treated with IV immunoglobulin and steroids, with excellent results.	Man Singh J, Palting RL, Braticsak A. Junctional tachycardia due to multisystem inflammatory syndrome in children with SARS-CoV-2 infection in a 12-year-old female [published online, 2021 Jan 7]. Cardiol Young. 2021;1-3. doi:10.1017/S1047951120005016
COVID-19; Emergency care; Infectious disease; Pandemic; Pediatrics	7-Jan-21	The impact of COVID-19 on a tertiary care pediatric emergency department	European Journal of Pediatrics	Original Research	The authors characterized changes in healthcare utilization associated with the COVID-19 pandemic in a pediatric emergency department in Italy from March-April 2020. Medical records of children ages 0-16 years were retrospectively reviewed and compared to records from March-April, January-February, and July-August of 2018 and 2019. The results showed that total visits to the emergency department declined	This article examined changes to healthcare utilization observed in a pediatric emergency department during the COVID-19 pandemic in Italy. Overall utilization	Liguoro I, Pilotto C, Vergine M, Pusioli A, Vidal E, Cogo P. The impact of COVID-19 on a tertiary care pediatric emergency department [published

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					73% from 2019 to 2020 (3051 in 2019 vs. 818 in 2020). Significant variations were observed in the distribution of children between triage categories: the proportion of patients who were given a green-code showed a 0.59-fold decrease in comparison to 2019 (95% CI 0.5-0.69), while a relative increase in the proportion of yellow codes was observed (OR 1.46, 95% CI 1.2-1.78) Compared to previous years, a relative increase in discharge diagnoses of traumatic injuries was observed (40% increase, $p < 0.001$), along with a relative decrease in discharge diagnoses of viral infections (31% decrease, $p < 0.001$). The authors hypothesize that the change in utilization may be due to a lower incidence of acute infections because of social distancing measures or caregiver avoidance of healthcare settings to prevent exposure to SARS-CoV-2.	significantly declined compared to previous years, and variations were seen during the study period compared to previous years in the relative proportion of triage codes and discharge diagnoses.	online, 2021 Jan 7]. Eur J Pediatr. 2021;1-8. doi:10.1007/s00431-020-03909-9
MIS-C, COVID-19, Pediatric, Cardiovascular	7-Jan-21	Childhood Multisystem Inflammatory Syndrome: An Emerging Disease with Prominent Cardiovascular Involvement—A Scoping Review	Springer Nature Comprehensive Clinical Medicine	Scoping Review	This scoping review aims to map the literature on MIS-C with an analysis of 7 studies [time period not specified]. MIS-C is thought to be an immune-mediated post infectious complication of SARS-CoV-2 infection. MIS-C presents with systemic hyperinflammatory status with multi-organ involvement and prominent cardiogenic shock with myocardial dysfunction often requiring intensive care support. While surveillance studies suggest it is not a common complication of COVID-19, the actual incidence of MIS-C is currently not known. The median age of affected children varies from 8-10 years (range 1-17 years) with slight male predilection and proportionately more black and Hispanic children affected. Almost three fourths of the children were previously healthy although some studies have reported more prevalence of obesity, overweight and asthma. This pattern is in stark contrast with acute COVID-19 illness in which children with underlying medical conditions are more prone to severe disease. The lag period between onset of COVID-19 symptoms to hospitalization for MIS-C suggests pathogenesis from immune response. Clinical manifestations of MIS-C include persistent fever >4 days, diarrhea, vomiting and abdominal pain, cutaneous rashes, conjunctivitis, and mucus membrane involvement in more than half of the children. The most common laboratory findings include abnormal blood cell counts, elevated inflammatory markers, elevated markers of cardiac injury and abnormal liver function tests and hypertriglyceridemia. Reported death rates from MIS-C vary from 0-4%. Differential diagnoses include Kawasaki disease, staphylococcal and streptococcal toxic shock syndromes, bacterial sepsis, and macrophage activation syndromes. Primary aim of therapy is to reduce systemic inflammation, protect the organs and decrease or prevent complications. More clinical data are needed to elucidate the exact cause and understand the progression from mild to severe cases of MIS-C.	This scoping review summarizes current evidence related to MIS-C, an emerging disease in children thought to be an immune-mediated postinfectious complication of SARS-CoV-2 infection. More clinical data are needed to understand the exact cause and disease progression from mild to severe cases.	Malviya, A & Mishra, A. Childhood Multisystem Inflammatory Syndrome: An Emerging Disease with Prominent Cardiovascular Involvement - A Scoping Review. SN Compr Clin Med
Behaviour; COVID-19; Epilepsy; Sleep	7-Jan-21	The perceived impact of COVID-19 and associated restrictions on	Seizure	Short Communication	This paper aims to synthesize the views of young people with epilepsy and caregivers regarding the impact of COVID-19 and subsequent restrictions in the United Kingdom. The authors conducted an online survey between May-June 2020 to explore the views of young people	This paper aims to synthesize the views of young people with epilepsy and caregivers regarding the impact of	Reilly C, Muggeridge A, Cross JH. The perceived impact of COVID-19 and associated restrictions on

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		young people with epilepsy in the UK: Young people and caregiver survey			with epilepsy (n=71, mean age 20.76, range 12–25 years) and caregivers (n=130) to assess the impact of the pandemic and associated restrictions on the child’s epilepsy and on child and parental wellbeing. 34% of young people with epilepsy and 29% of caregivers felt that the young person’s seizures had increased, compared with 10% and 8%, respectively, who perceived a decrease in seizure frequency. 31% of young people with epilepsy and 20% of caregivers reported difficulties accessing medicine during the pandemic. 18% of young people and 25% of caregivers reported that the hospital had cancelled testing (such as EEG or MRI), while 17% of young people and 10% of caregivers had themselves cancelled investigations. Most young people and caregivers reported the same level of satisfaction with telehealth compared with previous in-person consultations. However, 27% of young people with epilepsy and 23% of caregivers were less satisfied with telehealth compared to usual in-person consultations. Results indicate that the pandemic and associated restrictions have had a negative impact on young people with epilepsy, and increases in seizure frequency and reluctance to go to hospital may impact epilepsy management.	COVID-19 and subsequent restrictions in the United Kingdom. Results indicate that the pandemic and associated restrictions have had a negative impact on young people with epilepsy, and increases in seizure frequency and reluctance to go to hospital may impact epilepsy management.	young people with epilepsy in the UK: Young people and caregiver survey. Seizure. 2021;85:111-114. doi:10.1016/j.seizure.2020.12.024
COVID-19; prenatal care; substance abuse; telemedicine	7-Jan-21	Integrated substance use and prenatal care delivery in the era of COVID-19	Journal of Substance Abuse Treatment	Commentary	The authors describe their experiences providing telemedicine appointments and “take home dosing” prescriptions (for methadone, for example) for patients receiving opioid use disorder treatment at a substance use disorder and prenatal care patient-centered medical home in the United States during the COVID-19 pandemic. Existing literature on substance use and prenatal care models is presented, along with a description of the clinic staff’s experience with providing these services via telemedicine and home dosing. Clinicians overall report a positive experience in providing the services, and patients have noted a number of benefits, such as not having to arrange transportation or childcare, and not having to visit a neighborhood linked with their previous substance use. A comparison of the patient treatment schedule before and during the COVID-19 pandemic services is provided in the article. Appointment no-show rates fell from 34% of visits prior to the pandemic (October 2019-February 2020) to 10% of visits with the use of telemedicine during the pandemic (March 2020-August 2020). The authors note implications for loosening policy on home dosing of substance use treatment medication and telemedicine services going forward, including greater medication initiation and continuation, and reducing barriers to care. Next steps noted by the authors include considering equity of access to telemedicine services when planning treatment, and ensuring continuance of multi-disciplinary care via telehealth.	This article describes providers’ experiences in converting in-person combined substance use disorder treatment and prenatal care services to telemedicine and home dosing during the COVID-19 pandemic. The authors observed a decline in no-show rates during the pandemic when compared to a previous period, and note implications for improved outcomes if loosened restrictions on provision of substance use disorder treatment via telemedicine and take home dosing are continued.	Patton EW, Saia K, Stein MD. Integrated substance use and prenatal care delivery in the era of COVID-19. J Subst Abuse Treat. 2021;124:108273. doi: https://doi.org/10.1016/j.jsat.2020.108273.
COVID-19; Guraghe Zone; pregnant women; 2020	7-Jan-21	COVID-19 Preventive Measure Practices and Knowledge of Pregnant Women	International Journal of Women's Health	Article	The aim of this cross-sectional study, conducted July 27- August 27, 2020, was to assess COVID-19 preventive measure practices and knowledge amongst pregnant women in the Guraghe zone of Ethiopia. 403 women were included (range 18-41 years; mean age 27.11 years). The variables of age, religion, parity, marital status, place of residence,	The aim of this cross-sectional study was to assess COVID-19 preventive measure practices and knowledge amongst pregnant women in the	Fikadu Y, Yeshaneh A, Melis T, Mesele M, Anmut W, Argaw M. COVID-19 Preventive Measure Practices and Knowledge

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		in Guraghe Zone Hospitals			occupation, and educational status were considered compared to their knowledge and practice of remaining safe from SARS-CoV-2 infection. The majority of women received their SARS-CoV-2 information from television (54.3%), followed by the radio (30.5%). 312 (77.4%) of the women have television or radio in their homes, only 109 (27%) have access to print media, and 102 (25.3%) have access to the internet. 98.3% of the participants were aware of the COVID-19 pandemic, and 95.5% knew it is a contagious disease, with 90.6% stating that they are obeying government restrictions to prevent SARS-CoV-2 spread and 88.1% reported wearing face masks in public; however, only 54.84% had adequate knowledge about COVID-19. Women of the following age groups had higher odds of good preventative practices against SARS-CoV-2 compared with women ≥35 years: 20-24 years (aOR 1.22, 95% CI 1.15, 22.24, p≤0.05), 25-29 years (aOR 1.32, 95% CI 1.20, 20.25, p≤0.05), and 30-34 years (aOR 2.57, 95% CI 2.32, 43.38, p≤0.05). Good preventive practices were more likely for those residing in urban areas (aOR 2.16, 95% CI 1.24, 3.77, p≤0.05) versus rural. Those that are aware that SARS-CoV-2 is worse for people with chronic disease (aOR 5.12, 95% CI 1.73, 15.17, p≤0.05) were more likely to practice preventive measures. The authors stress that the Guraghe zone health office should support SARS-CoV-2 prevention measures, especially for women aged ≥35 years.	Guraghe zone of Ethiopia. The variables of age, religion, parity, marital status, place of residence, occupation, and educational status were considered compared to their knowledge and practice of remaining safe from SARS-CoV-2 infections.	of Pregnant Women in Guraghe Zone Hospitals. <i>Int J Womens Health</i> . 2021;13:39-50. Published 2021 Jan 7. doi:10.2147/IJWH.S291507
viral infection, urticaria, COVID-19, infant	7-Jan-21	Acute urticaria preceding other COVID-19-associated manifestations-A case report	Pediatric Dermatology	Case report	The author presents a case report of a 6-month-old boy with acute urticaria and COVID-19 in the United States. The patient presented in July 2020 with a history of a generalized pruritic erythematous rash that subsided by oral prednisolone. His physical examination showed erythematous, edematous urticarial plaques distributed diffusely throughout the face, trunk, and extremities. He was then treated with oral diphenhydramine and fexofenadine. His RT-PCR showed positive for SARS-CoV-2. After the lesions subsided in 2 days (13 days after initial onset), the patient developed dry cough and diarrhea—no other symptoms were noted. The authors ruled out other possible causes of urticaria during history taking and infer that urticaria was an initial symptom of COVID-19 in this case. Acute urticaria can be triggered by upper respiratory infection, including COVID-19, as noted in some of previously reported cases. The authors suggest urticarial rash can help early identification of SARS-CoV-2 and potentially limit the COVID-19 transmission. Therefore, the presence of non-specific symptoms, such as urticarial rash, should not delay COVID-19 testing and diagnosis.	The author presents a case report of a 6-month-old boy with acute urticaria as an initial symptom of COVID-19 in the United States. The presence of urticarial rash should not delay COVID-19 testing as it can help early identification of SARS-CoV-2 and potentially limit the SARS-CoV-2 transmission.	Chen V, Escandon Brehm J, Bellodi Schmidt F. Acute urticaria preceding other COVID-19-associated manifestations-A case report [published online, 2021 Jan 7]. <i>Pediatr Dermatol</i> . doi:10.1111/pde.14505
Anxiety; Depression; Loneliness; Prenatal; Repetitive negative thinking; Social support	7-Jan-21	Perceived social support and prenatal wellbeing; The mediating effects of loneliness and repetitive negative thinking	Women and Birth	Original research	The authors sought to examine the relationships between perinatal psychological wellbeing (i.e., depression, anxiety), perceived social support, loneliness, and repetitive negative thinking (RNT) during the COVID-19 pandemic. A total of 205 pregnant women in the United Kingdom completed an anonymous online questionnaire from May 1- June 1, 2020 that measured knowledge about COVID-19, adherence to guidelines, demographic data, and five standardized measures to assess depression, anxiety, RNT, social support, and loneliness. The	This study in the United Kingdom examines the interrelationships of psychological wellbeing, perceived social support, loneliness, and repeated negative thoughts (RNT) among 205 pregnant women	Harrison V, Moulds ML, Jones K. Perceived social support and prenatal wellbeing; The mediating effects of loneliness and repetitive negative thinking on anxiety and depression during the

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		on anxiety and depression during the COVID-19 pandemic [free access to abstract only]			majority (63%) of pregnant women were between 25-34 years old (age range 18-44 years old). 96% were married or cohabitating, and 91% were white. The authors observed negative relationships between perceived social support and depression and anxiety ($p<0.01$), indicating that pregnant women with lower levels of perceived social support experienced more depressive and anxiety symptoms. Furthermore, perceived social support was negatively correlated with loneliness and RNT ($p<0.01$), indicating that pregnant women with lower levels of social support experienced greater loneliness and engaged in more RNT. The authors also observed high levels of psychological distress in the study population, highlighting the pandemic's toll on the population. The authors conclude by discussing how specific forms of social contact can positively affect pregnant women during the COVID-19 lockdown.	during the COVID-19 pandemic. The authors report that lower levels of perceived social support were correlated with more depressive and anxiety symptoms, and higher levels of social support were negatively correlated with loneliness and RNT.	COVID-19 pandemic [published online, 2021 Jan 6]. <i>Women Birth</i> . 2021;51871-5192(20)30404-2. doi:10.1016/j.wombi.2020.12.014
Severe acute respiratory syndrome coronavirus-2; COVID-19; children	7-Jan-21	Understanding SARS-CoV-2 in Children: A Review	European Journal of Molecular and Clinical Medicine	Review	In this review of SARS-CoV-2 in children [no ages defined] from India, the author presents modes of transmission for SARS-CoV-2, clinical features of the pediatric COVID-19, common laboratory findings in pediatric patients, the common clinical course for children, management of COVID-19 in children, recommendations for breastfeeding during the COVID-19 pandemic, and concerns for missed vaccinations due to shutdowns. The author reports that the incidence of SARS-CoV-2 is less in children than adults, with reports varying by country (US 2% of cases were children; China 2.2%; Spain 0.8%). Most cases in children had a positive household member. The incubation period is 1-14 days for pediatric patients, according to the WHO. The possibility of vertical transmission from mother to infant during childbirth remains unclear. SARS-CoV-2 should be suspected in all children presenting with fever, cough, or shortness of breath. Laboratory findings are slightly different in children than adults, with no consistent leukocyte abnormalities and more frequent elevation of procalcitonin versus C-reactive protein levels. Children most often have asymptomatic or mild cases of SARS-CoV-2. Studies in China reported 4% of children were asymptomatic, 51% had mild cases, 5% had severe cases, and 0.6% became critical with acute respiratory distress syndrome, respiratory failure, or multi-organ dysfunction. SARS-CoV-2 positive mothers are encouraged to continue breastfeeding while taking precautions to prevent the infection's spread to the child. Neonates born to SARS-CoV-2 positive mothers should be tested at 24- and 48-hours post-birth; however, if the nasopharynx is contaminated with maternal fluids, false-positive tests may result. There is concern for children missing routine vaccinations due to shutdowns; these doses must be made up through coordination between families and healthcare organizations. Children often interact with more people and can spread SARS-CoV-2 in the community.	In this review of SARS-CoV-2 in children from India, the author presents modes of transmission for SARS-CoV-2, clinical features of pediatric COVID-19, common laboratory findings in pediatric patients, the common clinical course for children, management of COVID-19 in children, recommendations for breastfeeding during the COVID-19 pandemic, and concerns for missed vaccinations due to shutdowns.	Dhanya VJ. Understanding SARS-CoV-2 in Children: A Review. <i>European Journal of Molecular & Clinical Medicine</i> . 2020;7(11):1102-1107. https://ejmcm.com/pdf_5575_f0742921c0928060c80f4dfcf00854f6.html
Children, pediatrics, cardiology,	7-Jan-21	A case of a very large haemorrhagic	Cardiology in the Young	Case Report	The authors present a case of a 17-year-old male in Turkey admitted for COVID-19 and found to have a very large hemorrhagic pericardial effusion. He initially presented with cough and fever. On admission he	In this case of a 17-year-old male admitted to the hospital in Turkey for COVID-19, a large	Gokalp S, Çilsal E, Yukcu B, Yolcu C, Akkoc G, Guzeltaş A. A case of a very large

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pericardial effusion, pericardiocentesis		pericardial effusion in an adolescent patient with COVID-19 infection [Free Access to Abstract Only]			was normotensive and afebrile, with tachycardia (123 beats/minute) and oxygen saturation 90% on room air. An electrocardiogram showed normal sinus rhythm. Chest X-ray demonstrated bilateral pulmonary infiltrates, right basal atelectasis with minimal pleural effusion, and cardiomegaly. Chest CT showed bilateral pulmonary infiltrates, peripheral ground-glass opacities, and pleural effusion. Trans-thoracic echocardiography revealed a very large pericardial effusion with signs of early right ventricular diastolic collapse and preserved biventricular cardiac functions. Labs demonstrated mild elevation of brain natriuretic peptide (BNP: 166 ng/L), while other cardiac markers were normal. Infectious and rheumatologic evaluations were negative except for a positive RT-PCR for SARS-CoV-2. The team elected to perform pericardiocentesis to prevent cardiac tamponade. Pericardial fluid analysis showed polymorphonuclear predominance and a hemorrhagic exudative process with no evidence of malignancy, tuberculosis, or bacterial or fungal infection. SARS-CoV-2 RT-PCR of pericardial fluid was negative. The authors concluded the hemorrhagic effusion was likely secondary to COVID-19. Treatment with ibuprofen and hydroxychloroquine was added, and the patient improved without further decompensation. He was discharged from the hospital 15 days after admission.	hemorrhagic pericardial effusion was identified, requiring pericardiocentesis. Treatment also included ibuprofen and hydroxychloroquine, with improvement in symptoms and discharge after 15 days.	haemorrhagic pericardial effusion in an adolescent patient with COVID-19 infection. <i>Cardiol Young</i> . 2021 Jan 7:1-3. doi: 10.1017/S1047951120004850.
SARS-CoV-2; COVID-19; serology; children; antibodies	7-Jan-21	Prevalence of SARS-CoV-2 antibodies in Danish children and adults	The Pediatric Infectious Disease Journal	Brief Report	The authors conducted a cross-sectional study of 1033 children (0-17 years old [no median given]) visiting pediatric departments and 750 adult blood donors in June 22-July 3, 2020 in Denmark to assess the prevalence of SARS-CoV-2 antibodies. Antibodies to SARS-CoV-2 were detected in 17 children (1.6%, 95% CI 1.0, 2.6). Of these, in 10 (1.1%) only IgG antibodies were detected, in 6 only IgM antibodies were detected, and 1 was positive for both IgG and IgM. Antibodies to SARS-CoV-2 were found in 15 (2.0%, 95% CI 1.1, 3.3) adult blood donors, not significantly different from the proportion in children (p=0.58). Among adults, 10 were positive for IgG and 5 were positive for IgM, similar to the distribution in children. In contrast to previous studies, the authors did not find a lower sero-prevalence of SARS-CoV-2 in children compared with adults, suggesting that Danish children have been infected to a similar low extent as adults. The authors argue against the notion that children constitute a large SARS-CoV-2 reservoir, because children were not infected to a greater extent than adults. The authors conclude that few Danish children have been infected with SARS-CoV-2, and that they have been infected to a similar degree as adults.	The authors conducted a cross-sectional study of 1033 children (0-17 years old) and 750 adults in Denmark to assess SARS-CoV-2 antibodies. Antibodies to SARS-CoV-2 were detected in 1.6% of children and 2.0% of adults (p=0.58). The authors conclude that few Danish children have been infected with SARS-CoV-2, and that they have been infected to a similar degree as adults.	Rytter MJH, Nygaard U, Mandic IN, et al. PREVALENCE OF SARS-COV-2-ANTIBODIES IN DANISH CHILDREN AND ADULTS [published online 2021 Jan 7]. <i>Pediatr Infect Dis J</i> . 2021. doi:10.1097/INF.0000000000003048
COVID-19; Hemophagocytic lymphohistiocytosis; Kawasaki disease; Macrophage	7-Jan-21	Emerging Evidence on Multisystem Inflammatory Syndrome in Children Associated with	SN Comprehensive Clinical Medicine	Review Article	The authors conducted a systematic review and meta-analysis of 17 articles published between January 1-October 10, 2020 to analyze the clinical features, proposed pathogenesis, and treatment options for children with MIS-C. The studies included 992 children (median age 7.5 years, IQR 6-9 years) with MIS-C, of which 144 were from low-income and middle-income countries. The authors described the pathophysiology of MIS-C, management of MIS-C, cardiovascular	The authors conducted a systematic review and meta-analysis of 17 articles and described the pathophysiology of MIS-C, management of MIS-C, cardiovascular system involvement, drug therapy,	Sood M, Sharma S, Sood I, Sharma K, Kaushik A. Emerging Evidence on Multisystem Inflammatory Syndrome in Children Associated with SARS-CoV-2 Infection: a Systematic

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
activation syndrome; Multisystem inflammatory syndrome in children (MIS-C); SARS-CoV-2; Toxic shock syndrome		SARS-CoV-2 Infection: A Systematic Review with Meta-analysis			system involvement, drug therapy, and treatment choices for resource-limited countries. The most common clinical symptoms were fever (95%), and gastro-intestinal (78%), cardiovascular (75.5%), and respiratory system (55.3%) involvement. Features resembling Kawasaki disease, toxic shock syndrome, or macrophage activation syndrome were present; 49% had shock; 32% had myocarditis; 18% had coronary vessel abnormalities, and 9% had congestive cardiac failure. 63% received IV immunoglobulin (IVIG), 58% received corticosteroids, and 19% received alternate agents like tocilizumab for treatment. Most MIS-C patients survived, with a 2.2% mortality rate in this systematic review. Kawasaki disease (KD) typically affects infants or young children <5 years old, whereas MIS-C patients tend to be older (8-15 years old). Gastro-intestinal symptoms, myocardial dysfunction, and shock are more common in MIS-C compared to KD. The diseases have similar laboratory abnormalities, but D-dimer, Ferritin, Troponin/BNP, and CRP levels are higher in MIS-C. The authors conclude that guidelines for patient management in resource-limited countries need to be more tailored, due to difficulty in obtaining immuno-modulators and IVIG.	and treatment choices for resource-limited countries. MIS-C has some distinct features, symptoms, and lab findings from KD. The authors conclude that guidelines for patient management should be tailored for resource-limited countries.	Review with Meta-analysis [published online 2021 Jan 7]. SN Compr Clin Med. 2021;1-10. doi:10.1007/s42399-020-00690-6
COVID-19; ergonomics; children; education; learning	7-Jan-21	Ergonomics factors influencing school education during the COVID-19 pandemic: A literature review	Work	Commentary	This review aimed to examine the effects of environmental ergonomics in educational spaces on learning and cognition of pre-school/kindergarten students [specific ages not specified] during the COVID-19 pandemic. A literature review was conducted using the keywords, "children", "learning", "pre-school", "COVID-19", "ergonomics", and "environmental factors" on Scopus, PubMed, Science Direct and Web of Science. Factors such as color, form, and layout of classrooms, lighting and ventilation, interior decoration, and educational equipment impact students' interest and motivation to learn. The number of students should be lowered in classrooms to allow for social distancing, and all students must use masks. Keeping classroom windows and doors open would ensure proper ventilation. Holding classes in open spaces and observing social distancing can affect the quality of the teacher's voice being heard by students and their ability to concentrate. Some classes may be held in school gyms during the pandemic, and while the lighting of such spaces is designed for sports activities, it may not be suitable for reading and writing. Environmental ergonomics, design of spaces, ventilation and lighting are also important to consider in the case of online and remote education.	This review aimed to examine the effects of environmental ergonomics in educational spaces on learning and cognition of pre-school/kindergarten students during the COVID-19 pandemic. Environmental ergonomics, design of spaces, ventilation and lighting are important factors to consider in both classroom and remote education spaces, and they impact students' interest and motivation to learn.	Soltaninejad M, Babaei-Pouyac A, Poursadeqiyah M. Ergonomics factors influencing school education during the COVID-19 pandemic: A literature review. Work. 2021. doi:10.3233/WOR-203355.
COVID-19; Maternal health; Reproductive health	7-Jan-21	Setting the Agenda for Reproductive and Maternal Health in the Era of COVID-19: Lessons from a Cruel and Radical Teacher	Maternal and Child Health Journal	Review Article	The authors describe how the COVID-19 pandemic has exposed racial and economic inequities in the United States related to maternal and child health. These inequities are exacerbated by gaps in the safety net and disproportionate consequences of the COVID-19 pandemic borne by people of color, women, and low-income communities. 8 key lessons from the COVID-19 pandemic related to maternal and child health are described. These include that pandemics have the effect of finding and exacerbating cracks in public health and health care	This article describes key lessons learned from the COVID-19 pandemic regarding maternal and child health and includes a call to action. The disproportionate impact of the pandemic on women, people of color, and low-income	McCloskey L, Amutah-Onukagha N, Bernstein J, Handler A. Setting the Agenda for Reproductive and Maternal Health in the Era of COVID-19: Lessons from a Cruel and Radical Teacher [published online

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					systems, can be used to limit sexual and reproductive health care, expose fault lines in maternity care, show that social and health policy changes previously-considered infeasible are feasible and that all people are inextricably connected. With these lessons in mind, the authors provide a call to action for public health professionals, policymakers, and advocates working in maternal and child health to learn from these lessons and make a change.	communities are highlighted, along with the impact on the delivery of sexual, reproductive, and maternity care.	ahead of print, 2021 Jan 7]. <i>Matern Child Health J.</i> 2021;1-11. doi:10.1007/s10995-020-03033-y
COVID-19; SARS-CoV-2; children 5–13 years; school; school-related contacts; transmission; primary schools	7-Jan-21	Minimal transmission of SARS-CoV-2 from paediatric COVID-19 cases in primary schools, Norway, August to November 2020	Euro Surveillance	Original Research	Researchers aimed to examine transmission of SARS-CoV-2 from confirmed pediatric COVID-19 cases in primary schools in Norway. They prospectively examined transmission of SARS-CoV-2 from confirmed pediatric cases in Norwegian primary schools between August and November 2020. An index case was defined as a case aged 5–13 years in Oslo or Viken county with PCR-confirmed SARS-CoV-2 infection, who had attended school within 48 hours before symptom onset or date of sampling, and researchers prospectively included contact tracings by systematically testing all contacts within the school twice during their quarantine period. 13 contact tracings from primary schools were included: 8 in the age group 5–10 years old (grades 1–4) and 5 in the age group 11–13 years old (grades 5–7). A total of 13 index cases and 292 school contacts participated in the study. With preventive measures implemented in schools, they found minimal child-to-child (0.9%, 2/234) and child-to-adult (1.7%, 1/58) transmission. This prospective study shows that transmission of SARS-CoV-2 from children <14 years of age was minimal in primary schools in Oslo and Viken, the two Norwegian counties with the highest COVID-19 incidence, and in which 35% of the Norwegian population resides.	With preventive measures implemented in schools, researchers found minimal child-to-child (0.9%, 2/234) and child-to-adult (1.7%, 1/58) transmission of SARS-CoV-2 among primary school children in Norway.	Brandal LT, Ofitserova TS, Meijerink H, et al. Minimal transmission of SARS-CoV-2 from paediatric COVID-19 cases in primary schools, Norway, August to November 2020. <i>Euro Surveill.</i> 2021;26(1):10.2807/1560-7917.ES.2020.26.1.2002011. doi:10.2807/1560-7917.ES.2020.26.1.2002011
Food security; nutrition; COVID-19; California; low-income	7-Jan-21	Very Low Food Security Among Low-Income Households With Children in California Before and Shortly After the Economic Downturn From COVID-19	Preventing Chronic Disease	Research Brief	Food security levels among 11,653 mothers in California, US were measured in 2018, 2019, and 2020 to determine very low food security (VLFS) status during pre-COVID-19 (November 2019 - March 2020) and post-COVID-19 (April - July 2020) periods. Authors used results from the US Department of Agriculture's 6-Item Food Security Module and found that 19.3% of mothers experienced VLFS pre-COVID-19, while 14.0% of mothers experienced VLFS post-COVID-19. In 2018, 19.0% of mothers experienced VLFS. The majority of respondents were Latina (65%). This decrease in VLFS during the COVID-19 pandemic was likely driven by the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Existing systems to quickly obtain food assistance benefits in California and new federal benefits available in response to COVID-19 may have reduced VLFS.	The very low food security (VLFS) status of 11,653 Californian mothers in the US was compared during pre-COVID-19 (November 2019 - March 2020) and post-COVID-19 (April - July 2020) periods using a 6-Item Food Security Module. VLFS decreased by 5% from pre-COVID-19 (19.3% VLFS) to post-COVID-19 (14.0%), likely due to increased access to food assistance benefits.	Molitor F, Doerr C. Very Low Food Security Among Low-Income Households With Children in California Before and Shortly After the Economic Downturn From COVID-19. <i>Prev Chronic Dis.</i> 2021;18:E01. Published 2021 Jan 7. doi:10.5888/pcd18.200517

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COVID-19; neuroradiology; imaging, pediatric	7-Jan-21	Neuroimaging Offers Low Yield in Children Positive for SARS-CoV-2	American Journal of Neuroradiology	Research Article	In this article, the authors investigated the neuroimaging findings and yield of neuroimaging for children positive for SARS-CoV-2 infection between March 18-September 30, 2020, in Texas, USA. In this retrospective study, participants included children <18 years of age who tested positive for SARS-CoV-2 before and within 1-month of neuroimaging and had neuroimaging studies with COVID-19 attributable indications. Of the 20 children in the study, 10% had respiratory symptoms, 10% had MIS-C, and 15% had both. Neurologic symptoms included impaired consciousness (n=7), seizures (n=4), status epilepticus (n=2), headache (n=2), focal neurologic findings (n=2), fever with meningeal signs (n=1), transient episode of aphasia (n=1), and fever with headache (n=1). 10% of patients had acute findings on their initial neuroimaging studies, with 1/5 children diagnosed with MIS-C having acute imaging findings. Hence, the authors identified no acute pathology in most cases (90%) that were attributable to SARS-CoV-2 infection. Thus, they indicated that due to the rarity of neurological involvement in children with COVID-19, neuroimaging might have a low yield in COVID-19 diagnosis, thus suggesting a careful risk-benefit analysis in using acute neuroimaging.	In this article, the authors observed a low yield of neuroimaging for children diagnosed with COVID-19 and recommended careful benefit-risk analysis in the usage of acute neuroimaging. They found that 2/20 (10%) cases included in the study showed acute imaging findings, 1 of which was a child diagnosed with MIS-C.	Orman G, Desai NK, Kralik SF, et al. Neuroimaging Offers Low Yield in Children Positive for SARS-CoV-2 [published online, 2021 Jan 7]. AJNR Am J Neuroradiol. 2021;10.3174/ajnr.A7022. doi:10.3174/ajnr.A7022
Callous-unemotional traits, Conduct problems, Families, Parenting, Prevention science	6-Jan-21	The Impact of the COVID-19 Pandemic on Children's Conduct Problems and Callous-Unemotional Traits	Child Psychiatry and Human Development	Original Research	This cross-sectional study evaluated how the COVID-19 pandemic affected children's mental health and well-being through the financial and health burden placed on their families. Parents, recruited between April-July 2020, provided data on 303 children (age range: 3-10.94 years old; mean(SD) = 6.43(2.13) years) in the urban Northeast United States through online surveys. Harsh parenting ($\beta = 0.13, p<0.01$) and parental worry ($\beta = 0.15, p<0.01$) over the COVID-19 pandemic was associated with more child conduct problems (CP). Post-hoc models found that parental worries about parents themselves getting COVID-19 ($\beta = 0.14, p<0.01$) and parental worries about a family member getting COVID-19 ($\beta = 0.14, p<0.01$) were independently associated with higher child CP. Callous-unemotional (CU) traits among children were associated with high parental harshness ($\beta = 0.23, p<0.001$) and lower parental warmth ($\beta = -0.19, p<0.001$). The researchers report that their results were consistent with other literature, in that parents were primarily worried about family members or themselves contracting COVID-19 during the pandemic, and were less concerned about parenting practices.	This cross-sectional study evaluated how the COVID-19 pandemic affected children's mental health and well-being through the financial and health burden placed on their families. Harsh parenting and parental worries about themselves or family members contracting COVID-19 were associated with more child conduct problems.	Waller R, Powell T, Rodriguez Y, et al. The Impact of the COVID-19 Pandemic on Children's Conduct Problems and Callous-Unemotional Traits. Child Psychiatry Hum Dev. 2021;1-12. doi:10.1007/s10578-020-01109-y
COVID-19; pediatric; OM-85	6-Jan-21	Efficacy and safety of OM-85 in paediatric recurrent respiratory tract infections which could have a possible protective effect on COVID-19	International Journal of Clinical Practice	Meta-Analysis	The authors conducted a meta-analysis to evaluate the relationship between consumption of the orally administered immunomodulator OM-85 and the prevention of recurrent respiratory tract infections in light of the COVID-19 pandemic. A systematic literature search until May 2020 was performed, and 14 studies were detected with 1859 pediatric subjects [ages not specified], of whom 890 consumed OM-85. OM-85 consumption was significantly related to lower frequency of respiratory tract infections ($p<0.001$), lower total duration of respiratory tract infections ($p<0.001$), lower incidence of respiratory tract infections ($p=0.006$), lower number of antibiotic courses ($p=0.03$),	The authors conducted a meta-analysis to evaluate the relationship between consumption of the orally administered immunomodulator OM-85 and the prevention of recurrent respiratory tract infections in light of the COVID-19 pandemic. OM-85 was found	Cao C, Wang J, Li Y, et al. Efficacy and safety of OM-85 in paediatric recurrent respiratory tract infections which could have a possible protective effect on COVID-19 pandemic: A meta-analysis. Int J Clin Pract. 2021:e13981. doi:10.1111/ijcp.13981.

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		pandemic: A meta-analysis			and lower antibiotic use ($p < 0.001$). However, OM-85 consumption was not significantly related to adverse event rate ($p = 0.94$) or to wheezing attack frequency ($p = 0.14$). The authors recommend the use of OM-85 for pediatric patients with a high risk of recurrent respiratory tract infections to avoid possible complications, particularly during the COVID-19 pandemic.	to be significantly associated with lower frequency and duration of infections and not related to adverse events. The authors thus recommend the use of OM-85 for pediatric patients with a high risk of recurrent respiratory tract infections, particularly during the COVID-19 pandemic.	
COVID-19; children; pediculosis; lockdown; Argentina	6-Jan-21	Head lice were also affected by COVID-19: a decrease on Pediculosis infestation during lockdown in Buenos Aires	Parasitology Research	Original Research	This is the first study that analyzed the prevalence of head lice (pediculosis) in children [age not specified] in Buenos Aires, Argentina, during the COVID-19 pandemic. The authors evaluated how confinement affected the prevalence of lice during the lockdown through an online survey conducted from June 2 - July 28, 2020, compared to before the lockdown. The survey analyzed the different control strategies, the number of treatments, and the number of insects recorded by parents. Out of 627 questionnaires, a total of 1118 children participated in the study. The results showed that the prevalence of lice (the proportion of positive surveys) decreased significantly from before (69.6%) to during (43.9%) the COVID-19 lockdown. Moreover, head lice infestation was more effectively controlled in households with up to 2 children (~45% lice infestation during the lockdown) in comparison to households with 3 and >3 children (~60% and ~65% lice infestation respectively during the lockdown). Therefore, the prevalence of pediculosis decreased during self-isolating/social distancing in the context of the COVID-19 pandemic. These results demonstrated the impact of social distancing in the population dynamics of head lice and how it could affect the control strategies in the future.	This is the first study that analyzed the prevalence of head lice (pediculosis) in children in Argentina during the COVID-19 pandemic. The results showed that the prevalence of lice (the proportion of positive surveys) decreased significantly from before (69.6%) to during (43.9%) the COVID-19 lockdown. These results demonstrated the impact of social distancing in the population dynamics of head lice and how it could affect the control strategies in the future.	Galassi F, Ortega-Insaurralde I, Adjemian V, et al. Head lice were also affected by COVID-19: a decrease on Pediculosis infestation during lockdown in Buenos Aires. Parasitol Res. 2021;120(2):443-450. doi:10.1007/s00436-020-07038-y.
COVID-19; MIS-C; Coronary Artery Aneurysm; Iran	6-Jan-21	COVID-19-Associated Multisystem Inflammatory Syndrome Complicated with Giant Coronary Artery Aneurysm	Case Reports in Pediatrics	Case Report	The authors described a case of COVID-19-associated MIS-C complicated with giant coronary artery aneurysm (CAA). A previously healthy 14-month-old boy in Iran presented with fever, irritability, skin rash, and changes in his lips, conjunctiva, and tongue in April 2020. He was treated according to a diagnosis of Kawasaki disease. Although RT-PCR test for SARS-CoV-2 was negative, IgM was positive and IgG was negative. Seroconversion of COVID-19 IgG occurred 3 weeks later. Despite treatment with 2 doses of IV immunoglobulin and methylprednisolone, coronary artery ectasia was detected. On the sixth day of hospitalization, the patient experienced hypotension, which necessitated treatment with inotropic drugs and resulted in a change of diagnosis to MIS-C. The later echocardiography showed evidence of CAA, which finally changed to giant CAA. On the 24th day, the patient was discharged and continued on antiplatelet drugs and warfarin for thromboprophylaxis. Follow-up one month after discharge showed that the coronary arteries were still aneurysmal but had significantly reduced in size.	The authors described a case of COVID-19-associated MIS-C complicated with giant coronary artery aneurysm in Iran. Despite treatment with 2 doses of IV immunoglobulin and methylprednisolone, coronary artery ectasia was detected. Follow-up of the patient one month after discharge showed that the coronary arteries were still aneurysmal but had significantly reduced in size.	Navaeifar MR, Shahbaznejad L, Sadeghi Lotfabadi A, et al. COVID-19-Associated Multisystem Inflammatory Syndrome Complicated with Giant Coronary Artery Aneurysm. Case Rep Pediatr. 2021. doi:10.1155/2021/8836403.

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Schools, teachers, prevalence, children, testing	6-Jan-21	Prevalence of RT-PCR-detected SARS-CoV-2 infection at schools: First results from the Austrian School-SARS-CoV-2 Study	medRxiv	Preprint (not peer-reviewed)	In this nationwide prospective cohort study, the authors monitored 9,465 pupils (grade 1-8) and 1,269 teachers at 245 Austrian schools throughout the school year (2020-2021) for SARS-CoV-2 [ages not provided]. They repeatedly tested participants using RT-PCR in 3-5 week intervals, and report on examinations from September-November 2020. Prevalence of SARS-CoV-2 infection increased from 0.39% at round 1 of testing (95% CI 0.28-0.55%, September 29-October 22, 2020) to 1.42% at round 2 (95% CI 1.06-1.90%, November 10-16, 2020). In the multi-variable adjusted model, higher regional 7-day incidence in the general population was associated with higher odds of infection (Odds Ratio [OR] 1.66, 95% CI 1.38-1.99, p<0.001) and pupils at schools with high/very high social deprivation indices also had significantly higher odds of infection (OR 2.05, 95% CI 1.23-3.42, p=0.006). There were no differences between age groups, sexes, pupils vs. teachers, or primary (grade 1-4) vs. secondary schools (grade 5-8). The authors conclude that the prevalence of SARS-CoV-2 increased from 0.39% to 1.42% within one month, and higher community incidence and social deprivation were associated with higher odds of SARS-CoV-2.	In this nationwide prospective cohort study, the authors monitored 9,465 pupils (grade 1-8) and 1,269 teachers at 245 Austrian schools throughout the school year (2020-2021) for SARS-CoV-2. The prevalence of SARS-CoV-2 increased from 0.39% to 1.42% within one month, and higher community incidence and social deprivation were associated with higher odds of SARS-CoV-2 infection.	Willeit P, Krause R, Lamprecht B, et al. Prevalence of RT-PCR-detected SARS-CoV-2 infection at schools: First results from the Austrian School-SARS-CoV-2 Study. medRxiv. 2021; doi.org/10.1101/2021.01.05.20248952
Stress; Trauma; Family routines; Depression; Conduct disorders; Early life adversity; Resilience; Pandemic; Child psychopathology	6-Jan-21	A predictable home environment may protect child mental health during the COVID-19 pandemic	Neurobiology of Stress	Article	This study surveyed 169 mothers to assess the mental health of their preschool-age children (mean age 4.1 years; range 2.6-6 years) from May 5 - June 9, 2020 during COVID-19 lockdowns in southern California, USA. Children's depressive symptoms were assessed with the Preschool Feelings Checklist and externalizing symptoms were assessed using the Strengths & Difficulties Questionnaire (SDQ). Environmental factors included household income, food insecurity, parental essential worker status and loss of job, as well as preservation of children's daily routines. 61% of families' incomes were below the living wage and 30% were experiencing food insecurity. 39.9% of children scored above the cutoff for referral for further evaluation for clinical depression, 5.7% higher than a pre-COVID German sample. The mean score on the conduct problems subscale of the SDQ was 3.7 (sd = 2.2), higher than the pre-COVID US population mean for 4-7 year olds (M = 1.2, sd = 1.6); 36.1% scored at or above the cutoff score of 5 indicating conduct problems. 64% of mothers reported an increase in externalizing behaviors in at least one behavior category since the start of the pandemic. In households in which more routines were practiced, lower levels of both depressive symptoms (p<0.01) and externalizing behaviors (p<0.05) were observed; this protective effect persisted after covarying income, dual-parent status, food insecurity, or maternal depression and stress. These findings are consistent with prior evidence demonstrating that unpredictability in early life uniquely predicts risk for psychopathology. The authors recommend that public health messaging to families of young children emphasize the importance of establishing and maintaining family routines.	This study surveyed 169 US mothers to assess the mental health of their preschool-age children during COVID-19 lockdowns. Overall, children's depressive and externalizing symptoms were elevated compared to pre-COVID norms. Practice of family routines predicted better child mental health regardless of family income, dual-parent status, food insecurity, or maternal depression and stress.	Glynn LM, Davis EP, Luby JL, Baram TZ, Sandman CA. A predictable home environment may protect child mental health during the COVID-19 pandemic. Neurobiol Stress. 2021;14:100291. Published 2021 Jan 6. doi:10.1016/j.jnstr.2020.100291
COVID-19; fibrin thrombi;	6-Jan-21	Placental Pathology in	Cureus	Original Article	This study reported the histo-pathologic findings in the placentas of pregnant women with COVID-19 in the United States. 100 pregnant	This study reported histo-pathologic findings in the	Singh N, Buckley T, Shertz W. Placental Pathology in

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infectious disease; malperfusion; maternal medicine; microcalcifications; microscopic features; obstetrics; perinatal pathology; placental pathology		COVID-19: Case Series in a Community Hospital Setting			women delivering between April 1-June 30, 2020 were identified: 50 tested positive (mean age 29 years, mean gestational age 40.3 weeks) and 50 tested negative (mean age 33 years, mean gestational age 38.2 weeks) for SARS-CoV-2 infection. The mothers were tested for coronavirus through nasopharyngeal swab upon admission to labor and delivery. Placentas of positive women were grossly examined and evaluated via hematoxylin and eosin staining, and compared to controls of women with negative SARS-CoV-2 testing. Normal spontaneous vaginal deliveries without complications occurred more often in the SARS-CoV-2 infected mothers at rates of up to 94%, compared to 76% observed amongst mothers in the control population. 46 of the 50 positive patient placentas had significant microscopic features: when compared with negative placentas, the positive placentas were correlated with increased fibrin ($p < 0.01$), increased microcalcification ($p < 0.01$), small fibrotic villi ($p < 0.01$), villous agglutination ($p < 0.01$), and increased syncytial knotting ($p < 0.01$). The increased prevalence of microcalcifications and fibrin thrombi in SARS-CoV-2 infected placentas may reflect an underlying hyper-coagulable state induced by SARS-CoV-2 infection, or could be due to excessive syncytiotrophoblast injury.	placentas of pregnant women with COVID-19 in the United States. SARS-CoV-2 infected placentas showed an increased prevalence of microcalcifications and fibrin thrombi, which may reflect an underlying hyper-coagulable state induced by SARS-CoV-2 infection, or could be due to excessive syncytiotrophoblast injury.	COVID-19: Case Series in a Community Hospital Setting. Cureus. 2021;13(1):e12522. Published 2021 Jan 6. doi:10.7759/cureus.12522
parental stress; verbal abuse; corporal punishment; COVID-19 lockdown	6-Jan-21	Associations between Stress and Child Verbal Abuse and Corporal Punishment during the COVID-19 Pandemic and Potential Effect Modification by Lockdown Measures	medRxiv	Preprint (not peer-reviewed)	This cross-sectional study investigated how the COVID-19 measures modified the associations between caregiver stress and verbal abuse or corporal punishment of children in Southern Thailand. The authors randomly sampled 12 villages in the study area and measured stress levels using the standard Srithanya Stress Scale-5 Items (ST-5) questionnaire. 466 caregivers supplied self-reported data via an online questionnaire administered by trained enumerators who were residents of the sampled villages during June 2020. Both verbal abuse and corporal punishment were positively associated with the number of children in the household ($p = 0.014$ and $p = 0.024$, respectively), having an unfixd primary income ($p = 0.032$ and $p = 0.138$), and perceiving their household income as inadequate ($p = 0.136$ and $p = 0.024$). Also, verbal abuse and corporal punishment were negatively associated with the caregiver's level of education ($p = 0.040$ and $p = 0.109$). Caregivers reporting moderate or high stress were more likely than caregivers with low levels of stress to report verbal abuse (48% vs. 23%, OR = 3.12; 95% CI: 1.89-5.15). This association was strongest among those in lockdowns with movement restriction but no quarantined household members (OR = 3.40; 95% CI: 1.67-2.1) and weakest among those with quarantined members (OR: 1.56; 95% CI: 0.31-7.96). The authors concluded that the COVID-19 lockdown experiences modified the associations between caregiver stress and verbal abuse and corporal punishment of children in the study. However, social desirability, lack of details in the answers, and potential confounding by mental illness co-morbidities were notable limitations of the study.	This cross-sectional study in Southern Thailand found that the COVID-19 lockdown experiences modified the associations between caregiver stress and verbal abuse and corporal punishment of children. However, social desirability, lack of details in the answers, and potential confounding by mental illness co-morbidities were notable limitations of the study.	Jeharsae R, Jae-noh M, Jae-a-lee H. Associations between Stress and Child Verbal Abuse and Corporal Punishment during the COVID-19 Pandemic and Potential Effect Modification by Lockdown Measures. medRxiv [preprint]. 2021 Jan 6. doi: https://doi.org/10.1101/2021.01.05.20248973

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SARS-CoV-2; newborns; dyad-care; colocation; COVID-19; breastfeeding	6-Jan-21	Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Positive Newborns of COVID-19 Mothers After Dyad-Care: A Case Series	Cureus	Case Series	The authors report on 5 neonates born to SARS-CoV-2 positive asymptomatic mothers (age range 22-36 years) who also tested positive for SARS-CoV-2 by RT-PCR nasopharyngeal swab after birth from March 19-May 15, 2020 in the US. During this timeframe in the hospital, all staff wore PPE and changed PPE when switching from mother to infant. 130 neonates were tested at the hospital, with only these 5 being SARS-CoV-2 positive. 3 of the deliveries were by c-section, all were > 37 weeks' gestation, none had a prolonged rupture of membranes, and all newborns were colocated with their mothers. Colocation included skin-to-skin care, breastfeeding, ≥6 feet between mother and infant, use of an isolette, a barrier curtain, and the mother practicing frequent hand hygiene and face mask use during breastfeeding. Laboratory and chest radiograph findings for all 5 mothers were within the range for the 3rd trimester of pregnancy. 4 of the neonates tested positive for SARS-CoV-2 soon after birth and 1 tested positive after discharge. The 4 infants were then transferred to the neonatal ICU. All 4 of these infants were asymptomatic and discharged after 2 PCR tests >24 hours apart were negative. Mothers were encouraged to breastfeed with careful hand hygiene practices and face mask use; the infants remained asymptomatic during close follow up. 1 infant had an initial negative RT-PCR test. However, the test at 24 hours of life was positive (obtained after discharge). The patient then followed up in a pediatric infectious disease clinic where he remained asymptomatic and had 2 negative tests on days 7 and 12 of life. The authors state that there may be mother-to-infant transmission of scant amounts of the live virus leading to an initial positive test with subsequent negative tests and an asymptomatic course.	The authors report on 5 neonates born to SARS-CoV-2 positive mothers in the US who also tested positive for SARS-CoV-2 by RT-PCR nasopharyngeal swab after birth from March 19-May 15, 2020.	Patil UP, Krishnan P, Abudinen-Vasquez S, Maru S, Noble L. Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Positive Newborns of COVID-19 Mothers After Dyad-Care: A Case Series. <i>Cureus</i> . 2021;13(1):e12528. Published 2021 Jan 6. doi:10.7759/cureus.12528
COVID-19, children, periodic fever syndromes, autoinflammatory diseases, biologic drug, coronavirus, corticosteroids, disease flare, nasal swab, school attendance, SARS-CoV-2	6-Jan-21	The Challenge of Managing Children With Periodic Fever Syndromes in the Era of COVID-19	Frontiers in Pediatrics	Article	The authors discuss the challenge of managing children with periodic fever syndromes (PFS) during the COVID-19 pandemic. The clinical and diagnostic approach to fever in these children can present a significant clinical challenge, as the measures to exclude SARS-CoV-2 infection and limit its spread have to be balanced with management of PFS, which are characterized by recurrent episodes of non-infectious fever. During the pandemic, the effect of a febrile episode can be magnified, and children with PFS carry a markedly elevated risk of undergoing isolation and repetitive swabs for SARS-CoV-2 detection (in absence of other validated diagnostic methods), with the consequent implications, including reduced school attendance, children and parental stress, and loss of work days by the caregivers. The use of telemedicine services to analyze clinical history (with a particular focus on the diary of fever and previous laboratory investigations) can help in the diagnostic process and follow-up. PFS history, the regularity of recurrence and the clinical phenotype of the episodes, and the response to a therapeutic challenge with single-dose corticosteroids should be assessed before subjecting these patients to SARS-CoV-2 testing.	The authors discuss the challenge of managing children with periodic fever syndromes (PFS) during the COVID-19 pandemic. The use of telemedicine services to analyze clinical history (with a particular focus on the diary of fever and previous laboratory investigations) can help in the diagnostic process and follow-up. PFS history, the regularity of recurrence and the clinical phenotype of the episodes, and the response to a therapeutic challenge with single-dose corticosteroids should be assessed before	Consolini R, Costagliola G, Gattorno M. The Challenge of Managing Children With Periodic Fever Syndromes in the Era of COVID-19. <i>Front Pediatr</i> . 2021;8. doi:10.3389/fped.2020.620621.

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three-plague, domestic violence, child development, COVID-19	6-Jan-21	The Three-Plague Nature of COVID-19 Pandemic: Implications for Women and Children and Exposure to Violence [Free Access Not Available]	Pediatric Emergency Care	Letter to the Editor	During the COVID-19 pandemic, the increased risk of domestic violence has been highlighted and referred to as a “double plague” of COVID-19. The authors propose the “three-plague” nature of the COVID-19 pandemic by adding the domestic violence repercussions for children’s wellbeing. COVID-19 exacerbates intimate partner violence (IPV) through economic instability, increased stress, social isolation, and fear of seeking help. The health of children who witness domestic violence should be taken seriously, because repetitive IPV exposure can alter children’s behavioral, social-emotional, and neurological development, especially during the first years of life. The affected brain parts include mainly the amygdala (emotion and stress), hippocampus (memory), auditory cortex, and visual cortex. Witnessing IPV is associated with post-traumatic stress disorder, depression, anxiety, criminality, and physical diseases in later life. Inter-generational violence transmission can occur as these children may become perpetrators or victims of domestic violence. The chronic IPV experience raises cortisol by activating the hypothalamic-pituitary-adrenal axis. Cortisol production leads to inflammation and immune system dysregulation. Given the detrimental long-term effect of IPV on children’s health, early interventions such as mental health services, social support/awareness, and home/virtual visiting programs are crucial to foster resilience and promote the well-being of vulnerable women and children during the COVID-19 pandemic.	subjecting these patients to SARS-CoV-2 testing. The authors emphasize the importance of domestic violence’s repercussions for children’s long-term health, particularly during the COVID-19 pandemic. Early interventions are crucial to foster resilience and promote the well-being of vulnerable women and children.	Tronick E, Grumi S, Provenzi L. The Three-Plague Nature of COVID-19 Pandemic: Implications for Women and Children and Exposure to Violence. <i>Pediatr Emerg Care</i> . 2021. doi:10.1097/PEC.0000000000002336
COVID-19, neonatal, NICU, low-income countries, developing countries, global health	6-Jan-21	Indirect Impacts of the COVID-19 Pandemic at Two Tertiary Neonatal Units in Zimbabwe and Malawi: An Interrupted Time Series Analysis	medRxiv	Preprint (not peer-reviewed)	The authors of this study examined trends in markers of neonatal care before and during the pandemic at Sally Mugabe Central Hospital (SMCH), Zimbabwe and Kamuzu Central Hospital (KCH), Malawi. The study included all neonates admitted at each hospital over a 16-month period from June 1, 2019 to September 25, 2020. The authors modelled the impact of the first cases of SARS-CoV-2 on the number of hospital admissions, gestational age and birth weight, source of admission referrals, prevalence of neonatal encephalopathy, and overall mortality. The study included 3,450 neonates at SMCH and 3,350 neonates at KCH. The results showed that the number of hospital admissions at SMCH did not initially change after the first case of SARS-CoV-2, but fell by 48% during a nurses’ strike (p<0.002). At KCH, admissions dropped by 42% (p<0.001) soon after the first case of SARS-CoV-2. At KCH, gestational age and birth weight decreased slightly (1 week, 300 grams), outside referrals dropped by 28%, and there was a slight weekly increase in neonatal mortality. No changes in these outcomes were found at SMCH. The authors concluded that these indirect impacts of SARS-CoV-2 are context-specific. National data is required to ascertain the true impacts of the pandemic on neonatal outcomes.	This study examined trends in markers of neonatal care before and during the pandemic at 2 neonatal units in Zimbabwe and Malawi. The authors concluded that these indirect impacts of SARS-CoV-2 are context-specific, and that national data is required to ascertain the true impacts of the pandemic on neonatal outcomes.	Chimhuya S, Neal SR, Chimhini G, et al. Indirect impacts of the COVID-19 pandemic at two tertiary neonatal units in zimbabwe and malawi: An interrupted time series analysis. . 2021. doi: 10.1101/2021.01.06.21249322.
COVID-19; Routine infant	6-Jan-21	Short term impact of the COVID-19	Vaccine	Original Research	This study aimed to assess the impact of the COVID-19 pandemic on the incidence of vaccine-preventable diseases (VPDs) and participation	This study used national data from the Netherlands to	Middeldorp, M., van Lier, A., van der Maas, N., et al.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
vaccination; SARS-CoV-2; VPDs; Vaccine-preventable diseases		pandemic on incidence of vaccine preventable diseases and participation in routine infant vaccinations in the Netherlands in the period March-September 2020			in the routine infant vaccination program in the Netherlands. Data from national databases and registries were used to estimate the incidence of VPDs and participation in routine infant vaccinations. The incidence of VPDs (including invasive pneumococcal disease, mumps, and pertussis) initially decreased by 75–97% for April-June of 2020 compared to April-June of 2019, with continued but less pronounced reduction for July-September 2020 compared to July-September 2019. Participation in the first measles-mumps-rubella vaccination (MMR1) among children scheduled for vaccination in March-September 2020 decreased 6–14% compared with the previous year. After catch-up vaccination, a difference in MMR1 participation of –1% to –2% still remained. The authors state the most likely reason for the reduced incidence of VPD is reduced transmission as a result of social distancing measures and school closures. Finally, the authors conclude that that the pandemic has reduced the incidence of several VPDs and also has had a limited impact on the routine infant vaccination program.	examine the impact of the COVID-19 pandemic on the incidence of vaccine-preventable disease (VPD) and participation in the routine infant vaccine program. They found that from April to September 2020, VPD incidence has decreased substantially and participation in the vaccine program has decreased marginally compared to 2019.	(2021). Short term impact of the COVID-19 pandemic on incidence of vaccine preventable diseases and participation in routine infant vaccinations in the Netherlands in the period March-September 2020. Vaccine, S0264-410X(20)31692-3. https://doi.org/10.1016/j.vaccine.2020.12.080
SARS-CoV-2; mental health; pregnancy; social media; women's health	6-Jan-21	Feeling the Void: Lack of Support for Isolation and Sleep Difficulties in Pregnant Women during the COVID-19 Pandemic Revealed by Twitter Data Analysis	International Journal of Environmental Research and Public Health	Original Research	The authors assessed the issue of mental health of pregnant women during the COVID-19 pandemic from March- May 2020 using global Twitter data. 192 tweets were assessed with 51 from individuals, 37 from companies, 56 from non-profit organizations, and 48 from health professionals and researchers. Themes from the individual tweets indicated stress/anxiety (27/51), depression (8/51), difficulty sleeping (4/51), and distress due to isolation (10/51), and offering support to others in a similar situation. Tweets from companies acknowledged anxiety and depression in the context of promoting services or products. Other tweets from companies provided advice on pregnancy and mental health during the COVID-19 pandemic or included links to news articles on safety measures. Few tweets from companies, organizations, and professionals acknowledged feelings of isolation (7/140) or sleep difficulties (2/140). The results highlight the need for companies, organizations, and health care professionals and researchers to offer support related to mental health of pregnant women during the COVID-19 pandemic, particularly as relates to isolation and sleeping difficulties.	This study examined the mental health of pregnant women globally during the COVID-19 pandemic by analyzing tweets. Themes expressed included anxiety, depression, difficulty sleeping, and distress due to isolation.	Talbot J, Charron V, Konkle AT. Feeling the Void: Lack of Support for Isolation and Sleep Difficulties in Pregnant Women during the COVID-19 Pandemic Revealed by Twitter Data Analysis. Int J Environ Res Public Health. 2021;18(2):E393. Published 2021 Jan 6. doi:10.3390/ijerph18020393
COVID; Child maltreatment; Community-level; Prevention	6-Jan-21	Community-Level Prevention of Childhood Maltreatment: Next Steps in a World with COVID-19	International Journal on Child Maltreatment: Research, Policy and Practice	Original Paper	This paper examines evidence related to community-level prevention of child maltreatment and offers strategies for adapting current efforts during the COVID-19 pandemic. Known risk factors for child maltreatment have been exacerbated by the COVID-19 pandemic, including social isolation, financial insecurity, and housing instability. The authors question whether adequate resources and support are available for families who face hardship outside of their control, and whether punishing low-income families may re-enforce existing inequities. This may necessitate revisiting the definition of maltreatment categories to distinguish poverty-related neglect from abuse or endangerment, particularly in the context of the COVID-19 pandemic. The authors recommend child protection agencies partner with community-based initiatives to balance child abuse intervention	The authors discuss the community-level prevention of childhood maltreatment in the context of the COVID-19 pandemic, covering known risk factors and structural inequities reflected in and reinforced by the child welfare system. They also highlight 3 evidence-based prevention programs and how these efforts may be impacted by the COVID-19 pandemic.	Molnar BE, Scoglio AAJ, Beardslee WR. Community-Level Prevention of Childhood Maltreatment: Next Steps in a World with COVID-19 [published online, 2021 Jan 6]. Int J Child Maltreat. 2021;1-15. doi:10.1007/s42448-020-00064-4

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					and prevention efforts. They summarize current evidence on the following community-level prevention programs: Triple P-Positive Parenting Program for parents of children 0-16 years old with behavioral, developmental, and emotional difficulties; Strong Communities for Children, an initiative to prevent maltreatment of children <5 years; and the Period of Purple Crying (POPC) Initiative for the reduction of abusive infant head trauma. The authors conclude that POPC may be best suited for adaptation in the context of the COVID-19 pandemic because it is low-cost and cost-effective even in wide, universal dissemination. The authors urge governments worldwide to classify child welfare workers as essential; address food insecurity; provide masks, running water, learning resources, and other supplies to impoverished families; and expand resources for virtual communication, psychoeducation, and support for families. Key to this mobilization will be a better understanding of existing structural inequities and biases in the child welfare system.		
Henoch-Schonlein purpura, COVID-19, vasculitis, maculopapular rash, children	6-Jan-21	A child with Henoch-Schonlein purpura secondary to a COVID-19 infection	British Medical Journal (BMJ) Case Reports	Case report	This is a case of a 4-year-old boy with Henoch-Schonlein purpura (HSP) secondary to SARS-CoV-2 infection in Bahrain. He presented with an acute onset of pruritic, diffuse, non-blanching, maculopapular rash on lower limbs and buttocks; and mild non-pitting edema and pain on ankles. The patient reported no other symptoms. His vital signs and general examination were within normal limits. He had a history of COVID-19 37 days before and had recovered. Laboratory investigations were within normal limits. The authors mentioned several differential diagnoses that were considered and ruled out based on the negative laboratory results: group A beta-hemolytic streptococcal infection, thrombotic thrombocytopenic purpura (TTP), systemic lupus erythematosus (SLE), juvenile idiopathic arthritis (JIA), Kawasaki disease, MIS-C, and non-accidental injury. The patient was diagnosed as HSP using EULAR/PRINTO/PRES criteria. He was treated with paracetamol for his pain and was discharged the next day. His follow-up urinalysis was within normal limits and was arranged for 2 months follow-up. Having had no other infections, the authors suggest that COVID-19 may have triggered HSP in this case. COVID-19 and vasculitis co-occurrence were reported previously in the elderly and children, suggesting a possible association between them.	This is a case of a 4-year-old boy with Henoch-Schonlein purpura (HSP) secondary to a SARS-CoV-2 infection in Bahrain. The authors suggest there is a possible association between SARS-CoV-2 infection and vasculitis diseases, including HSP.	AlGhoozi DA, AlKhayyat HM. A child with Henoch-Schonlein purpura secondary to a COVID-19 infection. BMJ Case Rep. 2021;14(1):e239910. Published 2021 Jan 6. doi:10.1136/bcr-2020-239910
SARS-CoV-2; COVID-19; viral interference; cross immunoreactivity; influenza vaccine; pneumococcal vaccine; herd immunity	6-Jan-21	The Flu Vaccination may have a protective effect on the course of COVID-19 in the pediatric population: When does severe acute respiratory syndrome coronavirus 2	Cureus	Article	The authors conducted a retrospective electronic chart review of patients ≤20 years with positive SARS-CoV-2 PCR attending a US hospital February 1- August 30, 2020, evaluating their influenza and pneumococcal vaccination status (receipt of vaccination during Sept 2019- April 2020 flu season). 905 patients were included in the analysis; of these patients, 62.51% had asymptomatic SARS-CoV-2 infection, 33.20% had mild COVID-19, 3.37% moderate, 0.61% severe, and 0.31% critical. Patients who were vaccinated for influenza had lower odds of having symptomatic COVID-19 than those not vaccinated (p=0.028, adjusted (a)OR=0.717, 95% CI [0.529, 0.964]). Those who received the pneumococcal vaccine also had lower odds of having	The authors conducted a retrospective electronic chart review of patients ≤20 years old with positive SARS-CoV-2 PCR attending a US hospital from February 1- August 30, 2020, evaluating their influenza and pneumococcal vaccination status. Those who received the flu and pneumococcal vaccine showed	Patwardhan A, Ohler A. The Flu Vaccination May Have a Protective Effect on the Course of COVID-19 in the Pediatric Population: When Does Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Meet Influenza?. <i>Cureus</i> . 2021;13(1):e12533.

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		(SARS-CoV-2) meet influenza?			symptomatic disease than those unvaccinated ($p=0.010$, $aOR=0.482$, 95% CI [0.277, 0.837]). Those vaccinated for influenza had lower odds of having respiratory symptoms ($p=0.018$, $aOR=0.678$, 95% CI [0.492, 0.934]). However, having the pneumonia vaccine failed to show any difference for respiratory symptoms between vaccinated and unvaccinated patients. Those vaccinated for either the flu ($p=0.008$, $aOR=0.672$, 95% CI [0.500, 0.903]) or pneumonia ($p=0.002$, $aOR=0.412$, 95% CI [0.234, 0.725]) had lower odds severe COVID-19. Furthermore, the results show that those patients with comorbidities and obesity had a higher risk of developing symptomatic or severe COVID-19. Despite a higher positivity rate, African-American patients had lower incidents of symptomatic and severe COVID-19 than white/Hispanic/Asian patients. The authors state that understanding other viruses' relationship and co-existence alongside SARS-CoV-2 may help find the right strategies to care for patients.	lower odds of COVID-19 respiratory symptoms.	Published 2021 Jan 6. doi:10.7759/cureus.12533
Type 1 diabetes; COVID-19; glycemic control; pediatrics	6-Jan-21	Impact of COVID-19 lockdown on glycemic control in children and adolescents	Saudi Medical Journal	Original Article	Managing diabetes can be difficult during the COVID-19 pandemic, especially for children with Type 1 diabetes (T1D). This descriptive, cross-sectional study conducted between April-June 2020 assessed the impact of COVID-19 lockdowns on blood glucose control, diet, physical activity, and mood deterioration among children and adolescents (2-18 years) with T1D in Saudi Arabia. Participants were contacted and interviewed via an online virtual pediatric endocrine outpatient clinic; data were compared between a 3-month pre-lockdown period and a 3-month period into lockdown. 150 patients were interviewed; 48 (28%) were male, 102 (72%) were female, and the mean age was 12.45 years. The lockdown period was associated with a significant increase in patients' weight (42.09kg vs 40.73kg; $p<0.001$), body mass index (21.12 kg/m ² vs 20.36 kg/m ² ; $p<0.001$), and blood glucose readings (200.45mg/dL vs 182.09mg/dL; $p=0.007$). 52.2% followed a healthy diet before the lockdown in comparison to 34.9% during the lockdown. 66.1% reported decreased physical activity during the lockdown. 27.1% reported difficulty obtaining their insulin during the lockdown, and 59.6% suffered from mood deterioration. The authors conclude that the COVID-19 lockdown affected blood glucose values and BMI in this population due to a lack of physical activity, increased consumption of carbohydrates, and fast food. They attribute mood deterioration to the massive disruption of COVID-19 on children's daily routines and activity levels.	Results of this study among children and adolescents with Type 1 diabetes in Saudi Arabia indicate that the COVID-19 lockdowns had a significant effect on their diet, physical activity, mood, and blood glucose control.	Al Agha AE, Alharbi RS, Almohammadi OA, et al. Impact of COVID-19 lockdown on glycemic control in children and adolescents. Saudi Med J. 2021;42(1):44-48. doi:10.15537/smj.2021.1.25620
MIS-C, COVID-19, infant, ARDS	6-Jan-21	COVID-19 in a Young Infant - A Fatal Multisystem Inflammatory Disorder	The Indian Journal of Pediatrics	Letter to the Editor	The authors present a previously healthy 2-month-old infant with shock and respiratory distress in India [dates of admission not noted]. He was admitted with fever, inspiratory stridor, and multiple episodes of focal clonic seizures. His RT-PCR was positive for SARS-CoV-2. Blood tests showed low hemoglobin (8.3 g/dL), leukocytosis (21,260/mm ³), low calcium (5.71 mg/dL), low Vitamin D (< 4 ng/mL), and elevated inflammatory markers. Chest X-ray showed bilateral infiltrates, and cranium ultrasound showed meningeal thickening, despite a normal cerebrospinal fluid analysis. He was diagnosed with MIS-C and given	The authors present a previously healthy 2-month-old infant who died of COVID-19 pneumonia with pediatric acute respiratory distress syndrome and MIS-C. Timely diagnosis and management of MIS-C in infants are critical.	Didel S, Khara D, Kumar P, et al. COVID-19 in a Young Infant - A Fatal Multisystem Inflammatory Disorder [published online, 2021 Jan 6]. Indian J Pediatr. 2021;1. doi:10.1007/s12098-020-03647-8

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					dexamethasone, but later died. The patient's final diagnoses at the time of his death were COVID-19 pneumonia with pediatric acute respiratory distress syndrome with hypotensive shock, meningoencephalitis, MIS-C, hypocalcemia, and Vitamin D deficiency. This is a rare finding, as COVID-19 only affects 1% of children, and only 20% of them are young infants. Nonetheless, this case study demonstrates the importance of timely diagnosis and management of MIS-C in infants.		
Pregnancy, intimate partner violence, quarantine	6-Jan-21	Intimate Partner Violence Against Pregnant Jordanian Women at the Time of COVID-19 Pandemic's Quarantine [Free Access to Abstract Only]	Journal of Interpersonal Violence	Original Research	This cross-sectional survey of 215 pregnant women in Jordan (mean age 28.6 years) aimed to assess the difference in Intimate Partner Violence (IPV) during and before the COVID-19 pandemic quarantine. Participants were selected using the snowball technique; therefore, they made up a non-representative sample. Participants completed the WHO Domestic Violence Questionnaire Screening Tool (DVQST), Braiker & Kelley Marital Conflict Scale, and additional demographical questions through an online survey in April 2020. There were significantly lower mean DVQST scores during the quarantine for psychological, physical, and sexual violence, indicating less violence compared to before the quarantine (all p-values <0.01). There was a significant, positive, moderate correlation between physical violence and marital conflict ($r = 0.4$) and between physical violence and verbal fighting ($r = 0.41$). On the other hand, there was a significant, negative, moderate correlation between physical violence and partners understanding each other ($r = -0.34$), and a significant, negative, weak correlation between physical violence and gestational age ($r = -0.16$). The authors conclude that while their study showed a reduction in IPV during the COVID-19 pandemic quarantine, they hypothesize it may result from the highly educated, high socio-economic non-representative sample or the potential for pregnancy to be protective against IPV.	This study assessed intimate partner violence rates among pregnant women in Jordan during quarantine from the COVID-19 pandemic. Rates of psychological, physical, and sexual violence were lower during the pandemic than before the pandemic. However, this non-representative sample of women was highly educated with high socio-economic status, which may have influenced the outcomes.	Abujilban S, Mrayan L, Hamaideh S, Obeisat S, Damra J. Intimate Partner Violence Against Pregnant Jordanian Women at the Time of COVID-19 Pandemic's Quarantine. J Interpers Violence. 2021 Jan 6:886260520984259. doi: 10.1177/0886260520984259.
COVID-19, morbidity, children, teachers	6-Jan-21	Open Schools, Covid-19, and Child and Teacher Morbidity in Sweden	New England Journal of Medicine	Letter to the Editor	This letter to the editor outlines COVID-19 data from children (ages 1 to 16) and their teachers in Sweden. Sweden was one of the few countries that decided to keep preschools and schools open, and while social distancing was encouraged, wearing face masks was not. Data were collected from all children admitted to the ICU between March 1 and June 30, 2020, with laboratory-verified or clinically verified COVID-19, including patients admitted for MISC. During this time, 15 children were admitted to the ICU (4 between the ages of 1-6 years, and 11 between 7-16 years). No child with COVID-19 died. Additionally, data gathered from the Public Health Agency of Sweden showed that less than 10 preschool teachers and 20 school teachers needed intensive care for COVID-19-related reasons. The authors recognize that the lack of data on the household transmission of COVID-19 from school children was a study limitation.	This letter to the editor provides evidence that despite Sweden having kept its schools and preschools open during the height of the 2020 COVID-19 pandemic, there was a relatively low incidence of severe COVID-19 among school children and children of preschool age.	Ludvigsson JF, Engerström L, Nordenhäll C, et al. Open Schools, Covid-19, and Child and Teacher Morbidity in Sweden. N Engl J Med. 2021 Jan 6. doi: 10.1056/NEJMc2026670.
COVID-19, lung ultrasounds, children	6-Jan-21	Lung ultrasound in the diagnosis and monitoring of 30 children with	Pediatric Pulmonology	Original Research	This article aimed to determine if lung ultrasound (LUS) findings in patients with COVID-19 would be associated with disease severity and if the findings would change over time, paralleling the clinical outcomes. A total of 30 children (average age of 8 years), all swab-	Results of this article show that there were statistically significant differences between lung ultrasounds	Maria MA, Chiara SM, Buonsenso D, et al. Lung ultrasound in the diagnosis and monitoring of 30

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		Coronavirus Disease 2019			confirmed for SARS-CoV-2 in the emergency department in a tertiary pediatric hospital, were subjected to LUS within 6 hours from admission and again after 96 hours. The mean oxygen saturation was $98.8 \pm 1.0\%$ in ambient air in the emergency department, and no patient needed oxygen therapy during hospitalization. Results indicated that children with more moderate disease presented with more B lines on LUS than children with mild disease (85.7% vs. 36.4% respectively; $p=0.03$). However, after 96 hours, only 20% of the children presented with LUS abnormalities. There were statistically significant reductions in pleural irregularities ($p=0.001$) and B lines ($p=0.008$) between images taken at 6 hours and 96 hours. The authors observed a good LUS accuracy in detecting lung abnormalities (sensitivity of 90.9% and specificity of 66.6%) compared with other imaging techniques (CXR/CT/MRI). Furthermore, the improvement in LUS was concordant with the improvement of clinical conditions and laboratory tests. The authors concluded that LUS is a useful, feasible, and safe tool for clinical evaluation and monitoring of children diagnosed with COVID-19.	(LUS) taken at 6 hours and 96 hours after admission, including reductions in pleural irregularities and B lines. The improvement in LUS was concordant with the improvement of clinical conditions and laboratory tests. The authors of this article conclude that LUS (sensitivity of 90.9%) is a safe and feasible method for evaluating and monitoring children with COVID-19 and can play a prognostic role in a larger number of patients.	children with Coronavirus Disease 2019. <i>Pediatr Pulmonol.</i> 2021 Jan 6. doi: 10.1002/ppul.25255.
MIS-C, COVID-19, chest radiograph	6-Jan-21	Chest radiograph features of multisystem inflammatory syndrome in children (MIS-C) compared to pediatric COVID-19	Pediatric Radiology	Original Research	The objective of this article was to compare chest radiographic findings of patients with MIS-C and COVID-19, with the aim of describing distinguishing imaging factors of MIS-C. A retrospective case series review was performed including children 0-18 years old that were hospitalized at Children's Healthcare of Atlanta in the USA in March - May 2020, and who either met the US CDC case definition for MIS-C ($n=11$) or who had symptomatic, laboratory-confirmed COVID-19 ($n=16$). The type and distribution of the pulmonary opacities were recorded, and the radiographs were categorized based on potential COVID-19 imaging findings. Radiographic features of MIS-C included pleural effusions (82%, 9/11), pulmonary consolidations (73%, 8/11) and ground glass opacities (91%, 10/11). All of the lung opacities (100%, 10/10) were bilateral, and the majority of the pleural effusions (67%, 6/9) were bilateral. Compared to children with COVID-19, children with MIS-C were significantly more likely to develop pleural effusions on chest radiograph (82% vs. 0%, $p<0.01$) and had a lower zone predominance of pulmonary opacifications (100% vs. 38%, $p<0.01$). Thus, the authors determined that the key chest radiographic features of MIS-C that distinguish it from COVID-19 are pleural effusion and lower pulmonary opacifications. Refining radiographic findings for MIS-C may help to expedite diagnosis and treatment.	When comparing chest radiographs from pediatric patients with MIS-C and COVID-19, the authors noted the key differences between the two diagnoses were pleural effusions and a lower zone of pulmonary opacification with MIS-C. The authors state that refining radiographic findings for MIS-C may help to expedite diagnosis and treatment.	Rostad BS, Shah JH, Rostad CA, et al. Chest radiograph features of multisystem inflammatory syndrome in children (MIS-C) compared to pediatric COVID-19. <i>Pediatr Radiol.</i> 2021 Jan 6:1–8. doi: 10.1007/s00247-020-04921-9.
COVID-19; immunisation programmes; pandemic's indirect health effects	6-Jan-21	COVID-19's lost generation of unvaccinated children	The Lancet Global Health	Correspondence	The authors respond to a study by Abbas et al. (Oct 2020), which had modelled a 6-month COVID-19 risk period for disruptions in routine health services, and the authors state it is now 6 months since the paper was first posted as a working paper. We now know that immunization programs have been severely disrupted in many parts of the world. Countries with electronic health registries have been able to track and reach some of the missed vaccination doses; however, even in these countries, there seems to be an expanding pool of missed	The authors respond to a study by Abbas et al. (Oct 2020), which had modelled a 6-month COVID-19 risk period for disruptions in routine health services. We now know that immunization programs have been severely disrupted.	Walker D, Chandir S. COVID-19's lost generation of unvaccinated children. <i>The Lancet Global Health.</i> 2021. https://doi.org/10.1016/S2214-109X(20)30535-0

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					children. In many countries in Africa, electronic immunization registries do not exist, so the number of children unvaccinated due to the pandemic is unknown. The authors suggest that more modeling must be done that weighs the health benefits of immunization with SARS-CoV-2 mortality risks to allow policymakers and program managers the whole picture. Without better estimates of the numbers of missed doses of vaccines, the authors state that this will lead to suboptimal planning and implementation of catch-up programs.	Better estimates of the numbers of missed doses of vaccines in children are needed to plan and implement catch-up programs.	
COVID-19; breastfeeding; childhood infections; infant and child nutrition; infant care; infant feeding decisions; rooming-in; skin-to-skin contact	6-Jan-21	Shared decision-making for infant feeding and care during the coronavirus disease 2019 pandemic	Maternal and Child Nutrition	Original Article	Despite decades of research establishing the importance of breastfeeding, skin-to-skin contact, and mother-infant closeness, the authors of this article argue that the COVID-19 pandemic has revealed a common assumption that these practices can be dispensed without consequences to the mother or infant's health. The article begins by highlighting the unintended consequences of these assumptions in the context of the COVID-19 pandemic. For example, in the absence of clear guidance and evidence-based information, parents may make infant feeding decisions based on SARS-CoV-2 risk alone, without knowing the risks of severe lower respiratory tract infections in infants who are not exclusively breastfed. Furthermore, policies in healthcare settings that separate mothers and infants may fail to consider that families may not have the resources to continue separation at home, meaning any potential benefit may not outweigh the harm of early separation. Early recommendations that urged an abundance of caution while breastfeeding may have negatively impacted breastfeeding practices even in mothers who are not SARS-CoV-2 infected. The authors propose a structure to guide a shared decision-making process surrounding infant feeding practices: (1) offer parents evidence-based information and options to feed and care for an infant in the context of the COVID-19 pandemic, including potential benefits, risks, and uncertainties; (2) help parents recognize the sensitive nature of infant feeding decisions and help them clarify the values they place on different infant feeding options; and (3) provide guidance and support for making decisions and implementing their infant feeding plans.	The authors argue that parents should be supported using a shared decision-making process regarding infant-feeding options in the context of the COVID-19 pandemic. This includes discussing evidence-based information, offering different options to feed and care for an infant, recognizing the sensitive nature of these decisions, and providing needed support.	Haiek LN, LeDrew M, Charette C, Bartick M. Shared decision-making for infant feeding and care during the coronavirus disease 2019 pandemic [published online, 2021 Jan 6]. <i>Matern Child Nutr.</i> 2021;e13129. doi:10.1111/mcn.13129
COVID-19; breastfeeding; donor human milk; infant feeding; milk bank; nutrition; pandemic; prematurity	6-Jan-21	Maintaining human milk bank services throughout the COVID-19 pandemic: A global response	Maternal and Child Nutrition	Original Article	Donor human milk (DHM) is typically used to feed infants with low birth weight when maternal milk is unavailable, reducing the risk of complications and supporting maternal breastfeeding when used alongside lactation support. The COVID-19 pandemic has posed challenges to Human milk banks (HMBs), which help screen and recruit milk donors. This study evaluated the pandemic's impacts on HMB services and offered operational guidance for HMBs during the pandemic. A network of over 80 HMB leaders from 36 countries was formed in March 2020 and included academics and nongovernmental organizations. Individual milk banks, national networks, and regional associations submitted data regarding the number of HMBs, the volume of DHM produced, and the number of recipients in each global region. The experiences of milk banks from each country were	Through the establishment of a network of over 80 Human Milk Bank (HMB) leaders from 36 countries, this study evaluated the impacts of the COVID-19 pandemic on HMB services worldwide and offers operational guidance for HMBs during the pandemic.	Shenker N, Staff M, Vickers A, et al. Maintaining human milk bank services throughout the COVID-19 pandemic: A global response [published online, 2021 Jan 6]. <i>Matern Child Nutr.</i> 2021;e13131. doi:10.1111/mcn.13131

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					collected from March 23 - May 1, 2020, and major themes were identified. According to data from 446 HMBs, more than 800,000 infants receive DHM worldwide each year. 7 pandemic-related vulnerabilities to service provision were identified and discussed: insufficient donors, prescreening disruption, DHM availability, logistics, communication, safe handling, and contingency planning. The authors recommend the following operational adaptations for HMBs during the COVID-19 pandemic: screening donors before face-to-face contact, educate donors on SARS-CoV-2 transmission routes and COVID-19 symptoms and encourage donors who are symptomatic or who have had contact with a suspected or confirmed COVID-19 case in the previous 14 days to delay donation, expression, or storing of milk. HMBs should also communicate with local HMB networks and neonatal units to determine demand and changes to infant-feeding policies and inform units about DHM supply interruptions.		
Analgesia; analgesic safety; COVID-19; pain management; pediatric	5-Jan-21	Pain management in COVID-19 pediatric patients-An evidence-based review	Saudi Journal of Anaesthesia	Article	The authors conducted a review of analgesia given for pediatric [no ages given] COVID-19 cases in published literature from December 2019-May 2020 and SARS cases from 2000-2020. The authors found 40 articles; 18 have directed evidence related to coronavirus and 22 with indirect evidence. One report containing direct evidence claimed that ibuprofen use in COVID-19 affected patients (no age given) might worsen their clinical condition—however, the WHO has stated no clear evidence of severe adverse effects with NSAIDs use in COVID-19 patients. Indirect evidence includes a study that ibuprofen and acetaminophen are potential risk factors for aggravation of respiratory infections in children; however, few other studies support this. A randomized control trial concluded that indomethacin acts as a coronavirus replication inhibitor and might be beneficial as an NSAID in SARS infections. The authors state that concern for medication interactions between COVID-19 medications such as remdesivir, chloroquine, and hydroxychloroquine and analgesics should be further investigated. The authors conclude that studying effective pain management strategies for pediatric patients with COVID-19 should be a priority.	The authors conducted a review of analgesia given for pediatric [no ages given] COVID-19 cases in published literature from December 2019-May 2020. The WHO has stated no clear evidence of severe adverse effects with NSAIDs use in COVID-19 patients.	Mishra P, Tomar A, Kumar A, Nath A, Sharma SK, Singh GK. Pain management in COVID-19 pediatric patients-An evidence-based review. <i>Saudi J Anaesth.</i> 2021;15(1):33-39. doi:10.4103/sja.SJA_635_20
Anesthesia, cesarean section, COVID-19	5-Jan-21	Emergency cesarean section in a COVID-19 patient: A case report	Saudi Journal of Anaesthesia	Case Study	This case study was written on a 37-year-old pregnant woman at 39 weeks and 3 days gestation, admitted to an emergency department in Riyadh, Saudi Arabia while in labor [no date given]. A lumbar epidural was initiated, and a C-section was completed due to failed trial of labor after cesarean. The infant was delivered successfully. The patient's SARS-CoV-2 PCR test was positive, but the patient was asymptomatic, and remained asymptomatic at 5 days post-delivery. At this time, the patient was discharged to a home quarantine, and was deemed stable via telehealth appointment after 1 week in quarantine. The authors note that they strongly recommend early epidural insertion to avoid general anesthesia during C-section delivery, provided the patient has an acceptable platelet count. They conclude that utilizing COVID-19 screening, testing, isolation, and PPE all contributed to successful	This case study was written on a 37-year-old pregnant woman at 39 weeks and 3 days gestation, admitted to an emergency department in Riyadh, Saudi Arabia while in labor [no date given]. The patient ultimately had a C-section under epidural anesthesia, with good outcomes. The authors conclude that utilizing COVID-19 screening, testing, isolation,	Al Harbi M, Elkouny A, Babbain B, et al. Emergency cesarean section in a COVID-19 patient: A case report. <i>Saudi J Anaesth.</i> 2021;15(1):40-42. doi:10.4103/sja.SJA_500_20

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					maternal and fetal outcomes in this case, without compromising safety of the hospital staff.	and PPE all contributed to successful maternal and fetal outcomes in this case, without compromising safety of the hospital staff.	
SARS-CoV-2, COVID-19, Child, Children, MIS-C, IL-1RA, Anakinra	5-Jan-21	Case Report: Case Series of Children With Multisystem Inflammatory Syndrome Following SARS-CoV-2 Infection in Switzerland	Frontiers in Pediatrics	Case Series	This case series aimed to describe the clinical characteristics, laboratory data, and treatment management of 6 children diagnosed with MIS-C at 4 different hospitals in Switzerland. Patients with positive serology for SARS-CoV-2 and symptoms, signs, and laboratory markers indicating a systemic inflammatory condition were included in this study. The results showed serum cytokine profiles with an 8- to 22-fold increase in IL-1RA levels in 5 of the 6 patients (one patient had not been tested), whereas IL-6 serum levels were increased in only 3 of the 6 patients. A range of heterogeneous treatments was used in these patients. Only 1 patient received IV immunoglobulin (IVIG) alone, and the remaining 5 received anakinra either alone or in combination with other drugs. Out of these 5 patients, 1 only received anakinra, and the 4 others also received additional immunomodulators. Notably, 1 patient received only IVIG as supplement treatment, and the remaining 3 patients received steroids in addition to IVIG. 2 of these 3 remaining patients also received one course of tocilizumab. All patients had a favorable response to these different treatments. In conclusion, this case series reports on clinical and laboratory findings in several cases of MIS-C, and suggests the use of anakinra as an alternative to steroids in these children, most of whom presented with high IL-1RA levels in this report.	This case series aimed to describe the clinical characteristics, laboratory data, and treatment management of 6 children diagnosed with MIS-C at 4 different hospitals in Switzerland. The results showed serum cytokine profiles with an 8- to 22-fold increase in IL-1RA levels in 5 of the 6 patients (one patient had not been tested), whereas IL-6 serum levels were increased in only 3 of the 6 patients. A range of heterogeneous treatments was used in these patients - anakinra alone, anakinra +/- IV immunoglobulin (IVIG) +/- tocilizumab +/- steroids or IVIG alone, and all patients had a favorable response to treatment.	Fouriki A, Fougère Y, De Camaret C, et al. Case Report: Case Series of Children With Multisystem Inflammatory Syndrome Following SARS-CoV-2 Infection in Switzerland. Front Pediatr. 2021;8:594127. Published 2021 Jan 5. doi:10.3389/fped.2020.594127
COVID-19; Peripartum; Postpartum; Telehealth	5-Jan-21	Increased availability of telehealth mental health and substance abuse treatment for peripartum and postpartum women: A unique opportunity to increase telehealth treatment [Free Access to Abstract Only]	Journal of Substance Abuse Treatment	Commentary	The authors discuss the role of telehealth in the delivery of maternal mental health and substance use disorder screening and treatment services in the United States, applying lessons learned during the COVID-19 pandemic. The discussion includes a review of the topic of maternal mental health and substance use disorder, treatment and access barriers for pregnant women with opioid use disorder, and previous policy restrictions on substance use treatment. The current state of telehealth service delivery for substance use treatment is then described, including policy measures to facilitate uptake of these services, such as waivers of regulatory requirements, Medicaid coverage for telehealth, an allowance to prescribe controlled substances using telehealth, and easing restrictions on take-home medications for opioid use disorder. The authors note that these changes coincided with an uptick in the use of mental health and substance use disorder services among pregnant and postpartum women and may indicate an opportunity to reduce barriers to these services long-term.	This article includes a discussion on the use of telehealth to deliver maternal substance use disorder services in the United States during the COVID-19 pandemic. The authors note that the easing of previous policy restrictions for the delivery of these services has facilitated the uptick in telehealth and increased use of these services, possibly presenting an opportunity to reduce barriers to these services long-term.	Moreland A, Guille C, McCauley JL. Increased availability of telehealth mental health and substance abuse treatment for peripartum and postpartum women: A unique opportunity to increase telehealth treatment. J Subst Abuse Treat. 2021;123:108268. doi:10.1016/j.jsat.2020.108268
COVID-19; social media use; miscarriage;	5-Jan-21	Social Media Use, Unhealthy Lifestyles, and the Risk of	JMIR Public Health and Surveillance	Original Research	This prospective cohort study explored how consuming COVID-19 news through social media and unhealthy lifestyle habits impacted risk of miscarriage in pregnant women in Beijing, China during the early stages of the COVID-19 pandemic. In August 2020, information on daily	This prospective cohort study found that pregnant women in Beijing, China were most at risk of miscarriage when	Zhang X, Liu J, Han N et al. Social Media Use, Unhealthy Lifestyles, and the Risk of Miscarriage

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cohort study; pregnancy; pregnant women; social media; China; risk; prospective; online health information		Miscarriage Among Pregnant Women During the COVID-19 Pandemic: Prospective Observational Study			exposure to COVID-19-specific news through social media, sleep quality, socio-economic status, and body mass index was collected from 456 pregnant women <14 weeks gestation January-February 2020. 16.0% of participants miscarried during the study. There was a U-shaped relationship between COVID-19 media consumption and risk of miscarriage, with the lowest risk present for those reading for 0.5-2 hours/day. Reading between 2-3 hours (RR: 1.74; 95% CI: 1.02-2.97; p=0.04) and 3+ hours/day (RR: 2.56; 95% CI: 1.43-4.59; p=0.002) were associated with risk of miscarriage. Poor sleep quality was also associated with risk of miscarriage (RR: 2.06; 95% CI: 1.24-3.44; p=0.006). Women who fell into the 3+ hours/day category were more likely to have been pregnant previously (p=0.03), have no physical activity (p=0.003), have inadequate dietary diversity (p=0.03), and have poor sleep quality (p<0.001). This excessive social media consumption may be associated with unhealthy lifestyle habits and could be used as an early identification marker for populations at a high risk of miscarriage. <0.5 hours of consumption per day could indicate women are receiving inadequate essential information.	consuming COVID-19-specific news through social media for <0.5 hours/day or 3+ hours/day, or when having poor sleep quality. The results imply that moderate consumption of social media may be best for pregnant women.	Among Pregnant Women During the COVID-19 Pandemic: Prospective Observational Study. JMIR Public Health Surveill 2021;7(1):e25241 doi: 10.2196/25241
early childhood education, curriculum, Covid-19, pandemic, SDGs, quality education	5-Jan-21	Quality early childhood education for all and the COVID-19 crisis: A viewpoint	Prospects (Paris)	Article	The author discusses the impact of the COVID-19 pandemic on educational prospects of young children in early childhood education and care (ECEC) settings. Studies show that health pandemics and environmental, political, and socio-economic crises jeopardize children's development and education. It is likely that for the immediate future, young children will continue to experience emotional and psychological stress. A curriculum that does not take into consideration a pandemic of the current nature and scale creates unnecessary pressure and anxiety for children, teachers, and caregivers. This article outlines actions to ensure quality education for all, as suggested by the United Nations Sustainable Development Goals. COVID-19 could be the driver of change toward more creative, innovative, and flexible ECEC curricula. Changes could include deliberate efforts from governments, educators, and policymakers to create learning environments and opportunities that trigger young children's engagement and curiosity in meaningful ways. Educators also need to be mindful of children's social and emotional needs. In addition to ECEC teacher training programs, more research is needed to determine how the pathway of teacher preparation can contribute to professional learning, meet the needs of children in times of global crises, and strengthen educational systems.	The author discusses the impact of the COVID-19 pandemic on educational prospects of young children in early childhood education and care (ECEC) settings. Young children are likely to experience emotional and psychological stress due to the disruption of school. More creative, innovative, and flexible ECEC curricula are needed to meet the needs of children during this crisis.	Spiteri J. Quality early childhood education for all and the Covid-19 crisis: A viewpoint. Prospects (Paris). 2021:1-6. doi:10.1007/s11125-020-09528-4.
breastfeeding, vaccination, COVID-19, policy	5-Jan-21	Why were breastfeeding women in the UK denied the COVID-19 vaccine?	British Medical Journal (BMJ)	Article	After pressure from campaigners, clinicians, and affected women, the UK's Medicines and Healthcare Products Regulatory Agency (MHRA) revised its guidance to enable pregnant and breastfeeding women to receive the COVID-19 vaccine on 30 December 2020. Their initial recommendation to deny the COVID-19 vaccine to breastfeeding women was in contradiction with the EU, US, and Canada, which have allowed women to make decisions based on current evidence on risks and benefits. Despite the policy reversal, the authors pose questions	The authors of this article argue that the absence of safety and efficacy data are not a valid justification for excluding breastfeeding women from COVID-19 vaccination. They discuss a recent reversal of guidance	Hare H, Womersley K. Why were breastfeeding women in the UK denied the covid-19 vaccine?. BMJ. 2021;372:n4. Published 2021 Jan 5. doi:10.1136/bmj.n4

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					regarding the exclusion of breastfeeding women in the first place. They argue that because there is no plausible biological mechanism for an inactivated, recombinant vaccine to cause harm to a breastfed infant, lack of safety data is not a valid justification for broad exclusions that can put breastfeeding women at unnecessary risk. Furthermore, any theoretical risk must be weighed against the established benefits of acquiring immunity to COVID-19 and of continued breastfeeding. The authors caution that the MHRA's guidance reinforces the idea that breastfeeding is a lifestyle choice, rather than a public health priority. Holding public advisory committee meetings prior to issuing guidance may have allowed for appropriate scrutiny. The authors point to examples of breastfeeding healthcare workers willing to participate in trials of the vaccine's safety, and argue that continued exclusion of breastfeeding women from clinical trials not only reflects but reinforces discrimination against women and undervaluation of breastfeeding to infant health.	from the UK that initially denied breastfeeding women access to the COVID-19 vaccine, questioning the rationale of this exclusion, and pointing to a broader trend of undervaluing the health benefits of breastfeeding and the rights of breastfeeding women.	
Children, immunization, vaccination, prevention	5-Jan-21	"Would you like a Flu Shot with your order?" – A COVID-19 Pandemic Drive-Through Response to Address Delayed Pediatric Immunization in Detroit, Michigan	Infection Control and Hospital Epidemiology	Letter to the Editor	In this letter, the authors describe an effort in Michigan, USA to respond to the reduction in childhood immunizations since the onset of the COVID-19 pandemic and associated "shelter in place" orders. A "Drive-Through" immunization fair was held Saturday, October 10, 2020. Parents and their children (aged 6 weeks – 18 years) stayed in their vehicles and all participants >2 years old wore required facemasks. Local families were informed of the event through advertising with bulk mailings of post-cards, by social media and email alerts to community partners, and by wide-spread marketing publicity. Routine vaccines from the 2020 pediatric schedule were offered to participants due for immunization or requesting an influenza vaccine. The Michigan Care Improvement Registry (MCIR) vaccine record database was accessed for each participant with on-site, mobile computers and printers, and was updated in real-time. All volunteer medical and clinical staff with direct patient contact donned PPE, which included masks/respirators, face shields or goggles, gowns, and gloves. As a result of this event, 40 children were successfully immunized.	The authors describe a "Drive-Through" immunization fair in Michigan, USA held to address the reduction in childhood immunizations as a result of the COVID-19 pandemic. As a result of this fair, 40 children were successfully immunized.	McGrath E, Dalal D, Smitherman L, Marshall S, Youngman C, Barone CJ, Gray H, Rehman N, Secord E. "Would you like a Flu Shot with your order?" - A COVID-19 Pandemic Drive-Through Response to Address Delayed Pediatric Immunization in Detroit, Michigan. Infect Control Hosp Epidemiol. 2021 Jan 5:1-5. doi: 10.1017/ice.2020.1410.
racial disparities, inequity, doula	5-Jan-21	Community-Based Doulas and COVID-19: Addressing Structural and Institutional Barriers to Maternal Health Equity	Perspectives on Sexual and Reproductive Health	Viewpoint	Compared with residents of predominantly White US counties, residents of predominantly Black counties have 3x the risk of SARS-COV-2 infection and 6x the risk of death from COVID-19. Several US studies have demonstrated racial disparities in COVID-19-related pregnancy and birth outcomes. Risk factors for adverse COVID-19-related outcomes include being an essential worker or using public transportation to get to work, higher household density, less access to health care, and disruption of support services for pregnant and postpartum people in communities of color. Integrating community-based doulas into health care teams can result in greater feelings of autonomy and personal security, and reduced prevalence of preterm birth and low-birth-weight infants. One study showed that compared with their counterparts in the Pregnancy Risk Assessment Monitoring System, Black mothers enrolled in community-based doula programs	The authors describe emerging data on US racial disparities in birth outcomes during the COVID-19 pandemic, as well as potential mechanisms for those disparities, and highlight how use of community-based doulas can mitigate these racial disparities. Specific strategies and policies for expanding access to doula care are also provided.	Ogunwole SM, Bennett WL, Williams AN, Bower KM. Community-Based Doulas and COVID-19: Addressing Structural and Institutional Barriers to Maternal Health Equity [published online, 2021 Jan 5]. Perspect Sex Reprod Health. 2021;10.1363/psrh.12169. doi:10.1363/psrh.12169

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					were more likely to be exclusively breastfeeding at 6 weeks (71% vs. 56%), 3 months (52% vs. 38%) and 6 months (39% vs. 7%) [no p-values given]. However, hospital visitor restrictions and curtailed in-home visits have disrupted access to doula care. The authors highlight the following steps to improve access to doula services both during and after the pandemic: recognize doulas as essential health care workers; screen doulas for COVID-19 symptoms using the same processes as other healthcare workers; revise hospital policy to allow doulas; increase access to maternity care via telehealth; educate obstetric providers on the role of doulas; support legislation to allow insurance/Medicaid reimbursement for doula care; and partner with community-based doula programs.		
Children, immunization, vaccination, prevention	5-Jan-21	Should children be vaccinated against COVID-19 now?	Archives of Disease in Childhood	Viewpoint	In this viewpoint article, the authors address the question of early vaccination for children in the United Kingdom against SARS-CoV-2. They argue that given the low rates of severe disease and death associated with SARS-CoV-2 infection in children, they should not be prioritized for vaccination during early vaccine deployment. They believe SARS-CoV-2 vaccine trials have so far rightly focused on adults. However, they also note that specific pediatric risk groups may benefit from early immunization. Given the limited data on safety and effectiveness of SARS-CoV-2 vaccines in children, they feel it may be wise to initially recommend vaccination for older children (>12 years of age) who appear to be more at risk of severe and fatal disease than younger children. Since children with neuro-disabilities appear to be over-represented among severe or fatal cases of COVID-19, children with severe neuro-disabilities residing in disabilities schools, rehabilitation centers, and care homes may also benefit from early vaccination. Another potential at-risk group to consider for early vaccination is adolescents aged 16–17 years working in health and care settings. The authors conclude by stating that whether all children should be vaccinated will depend on a host of factors, especially whether the vaccines interrupt transmission of SARS-CoV-2.	In this viewpoint, the authors address which populations of children in the United Kingdom they believe might benefit from early vaccination against SARS-CoV-2. They include those with severe neuro-disabilities and adolescents working in health and care settings among the high-risk groups with the greatest potential for benefit.	Wong BLH, Ramsay ME, Ladhani SN. Should children be vaccinated against COVID-19 now? Arch Dis Child. 2021 Jan 5:archdischild-2020-321225. doi: 10.1136/archdischild-2020-321225.
Pediatrics, therapeutics, treatment, children, guidelines	5-Jan-21	Acute severe respiratory syndrome coronavirus-2 treatment overview for pediatrics [Free Access to Abstract Only]	Current Opinions in Pediatrics	Original Article	This article evaluates the current evidence for anti-viral and anti-inflammatory treatment of acute SARS-COV-2 in pediatric patients in the United States. The authors review the following medications: remdesivir, convalescent plasma, repurposed medications (hydroxychloroquine, azithromycin, and other anti-virals), glucocorticoids, IL-1 receptor blocking with anakinra, IL-6 receptor blocking with tocilizumab, and JAK/STAT inhibitors such as ruxolitinib and baricitinib. An expert panel of the Pediatric Infectious Diseases Society released 2 documents which generally suggest remdesivir for children with severe COVID-19. WHO guidelines also strongly recommend treatment with glucocorticoids for critically ill children. Currently, there are no clear consensus guidelines for the use of convalescent plasma, and hydroxychloroquine is currently not a recommended therapy. Multiple case reports and small case series have shown decreased mortality with anakinra therapy in adults.	This article evaluates the current evidence for anti-viral and anti-inflammatory treatment of acute SARS-COV-2 in pediatric patients in the United States. Although therapeutic agents remain limited, remdesivir, convalescent plasma, and dexamethasone are recommended options for those with severe or life-threatening disease.	Murphy ME, Clay G, Danziger-Isakov L, Schuler G, Paulsen GC. Acute severe respiratory syndrome coronavirus-2 treatment overview for pediatrics. Curr Opin Pediatr. 2021 Feb 1;33(1):129-135. doi: 10.1097/MOP.0000000000000983. PMID: 33394741.

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					Despite limited evidence in children, the American College of Rheumatology guidance broadly recommends anakinra as first-line biologic treatment for acute COVID-19. There is insufficient evidence to recommend tocilizumab treatment in children, but it may be considered for severe disease. JAK/STAT inhibitors are generally not recommended, given lack of evidence in adults. The authors conclude that, while therapeutic agents for acute COVID-19 in children remain limited, remdesivir, convalescent plasma, and dexamethasone are reasonable options for those with severe or life-threatening disease.		
SARS-CoV-2, Pregnancy, Pregnant Women, outcomes, hospitalized, COVID-19	5-Jan-21	The Incidence, Characteristics and Outcomes of Pregnant Women Hospitalized with Symptomatic and Asymptomatic SARS-CoV-2 Infection in the UK from March to September 2020: A National Cohort Study Using the UK Obstetric Surveillance System (UKOSS)	medRxiv	Preprint (not peer-reviewed)	The authors conducted a national, prospective cohort study of all hospitalized pregnant women with confirmed SARS-CoV-2 infections from March 1 to August 31, 2020, using the UK Obstetric Surveillance System (UKOSS) across all 194 UK hospitals. Their primary goal was to describe the incidence, characteristics, and outcomes of hospitalized pregnant women with symptomatic and asymptomatic SARS-CoV-2 infections in the UK compared to pregnant women without SARS-CoV-2. The results showed that overall, 1148 hospitalized pregnant women had confirmed SARS-CoV-2 infections, and of those women, 63% were symptomatic. The incidence of hospitalization with symptomatic SARS-CoV-2 infections was 2.0 per 1000 pregnant women, and with asymptomatic SARS-CoV-2 infections was 1.2 per 1000 pregnant women. Compared to pregnant women without SARS-CoV-2 infections, the characteristics of pregnant women with symptomatic SARS-CoV-2 included the increased likelihood of (1) being overweight or obese; (2) being Black, Asian, or of another minority ethnic group; (3) having a relevant medical comorbidity. Pregnant women with symptomatic SARS-CoV-2 were more likely to be admitted to the ICU than pregnant women without SARS-CoV-2 infections. However, the absolute risk of poor maternal outcomes remained low. Cesarean delivery and NICU admission rates were increased regardless of symptom status, but iatrogenic preterm births were more common in women with symptomatic SARS-CoV-2. The authors concluded that several factors increase the risk of symptomatic and asymptomatic SARS-CoV-2 in pregnancy and that there is an increased risk of cesarean delivery and iatrogenic preterm births in pregnant women with SARS-CoV-2 infections.	This national prospective cohort study in the UK demonstrated that pregnant women with increased BMI, Black/Asian or other minority ethnicities, and relevant medical comorbidities are at increased risk of hospitalization with symptomatic SARS-CoV-2 infections. Additionally, the study demonstrated an increased rate of cesarean births and NICU admissions in pregnant women with SARS-CoV-2 infections regardless of symptom status and increased iatrogenic preterm births in pregnant women with symptomatic SARS-CoV-2 infections.	Vousden N, Bunch K, Morris E, et al. The Incidence, Characteristics and Outcomes of Pregnant Women Hospitalized with Symptomatic and Asymptomatic SARS-CoV-2 Infection in the UK from March to September 2020: A National Cohort Study Using the UK Obstetric Surveillance System (UKOSS). medRxiv. 2021. doi: 10.1101/2021.01.04.21249195.
mental health, family dynamics, pregnant women, pandemic	5-Jan-21	Alteration in the psychologic status and family environment of pregnant women before and during the Covid-19 pandemic	International Journal of Gynecology and Obstetrics	Original Research	The aim of this article was to compare mental distress and COVID-19-related family environment changes among pregnant women before and during the COVID-19 pandemic. Pregnant women in Lishui City, Zhejiang, China, were recruited before the COVID-19 pandemic (March-December 2019) and after the pandemic (January-August 2020). Participants completed the Symptom Check List-90 Revised questionnaire, the Pittsburgh Sleep Quality Index, and were asked about their families via the Family Environment Scale (FES). Results indicated that higher scores corresponding to depression (p= 0.043), anxiety(p= 0.041), and hostility (p= 0.025) were reported by pregnant women during the COVID-19 pandemic. Analysis of family	Comparisons between pregnant women before and during the COVID-19 pandemic in Lishui City, China, revealed an increased prevalence of anxiety, depression, and hostility, as well as increased family cohesion issues during the 2020 COVID-19 pandemic.	Xie M, Wang X, Zhang J, et al. Alteration in the psychologic status and family environment of pregnant women before and during the Covid-19 pandemic. Int J Gynaecol Obstet. 2021 Jan 5. doi: 10.1002/ijgo.13575.

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					environments showed increases in impaired family cohesion and levels of conflict. The FES scores for family cohesion were negatively correlated with obsessive-compulsive, depression, anxiety, and hostility symptoms (p<0.001). The authors conclude that the mental health and family environment of pregnant women in Lishui City, China, was impaired during the COVID-19 pandemic.		
COVID-19; Fertility; In vitro fertilization; distress; mental health	5-Jan-21	Psychological distress and postponed fertility care during the COVID-19 pandemic	Journal of Assisted Reproduction and Genetics	Original Research	This study analyzed patient perceptions of paused fertility care due to restrictions related to the COVID-19 pandemic in 787 women and men recruited from a United States fertility center from April - May 2020. Participants were equally randomized (1:1) to receive additional education regarding the rationale behind the American Society for Reproductive Medicine (ASRM) COVID-19 Taskforce recommendations to delay fertility treatment during the COVID-19 pandemic. Participants in the education v. no education groups were on average 35.51 and 37.24 years old, married (90.8% v. 89.8%), had a graduate degree (53.9% v. 55.4%), > 1 year of infertility (73.4% v. 74.4%), and were nulliparous (69.0% v. 72.6%), with moderate to high distress (64.9% v. 64.2%). Distress was related to age, duration of infertility, and engagement in social support seeking and avoidant coping strategies (P< 0.001). Agreement with recommendations was related to receipt of supplemental education, history of pregnancy loss, and use of cognitive coping (P=0.001). Providing a detailed rationale behind recommendations improved patient acceptance of ASRM recommendations to pause fertility treatment. Improved access to mental health resources and physician-provided education may reduce patients' distress about fertility treatments.	This study assigned 787 fertility patients' to receive and not receive an educational intervention informing them of the rationale behind delayed fertility care due to the COVID-19 pandemic and analyzed psychological distress. The authors found that psychological distress was related to age, duration of infertility, and engagement in social support seeking and avoidant coping strategies, while providing education improved recommendation acceptance.	Lawson AK, McQueen DB, Swanson AC, Confino R, Feinberg EC, Pavone ME. Psychological distress and postponed fertility care during the COVID-19 pandemic, 2021 Jan 5. J Assist Reprod Genet. 2021;1-9. doi:10.1007/s10815-020-02023-x
MIS-C; cytokine storm; Kawasaki Disease; inflammation; COVID-19	5-Jan-21	The emergence of a new cytokine storm during the COVID-19 pandemic: Multisystem inflammatory syndrome in children	Kaohsiung Journal of Medical Science	Correspondence	In this letter, the authors discuss cytokine storm and MIS-C in children and emphasize the need for a centralized case definition to differentiate MIS-C from Kawasaki disease (KD). Common characteristics of several existing MIS-C definitions include fever, evidence of inflammation, multisystem organ involvement, likely contact or evidence of SARS-CoV-2 infection, and exclusion of other microbial causes. The authors compare the similarities and differences between MIS-C and KD. The mean MIS-C patient age is 9.3 ± 0.5 years, while 90% of KD cases occur in those <5 years old, and relative prevalences of MIS-C and KD may differ by racial/genetic susceptibility. The authors also discuss treatment options for MIS-C. Further studies that employ a standardized MIS-C definition will help further characterize pediatric COVID-19 complications, symptoms, and recovery related to MIS-C and KD.	Both MIS-C and Kawasaki disease have been associated with pediatric COVID-19 cases, but a universal MIS-C case definition does not exist. Common characteristics of several existing MIS-C definitions must be used to create a standard case definition and further study MIS-C prevalence in pediatric cases.	Yang MC, Tsai CC, Su YT, Wu JR. The emergence of a new cytokine storm during the COVID-19 pandemic: Multisystem inflammatory syndrome in children. Kaohsiung J Med Sci. 2021;10.1002/kjm2.12347. doi:10.1002/kjm2.12347

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COVID-19; multi-tiered systems of support; adjustment; traumatic stress; academic status; health and safety	5-Jan-21	A multi-tiered systems of support blueprint for re-opening schools following COVID-19 shutdown	Children and Youth Services Review	Article	The authors suggest that a multi-tiered system of support (MTSS) model may help school officials and families who must balance educational progress, on-line learning, student adjustment, and health and safety considerations during the COVID-19 pandemic amid school shutdowns. MTSS models typically use a 3-tier approach: tier 1 focuses on general schoolwide practices or primary prevention, tier 2 strategies focus on emerging issues or secondary prevention practices, and tier 3 focuses on extensive intervention or a tertiary prevention approach for those requiring additional support. Here the authors suggest an MTSS model can be useful during the COVID-19 pandemic because it can be adapted to address multiple domains of adjustment, traumatic stress, academic status, and health and safety; secondly, the model can maximize the use of limited resources by focusing on high-value targets. Thirdly the model is flexible and can be tailored for specific student needs and variations in SARS-CoV-2 rates. The authors go on to suggest interventions in each tier of the MTSS model addressing the 4 domains of adjustment, traumatic stress, academic status and health and safety, and state that by applying such a model, parents, school officials, and the community can communicate efficiently and collaborate to benefit each child. The MTSS model approach may also provide a chance to address longstanding disparities made clear by the pandemic.	The authors suggest that a multi-tiered system of support (MTSS) model may help school officials and families who must balance educational progress, on-line learning, student adjustment, and health and safety considerations during the COVID-19 pandemic. The MTSS model approach can also address longstanding disparities made clear by the COVID-19 pandemic.	Kearney CA, Childs J. A multi-tiered systems of support blueprint for re-opening schools following COVID-19 shutdown. Children and Youth Services Review. 2021:105919. doi: 10.1016/j.childyouth.2020.105919.
Children, respiratory symptoms, comorbidities, pediatrics	4-Jan-21	Respiratory and non-respiratory manifestations in children admitted with COVID 19 in Rio de Janeiro city, Brazil	medRxiv	Preprint (not peer-reviewed)	In this retrospective study, the authors describe the clinical presentation, laboratory findings, and treatment for 64 RT-PCR or serologically confirmed COVID-19 pediatric patients (0-18 years of age) in Rio de Janeiro, Brazil admitted between March-November 15, 2020. Patients were categorized in 2 groups according to the main symptoms at admission: predominant respiratory symptoms (PRS) and non-predominant respiratory symptoms (non-PRS, meaning other symptoms were predominant). 47 (73.4%) children were admitted with PRS and 17 (26.4%) with non-PRS. The main symptoms in the PRS group were fever (74.5%) and cough (66%); while in the non-PRS group main symptoms included fever (76.5%) and edema/cavitary effusion (29.4%). There was no difference in median C-reactive protein (in mg/dl) between the groups (2.5 in the PRS group and 6.1 in the non-PRS group, p=0.48). There was also no difference in presence of comorbidities between the two groups (p=0.22) or length of hospital stay (p=0.20). Antibiotics were used in 85.1% of the PRS group and 94.1% of non-PRS group [significance not reported]. The authors conclude that non-predominant respiratory symptoms represented more than one quarter of admitted pediatric patients, although this was not associated with a difference in comorbidities or length of stay.	In this article, the authors compared the clinical presentation, lab findings, and treatments between COVID-19 pediatric patients in Brazil with predominantly respiratory symptoms to those in which other non-respiratory symptoms were predominant. Although the non-predominant group made up a quarter of admissions during the study period, the authors did not find a difference in lab values, comorbidities or length of hospital stay between the groups.	Da Silva AR, Foinseca CG, De Miranda JL, et al. Respiratory and non-respiratory manifestations in children admitted with COVID 19 in Rio de Janeiro city, Brazil. medRxiv. 2021; doi.org/10.1101/2020.12.29.20248994

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colostrum; breast milk; antibodies; cytokines; SARS-CoV-2	4-Jan-21	Humoral and cell-mediated response in colostrum after exposure to severe acute respiratory syndrome coronavirus 2	medRxiv	Preprint (not peer-reviewed)	This US study evaluated the presence of SARS-CoV-2 antibodies and associated cytokines in the breast milk of women who tested positive for SARS-CoV-2 via PCR. Bilateral colostrum spot card samples were collected March-September 2020 within 48 hours of delivery from 15 new mothers who previously tested positive for SARS-CoV-2 (mean age 32 years; range 21-39 years). 5 of these 15 women also provided liquid colostrum samples within 1-2 days of providing the spot card samples. Archived bilateral colostrum samples collected from 8 women during 2011-2013 were used as pre-COVID-19 controls (mean age 34 years; range 29-40 years). Bilateral colostrum samples from 73%, 73% and 33% of the 15 COVID-19 mothers exhibited IgA, IgG, and IgM reactivity to Receptor Binding Domain (RBD) of the SARS-CoV-2 spike protein, respectively. Colostrum samples from 2 of the 8 pre-pandemic controls showed IgA and IgG reactivity to RBD. The greatest difference in antibody levels between the 2 groups was for IgM ($p < 0.0001$), which was 3x higher in the COVID-19 samples. Additionally, COVID-19 mothers had significantly higher levels (all $p < 0.05$) of 9 of the 10 inflammatory markers (all except IFN γ) in breastmilk compared to the pre-COVID-19 controls. Comparable results were obtained with both the spot card and liquid samples. The authors conclude these results provide objective data in support of initiating breastfeeding despite maternal SARS-CoV-2 infection. They also conclude that future large-scale studies can be conducted with milk easily collected on paper spot cards.	This US study evaluated the presence of SARS-CoV-2 antibodies and associated cytokines in the breast milk of women who tested positive for SARS-CoV-2 compared to pre-pandemic controls. Breast milk samples from COVID-19 mothers showed significantly higher cytokines (except IFN γ), higher levels of SARS-CoV-2 antibodies (particularly IgM), and greater neutralizing activity. The authors conclude these results provide objective data in support of initiating breastfeeding despite maternal SARS-CoV-2 infection.	Narayanaswamy V, Pentecost B, Alfordari D, et al. Humoral and cell-mediated response in colostrum after exposure to severe acute respiratory syndrome coronavirus 2. medRxiv. 2021:2021.01.03.20248715. doi: 10.1101/2021.01.03.20248715.
COVID-19, coronavirus, Wegener, granulomatosis with polyangiitis	4-Jan-21	COVID-19 in Pediatric Granulomatosis with Polyangiitis	Pediatric Reports	Case Report	This is the case of an 80-kg 16-year-old male with a history of granulomatosis with polyangiitis in Iran. He had a headache, sore throat, and conjunctivitis for 1 month, which was followed by lower extremity edema, joint pain, and skin rash. He routinely took prednisolone, mycophenolate, aspirin, valsartan, allopurinol, and folic acid. Cough and rhinorrhea started 7 days before admission. He presented with dyspnea and preferred to lie down in a prone position. Due to respiratory distress and oxygen desaturation, he was intubated and transferred to the pediatric ICU. The patient tested positive for SARS-CoV-2 RT-PCR. Lopinavir, ritonavir, hydroxychloroquine, vancomycin, meropenem, and IV immunoglobulin were administered. His blood urea nitrogen, creatinine, and inflammatory markers were elevated. He had atrial fibrillation with rapid ventricular response on day 3 and was given flecainide. He became anuric on day 4, and continuous hemodialysis was started. Chest X-ray revealed patchy bilateral infiltration, which deteriorated to “white lung” on day 6. The patient died on day 6 with low oxygen saturation and bradycardia. In this patient, underlying disease and delayed admission were 2 factors that complicated his condition. SARS-CoV-2 screening for high-risk patients is highly recommended.	This is the case of a 16-year-old male in Iran with a severe case of COVID-19, who did not survive due his underlying condition of granulomatosis with polyangiitis. SARS-CoV-2 screening for high-risk patients is highly recommended.	Saeed A, Shorafa E, Seratishirazi Z, et al. COVID-19 in Pediatric Granulomatosis with Polyangiitis. Pediatr Rep. 2021;13(1):31-34. Published 2021 Jan 4. doi:10.3390/pediatric13010004

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COVID-19; children; school closure; health impact; United States	4-Jan-21	Impact of COVID-19-related School Closures on the Drivers of Child Health	North Carolina Medical Journal	Commentary	The authors reviewed the potential impact of COVID-19-related school closures on the health of children in North Carolina, United States. Based on existing evidence, school building closures will have long-lasting, significant educational and health impacts on children, with the largest impact likely being among low-income and marginalized populations. Schools should be well-supported in their efforts to safely return children to the classroom as soon as possible. In the interim, statewide efforts should focus on identifying existing vulnerabilities that have resulted from school building closures. Following the American Academy of Pediatrics guidance, an investment in focused needs assessments of children who are most likely to suffer from inequity in education and funding of additional supports for these children is critical. This plan can be accomplished by reviewing existing individualized education plans to determine the need for additional support for lost instructional time. Whether education is occurring in-person or remotely, students at risk for academic decline should be ensured safe and equitable access to educational opportunities and services. Students have had and will continue to have varying degrees of educational engagement and achievement during the pandemic, so it is important to prioritize the identification and development of remediation plans for those who have fallen behind academically. The community must also prioritize the funding and support of efforts that put children's mental, emotional, and physical health first.	The authors reviewed the potential impact of COVID-19-related school closures on the health of children in North Carolina, United States. Based on existing evidence, school building closures will have long-lasting, significant educational and health impacts on children, with the largest impact likely being among low-income and marginalized populations. It is important to prioritize the identification and development of remediation plans for those who have fallen behind academically and prioritize the funding and support of efforts that put children's mental, emotional, and physical health first.	Boutzoukas AE, Akinboyo IC, Wong CA, et al. Impact of COVID-19-related School Closures on the Drivers of Child Health. N C Med J. 2021;82(1):50-56. doi:10.18043/ncm.82.1.50.
Pregnant women, pandemic, lockdown, anxiety, depression	4-Jan-21	Psychological impact and social support in pregnant women during lockdown due to SARS-CoV2 pandemic: A cohort study	Acta Obstetrica et Gynecologica Scandinavica	Original Research	The aim of this study was to explore depression and anxiety symptoms and social support in pregnant women during the SARS CoV-2 lockdown, as well as to explore demographic risk factors in Barcelona, Spain. 3 questionnaires were administered to 204 pregnant women at all stages of pregnancy (mean age 32.3 ± 0.8 years) attending Hospital Universitari Vall d'Hebron, Barcelona to study depression, anxiety, and social support. The Edinburgh Postnatal Depression Scale (EPDS) and State-Trait Anxiety Inventory (STAI) were used to measure depression and anxiety, respectively. 37% of women had an EPDS score of >10, indicating the presence of elevated depressive symptoms. 59% had a STAI score of >40, indicating the increased presence of anxiety symptoms. Regression analysis showed that mental health disorder, Latin American origin and lack of social support were independent risk factors for anxiety symptoms (P = .032, P = .040 and P = .029, respectively). Additionally, maternal body mass index, mental health disorders, and lower social support were independent factors for depressive symptoms (P = .013, P = .015 and P = .000, respectively). The authors concluded that the lockdown conditions during the first wave of the COVID-19 pandemic increased the symptoms of anxiety and depression among pregnant women, and that pregnant women with low social support are at increased of developing anxiety and depression symptoms.	The authors of this article concluded that pandemic lockdown conditions in Barcelona, Spain increased anxiety and depression symptoms in pregnant women, and that pregnant women with low social support are at increased of developing anxiety and depression symptoms.	Brik M, Sandonis MA, Fernández S, et al. Psychological impact and social support in pregnant women during lockdown due to SARS-CoV2 pandemic: A cohort study. Acta Obstet Gynecol Scand. 2021 Feb 2. doi: 10.1111/aogs.14073.

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COVID-19; birth; narrative analysis	4-Jan-21	Lived experiences of pregnant and new mothers during COVID-19 pandemic: A narrative analysis of YouTube birth stories	medRxiv	Preprint (not peer-reviewed)	The authors described the lived experiences of pregnant women and new mothers during the COVID-19 pandemic by analyzing YouTube birth stories (n = 83) extracted in September 2020 using an inductive and deductive qualitative approach. Videos from various countries were examined, with a majority (72%) from the United States. 4 themes emerged from the analysis as relates to the COVID-19 pandemic, including a sense of loss, hospital experiences, experiences with health care providers, and experiences unique to birth and postpartum periods during the pandemic. Positive and negative experiences were described, and a main frustration expressed was changing policies in the birth environment that affected the birth experience. Factors noted that contributed to a positive birth experience included support provided by health professionals, having partners present in the delivery room, and having a positive mindset. Findings from this study may guide providers in promoting patient-centered care during the COVID-19 pandemic.	This study characterizes the experience of pregnant women and new mothers during the COVID-19 pandemic by analyzing YouTube birth stories. The authors found that the experiences of women were positive and negative, with the main frustration being evolving policies in the birth environment that affected their birth experience.	Ajayi KV, Harvey IS, Panjwani S et al. Lived experiences of pregnant and new mothers during COVID-19 pandemic: A narrative analysis of YouTube birth stories. medRxiv. Published 2020 Dec 28. https://doi.org/10.1101/2020.12.28.20248958
child care, USA, funding, North Carolina,	4-Jan-21	SIDEBAR: COVID-19 Devastates North Carolina's Child Care System and Threatens Health and Safety of Children, Families, and Early Educators	North Carolina Medical Journal	Commentary	This article discusses how the COVID-19 pandemic has devastated North Carolina's child care system (USA). Child care was considered an essential service at the outset of the pandemic, but the system has never been adequately funded as such. As a result, child care staff must serve children of other essential workers without appropriate pay, healthcare, or PPE. Further, most child care programs lack the technical expertise or resources to meet the increased health and safety standards required for the pandemic, and there is little government-provided support to help bridge the gap. The North Carolina Division of Child Development and Early Education provided a toolkit to guide child care centers on best practices to minimize risk of SARS-CoV-2 exposure. As of Fall 2020 child care programs have on average only 50% of normal enrollment, meaning that in addition to lack of state funding, they lack income to cover the increased operating costs. In the short term, child care centers need public investment to remain stable. In the long-term, infrastructure investment is required so that lower income families can also afford child care, and parents can return to work to help with the economic recovery.	This article argues for increasing state funding for child care centers in North Carolina and across the USA. Citing inadequate finances, a shrinking income source, and low wages for workers, authors explain how child care centers are struggling, and offer a route forward through the pandemic and beyond.	Rivest M. SIDEBAR: COVID-19 Devastates North Carolina's Child Care System and Threatens Health and Safety of Children, Families, and Early Educators. N C Med J. 2021;82(1):52-53. doi:10.18043/ncm.82.1.52
Kawasaki disease, PIMS-TS, MIS-C, SARS-CoV-2, COVID-19	4-Jan-21	Distinctive Features of Kawasaki Disease Following SARS-CoV-2 Infection: a Controlled Study in Paris, France	Journal of Clinical Immunology	Original Article	MIS-C covers a broad spectrum of inflammatory diseases, including Kawasaki Disease (KD) with confirmed (or not confirmed) SARS-CoV-2 infection. The authors aimed to compare the characteristics of patients with KD who tested positive for SARS-CoV-2 (KD-SARS-CoV-2) with patients of the pre-outbreak period with classic KD. They retrospectively reviewed the health records of patients (aged ≤ 18 years) with a diagnosis of KD admitted to a hospital in Paris, France between January 1, 2018 and May 26, 2020, defining the “pre-outbreak period” as Jan 1 2018 – April 25, 2020 and the “outbreak period” as April 26 – May 26, 2020. A total of 30 and 59 children with KD were admitted during the outbreak and pre-outbreak periods, respectively (incidence ratio 13.2 [95% CI 8.3–21.0]). During the outbreak, 23/30 (77%) were diagnosed with KD-SARS-CoV-2. When	This study in France investigated the characteristics of Kawasaki Disease (KD) patients with positive SARS-CoV-2 testing (KD-SARS-CoV-2) and compare them to KD patients from before the COVID-19 pandemic. KD-SARS-CoV-2 has specific characteristics including more common Sub-Saharan African ancestry, older age, more frequent gastro-intestinal	Toubiana J, Cohen JF, Brice J, et al. Distinctive Features of Kawasaki Disease Following SARS-CoV-2 Infection: a Controlled Study in Paris, France. J Clin Immunol. Published online 2021. doi:10.1007/s10875-020-00941-0

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					compared with patients with classic KD, those with KD-SARS-CoV-2 were more frequently of sub-Saharan African ancestry (OR 4.4 [95% CI 1.6–12.6]) and were older (median 8.2 vs. 4.0 years, p<0.001), had more often initial gastro-intestinal (OR 84 [95% CI 4.9–1456]) and neurological (OR 7.3 [95% CI 1.9–27.7]) manifestations, shock syndrome (OR 13.7 [95% CI 4.2–45.1]), myocarditis (OR 387 [95% CI 38–3933]), and ICU admission (OR 196 [95% CI 31–1257]). They also had significantly higher C-reactive protein and ferritin levels. The authors conclude that children and adolescents with KD-SARS-CoV-2 have specific features when compared with those with classic KD and that these findings should raise awareness and facilitate the study of their disease.	involvement, shock syndrome, ICU admission, myocarditis, and higher levels of inflammatory markers.	
Acute Care, Pregnancy, Early Mobilization, Ventilators, Lung	4-Jan-21	Maintaining Mobility in a Patient Who Is Pregnant and Has COVID-19 Requiring Extracorporeal Membrane Oxygenation: A Case Report	Physical Therapy Journal	Case Report	The authors discuss a case report of a 27-year-old woman in the US who was previously healthy, pregnant at 23 weeks 6 days, and presented with worsening shortness of breath, cough, nausea and vomiting. She tested positive for SARS-CoV-2 [method not specified] 4 days prior to her presentation [date of presentation not specified]. She experienced a witnessed tonic-clonic seizure upon arrival at the hospital, and was endotracheally intubated following the event. She was subsequently diagnosed with acute respiratory distress syndrome and aspiration pneumonia. She continued to be hypoxic despite paralysis, required maximal ventilator support and subsequent emergent extracorporeal membrane oxygenation (ECMO) cannulation. The patient was slowly able to be weaned off sedation from day 2 to day 4. On day 5, physical therapy (PT) initiated direct intervention as the patient was awake and calm with minimal sedation. PT started out-of-bed activity on day 7 and by day 9 ECMO was turned to zero, effectively placing her on mechanical ventilation alone. On day 10 the patient was successfully liberated from mechanical ventilation and placed on high-flow nasal cannula. Over the proceeding days her supplemental oxygen requirements consistently improved and she had ongoing PT including progression of ambulation distance, and introduction of resistance band exercises. By day 14 the patient was able to be discharged home to her family and continued outpatient PT. The authors concluded that early mobility is feasible during ECMO with SARS-CoV-2, and active participation in PT, may facilitate discharge to home.	The purpose of this case report is to describe a novel approach to implementing early mobility interventions for a patient who was pregnant and receiving extracorporeal membrane oxygenation while continuing necessary infectious disease precautions because of diagnosed SARS-CoV-2.	Mark A, Crumley JP, Rudolph KL, Doerschug K, Krupp A. Maintaining Mobility in a Patient Who Is Pregnant and Has COVID-19 Requiring Extracorporeal Membrane Oxygenation: A Case Report. Phys Ther. 2021;101(1):pzaa189. doi:10.1093/ptj/pzaa189
Abuse; Child; Marriage; interventions; determinants	4-Jan-21	Spike in child marriage in Bangladesh during COVID-19: Determinants and interventions [Free Access to Abstract Only]	Child Abuse and Neglect	Research Brief	In this commentary, the authors review the increase of child marriages in Bangladesh during the COVID-19 pandemic and examine pandemic-induced determinants and possible interventions. The authors report that since the pandemic began, hundreds of child marriages have occurred, primarily in rural areas. A local organization, Manusher Jonno Foundation, reported a 272% increase in the number of child marriages from May to June 2020. The authors cite worsening poverty due to COVID-19 as a major driver, with long-term school closure caused by the pandemic as another factor. When girls are enrolled in school, it is easier for them to receive help from friends and teachers	This commentary outlines the concerning increase in child marriages since the start of the COVID-19 pandemic in Bangladesh. The authors cite worsening poverty and lack of continued education as the main drivers of the increase in child marriages and suggest pandemic-specific	Afrin T, Zainuddin M. Spike in child marriage in Bangladesh during COVID-19: Determinants and interventions [published online, 2021 Jan 4]. Child Abuse Negl. 2021. doi:10.1016/j.chiabu.2020.104918

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					to avoid marriage. Additionally, they often receive stipends and financial incentives for attendance, motivating parents to keep their daughters in school. The authors recommend a number of interventions: First, financial support (including cash transfer incentives) or alternative work opportunities for families in need during the pandemic could be provided. Second, continued access to education should be made available for the girls, with the possible resumption of stipends for distanced learning. Finally, laws and collective social support will be needed to prevent further child marriages.	interventions and general interventions to prevent further child marriages.	
COVID-19; Severe acute respiratory syndrome coronavirus 2; Children; Emergency department	4-Jan-21	Pediatric Emergency Department Utilization and Coronavirus Disease in Daegu, Korea	Journal of Korean Medical Science	Original article	This retrospective study from 6 emergency departments (EDs) in Daegu, South Korea compared patients' demographic and clinical data during the COVID-19 pandemic (Feb 1-June 30, 2020) with visits during similar periods in 2018 and 2019. Pediatric ED patients were grouped into infants (<1 year), young children (1-6 years), and school-aged children (7-17 years) for comparison. Pediatric visits to EDs were down 62% compared with 2018 and 2019; infant visits were decreased by 0.3%, young children by 6.9%, but school aged children had an increase of 7.2%. The lengths of stays (LOS) also differed by age group and time frame, with LOS increasing for infants (5 minutes) and school-aged children (32 minutes) and decreased by 3 minutes for young children. The LOS correlated with the Korean Triage and Acuity Scale with infants (4.3%) and school-aged children (6.7%) having higher acuity visits, and young children's acuity decreased by 11.8%. All 3 categories of pediatric patients had increased hospitalizations (infants 9.9%; young children, 1.8%; school-aged children 3.9%). Visits for fever, which is the most common chief complaint for children, also changed (decreased for infants by 5.6%; decreased for young children by 11.5%; increased for school-aged by 2.7%). 254 total pediatric patients were confirmed to have COVID-19 (3.7% of total ED visits), and of these, 82.3% were school-aged children. The authors state that resource allocation and preparation for future epidemics can be informed by utilization rates of EDs during the COVID-19 pandemic.	In this retrospective study from 6 emergency departments (EDs) in Daegu, South Korea, the authors compared patients' demographic and clinical data during the COVID-19 pandemic (Feb 1-June 30, 2020) with visits during similar periods in 2018 and 2019. Resource allocation and preparation for future epidemics can be informed by utilization rates of EDs during the COVID-19 pandemic.	Jang KM, Ahn JY, Choi HJ, et al. Pediatric Emergency Department Utilization and Coronavirus Disease in Daegu, Korea. <i>J Korean Med Sci.</i> 2021;36(1):e11. Published 2021 Jan 4. doi:10.3346/jkms.2021.36.e11
COVID-19; hospital inventories; medication systems; pediatric; surge capacity	4-Jan-21	Drug shortage and critical medication inventory management at a Children's hospital during the COVID-19 pandemic	The Journal of Pediatric Pharmacology and Therapeutics	Brief report	The authors share a framework for modeling drug inventory management developed at a US-based children's hospital during the COVID-19 pandemic. The COVID-19 pandemic has led to multiple drug shortages, and the authors report that this may disproportionately affect pediatric patients due to unique diseases and a lack of alternative medications. A list of critical life-sustaining medications specific to the pediatric population was created to use in a forecasting model to support surge capacity for patients with COVID-19. Projected utilization was then calculated for the average duration an admitted COVID-19 patient would require the medications, and these utilization rates were compared to inventory twice weekly for 100 projected patients. The authors state that there were significant challenges reaching consensus on a shortlist of critical medications due to differing specialties, rapidly changing drug availability, and difficulty	The COVID-19 pandemic has led to multiple drug shortages, and the authors report that this may disproportionately affect pediatric patients due to unique diseases and a lack of alternative medications. A list of critical life-sustaining medications specific to the pediatric population was created to use in a forecasting model to support surge capacity for patients with COVID-19.	Moss JD, Schwenk HT, Chen M, Gaskari S. Drug Shortage and Critical Medication Inventory Management at a Children's Hospital During the COVID-19 Pandemic. <i>J Pediatr Pharmacol Ther.</i> 2021;26(1):21-25. doi:10.5863/1551-6776-26.1.21

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					obtaining accurate utilization estimates due to weight-based dosing for children. Despite these challenges, the authors plan to continue tracking the critical drug list post-COVID-19 pandemic to increase the transparency of drug shortage management solutions and collaborate with other institutions to improve the quality of pediatric care.		
ENT, surgery, pediatric, COVID-19	4-Jan-21	Pediatric E.N.T. emergencies during COVID-19 pandemic: Our experience	Indian Journal of Otolaryngology and Head and Neck Surgery	Original Research	This retrospective study shares the experiences of managing pediatric ear-nose-throat (ENT) emergencies during the COVID-19 pandemic at the Baroda Medical College in India. Data were taken from 29 patients (aged 1 day-13 years [median not given]) who presented to the ENT, pediatric, or emergency department in need of emergent ENT care, between March 22 - June 30, 2020. 10/29 cases showed comprised airway due to foreign body inhalation, 5/29 showed dysphagia due to foreign body ingestion. Among the 6 patients who needed surgery, bronchoscopy with foreign body removal from lower airway was done in 3 patients, and tracheostomy with video-laryngoscopy was done in another 3 patients. Pre-operative RT-PCR SARS-CoV-2 screening was done in 10 cases, & all 10 results were negative. The authors recommend patient preparation techniques that decrease aerosolization and droplet contamination. These include sedating patients before induction, using snugly-fitting face masks for oxygenation, immediately cuffing inflation after endo-tracheal tube insertion, and attaching filters with closed-circuit systems. In summary, the article states that pre-operative SARS-CoV-2 testing is helpful for screening, and the authors recommend only emergency procedures be performed during the pandemic, with an emphasis on pre-operative techniques to reduce aerosols.	This retrospective study uses data from pediatric (aged 1 day-13 years) patients in India who underwent emergency ENT care during the COVID-19 pandemic. The authors share their methods for reducing aerosols during surgery, and stress the importance of screening patients for SARS-CoV-2 before operating.	Palas A, Raval J, Aiyer RG, Arunlal B. Pediatric E.N.T. emergencies during COVID-19 pandemic: our experience [published online ahead of print, 2021 Jan 4]. Indian J Otolaryngol Head Neck Surg. 2021;1-5. doi:10.1007/s12070-020-02357-z
Children; Low-Income; Family instability; Family-Centered; Education; COVID-19	4-Jan-21	Ways to Support Low-Income, At-Risk Young Children During and After Coronavirus Disease 2019	Journal of the American Medical Association (JAMA) Pediatrics	Letter to the Editor	The author responds to the Dooley et al. article 2020, which highlighted the unmet social, nutritional, and learning needs of low-income children in the United States during the COVID-19 pandemic and the need to increase investments in evidence-based programs to meet these needs, such as home visiting and Head Start. While agreeing that the issue is important, the author of this letter to the editor notes that expanding such programs may be more challenging than was thought since such needs were unmet before the COVID-19 pandemic due to limitations in funding, staffing, and facilities. In addition, families face increasing challenges associated with unemployment, family instability, and supporting children without a specialist or teacher present. The author calls for considering new and creative ways to deliver programs in a family-centered manner that considers larger economic development, including tele-training and paying parents of low-income children to deliver education in the home.	This letter to the editor highlights the need to consider new and creative ways to meet the social, nutritional, and learning needs of low-income children in the United States during the COVID-19 pandemic. One potential solution is tele-training and paying parents of low-income children to deliver education in the home.	Wong V. Ways to Support Low-Income, At-Risk Young Children During and After Coronavirus Disease 2019 [published online, 2021 Jan 4]. JAMA Pediatr. 2021; doi:10.1001/jamapediatrics.2020.5284

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
breastfeeding, COVID-19, vertical transmission, IPC, breast milk	4-Jan-21	Should COVID-19 Mother Breastfeed her Newborn Child? A Literature Review on the Safety of Breastfeeding for Pregnant Women with COVID-19	Current Nutrition Reports	Review	This review examines available evidence on the risks of SARS-CoV-2 transmission from mothers to their newborns through breastfeeding [range of publication dates not specified]. In most of the studies reviewed, breastmilk samples from COVID-19 mothers tested negative for the virus. In the case reports where the virus was detected in breastmilk and the infants were diagnosed with COVID-19, it remained unclear whether the virus was transmitted through breastmilk, direct contact, or through delivery. Some reports suggest the presence of IgG and IgA antibodies in breastmilk, which could offer immunity to the newborn from COVID-19. Based on limited evidence at the time of this review, and recognizing the benefits of breastfeeding, the author concludes that if the health of the mother and her newborn allows, direct breastfeeding or extracted breastmilk should be encouraged by the healthcare providers, after a careful discussion of the risks of vertical transmission to the mother and her family. Preventive measures before breastfeeding or extracting breastmilk include handwashing (or sanitizing when soap or water are unavailable), wearing a face mask to cover mouth and nose, cleaning and sanitizing breast pumps, or opting for a healthy caregiver to feed the newborn expressed breastmilk.	Based on limited evidence at the time of this review, the author concludes that if the health of the mother and her newborn allows, direct breastfeeding or extracted breastmilk should be encouraged by healthcare providers, after careful discussion of the risks of vertical transmission to the mother and her family. Current guidelines and preventative measures are summarized.	Bhatt H. Should COVID-19 Mother Breastfeed her Newborn Child? A Literature Review on the Safety of Breastfeeding for Pregnant Women with COVID-19 [published online, 2021 Jan 4]. Curr Nutr Rep. 2021;1-5. doi:10.1007/s13668-020-00343-z
COVID-19; SARS-CoV-2; pediatric; pediatric emergencies	4-Jan-21	Coronavirus Disease (COVID-19) in pediatric emergency. Presentation and disposition	Saudi Medical Journal	Article	The author performed a retrospective chart review of confirmed COVID-19 pediatric patients (0-14 years) presenting to a pediatric emergency department (ED) in Saudi Arabia from March- June 2020 to examine the demographics, common presentations, and dispositions of the patients. Median age of included children was 6 years (range 1 month – 13 years). A total of 279 swabs of 267 patients were collected during the study period, with 64 swabs from 52 patients being positive for SARS-CoV-2. 48 (92%) of the patients were previously healthy kids, 44 (85%) were discharged home for care and isolation, 8 (15%) were admitted, and 3 required pediatric ICU admission for respiratory failure, with 2 patients dying within 3 days of admission. 12 patients returned to the ED within 48 hours, 6 (50%) for diarrhea, 1 (8%) for vomiting and abdominal pain, 2 (16%) for shortness of breath, 1 (8%) for decreased activity, and 1 (8%) for reduced intake. The study period was during a lockdown in Saudi Arabia; however, the government had loosened the lockdown from late May to early June, during which time there was an increase in positive SARS-CoV-2 swabs. The author aims to disseminate knowledge of SARS-CoV-2 positive pediatric patients presenting to a pediatric ED.	The author performed a retrospective chart review of confirmed COVID-19 pediatric patients (0-14 years) presenting to a pediatric emergency department in Saudi Arabia from March- June 2020 to examine the demographics, common presentations, and dispositions of the patients.	Jamjoom RS. Coronavirus Disease 2019 (COVID-19) in pediatric emergency. Presentation and disposition. Saudi Med J. 2021;42(1):105-109. doi:10.15537/smj.2021.1.25572
Maternal health, obstetrics, neonate, CDC, surveillance, infants	4-Jan-21	A Preparedness Model for Mother–Baby Linked Longitudinal Surveillance for Emerging Threats	Maternal and Child Health Journal	Original Article	In 2019, the CDC began a 5-year initiative to establish population-based mother–baby linked longitudinal surveillance in the United States, known as the Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET). SET-NET was rapidly adapted to capture information about SARS-CoV-2. Variables were selected for inclusion to address key surveillance questions proposed by CDC and health department experts, including maternal symptoms, complications, and treatment; delivery mode and induction; infant symptoms,	This article describes how a population-based mother-baby linked longitudinal surveillance network developed by the CDC, SET-NET, was rapidly adapted to collect longitudinal data regarding SARS-CoV-2. This network will rapidly	Woodworth KR, Reynolds MR, Burkel V, et al. A Preparedness Model for Mother-Baby Linked Longitudinal Surveillance for Emerging Threats. Matern Child Health J. 2021 Jan 4:1–9. doi:

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					complications, test results, and treatment; and whether the infant roomed-in, and/or was ever fed maternal breastmilk (direct or expressed). The system is structured into 4 relational datasets (maternal, pregnancy outcomes and birth, infant/child follow-up, and laboratory testing). SET-NET COVID-19 surveillance is restricted to women with laboratory-confirmed infection. Data on long-term consequences of SARS-CoV-2 infection are unknown, therefore timepoints for follow-up will include the first newborn visit, and the 2- and 6-month well child visits. This innovative approach leverages existing data sources and rapidly collects data to inform clinical guidance and practice. The authors conclude that these data can help to reduce exposure risk and adverse outcomes among pregnant women and their infants, direct public health action, and strengthen public health systems.	collect data on pregnant women and infants to help direct public health action and prevent adverse outcomes.	10.1007/s10995-020-03106-y.
Imaging; children; systematic review; COVID-19	4-Jan-21	Assessment of Duplicate Evidence in Systematic Reviews of Imaging Findings of Children With COVID-19	Journal of the American Medical Association (JAMA) Network Open	Research letter	This research letter aimed to highlight the issue of duplication in COVID-19-relevant systematic reviews, using imaging findings of children with COVID-19 as the example. The authors extracted systematic reviews describing imaging findings in children <18 years by searching in the "Living Overview of Evidence" platform for COVID-19, for articles published through September 1, 2020. The authors also extracted primary studies including > 30 children from the same database. A total of 25 systematic reviews and 17 primary studies were identified. Only 24% (N=6) of the systematic reviews had been previously registered in PROSPERO or other registry, and each review included 1 to 9 studies. The authors' search identified 11 primary studies not included in any of the 25 reviews. The authors conclude that the literature of imaging findings for children with COVID-19 was flooded in <6 months with more systematic reviews than actual primary studies. They state that duplication to this extent is unjustified and may be unethical.	In this research letter the authors report that in <6 months, more systematic reviews than primary studies were published to answer a specific clinical question: imaging findings in children with COVID-19. They advise that this excessive duplication of findings is wasteful, unjustified, and even unethical.	Pérez-Gaxiola, G., Verdugo-Paiva, F., Rada, G., et al (2021). Assessment of Duplicate Evidence in Systematic Reviews of Imaging Findings of Children With COVID-19. JAMA Network Open. doi:10.1001/jamanetworkopen.2020.32690
COVID-19, vaccine refusal, parents, children	4-Jan-21	Evaluation of COVID-19 Vaccine Refusal in Parents	Pediatric Infectious Disease Journal	Original Research	The aim of this study was to predict the frequency of vaccine refusal against domestic and foreign COVID-19 vaccines and identify the factors underlying refusal. 428 parents of pediatric patients [ages not discussed] of the Children's Hospital of Ankara City Hospital in Turkey received a survey consisting of 16 questions regarding the COVID-19 vaccination, either face-to-face or via an online format. The survey discussed parental attitudes toward vaccinating themselves and their children. Results indicated that 66% were reluctant to receive a foreign COVID-19 vaccine, but only 37% were reluctant to receive a domestic COVID-19 vaccine. Additionally, women were less likely to receive foreign vaccines than men (p < 0.05). As education levels increased, fewer parents preferred a domestic vaccine for themselves and their children (p=0.046 and p=0.005, respectively). Results also indicated that the most common reasons for refusal were anxiety about vaccine side effects, distrust of vaccines originating abroad, and lack of knowledge about the effectiveness of vaccines. The authors stress that	This study from Turkey demonstrated that much of the motivation for vaccine refusal may stem from distrust of foreign vaccines, and suggests that vaccine uptake can be increased by considering the higher preference for domestic vaccines.	Yigit M, Ozkaya-Parlakay A, Senel E. Evaluation of COVID-19 Vaccine Refusal in Parents. <i>Pediatr Infect Dis J.</i> 2021 Jan 4; Publish Ahead of Print. doi: 10.1097/INF.0000000000003042.

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					vaccine uptake can be increased by considering a higher preference for domestic vaccines.		
Functional capacity; VO2; COVID-19, children	4-Jan-21	The Deconditioning Effect of the COVID-19 Pandemic on Unaffected Healthy Children	Pediatric Cardiology	Article	This retrospective cohort study compared children's cardiovascular fitness "pre-COVID-19" lockdown (March 2020) and "post-COVID-19" lockdown (June-Sept 2020) in New York City, USA. A cohort of 10 healthy children that underwent cardiopulmonary exercise testing after the COVID-19 hospital restrictions were lifted was compared to a matched cohort before the COVID-19-related shutdowns on school and after-school activities. The oxygen uptake (VO2) max and VO2 at the anaerobic threshold between pre-and post-COVID-19 cohorts were compared. The VO2 max in the post-COVID-19 cohort was significantly lower than in the pre-COVID-19 cohort (39.1 vs. 44.7, p=0.03), and no cardiopulmonary differences in cases and controls accounted for VO2 differences. Furthermore, the percentile of predicted VO2 was significantly lower in the post-COVID cohort than in the pre-COVID cohort (95% vs. 105%, p = 0.042). These findings indicate reduced physical fitness in healthy children due to the COVID-19 lockdowns and highlight the need to provide and promote safe exercise outlets for children to prevent chronic diseases caused by sedentary behavior.	This retrospective study of 10 healthy children's exercise tests pre- and post-COVID-19 lockdowns in the United States showed reduced oxygen uptake in the post-lockdown period (39.1 vs. 44.7, p=0.03) compared to before the lockdown. COVID-19 lockdowns may harm children's health and reduce physical fitness that must be addressed by providing safe opportunities to exercise and practice healthy habits.	Dayton JD, Ford K, Carroll SJ, Flynn PA, Kourtidou S, Holzer RJ. The Deconditioning Effect of the COVID-19 Pandemic on Unaffected Healthy Children, 2021 Jan 4. <i>Pediatr Cardiol.</i> 2021;1-6. doi:10.1007/s00246-020-02513-w
COVID-19; children; adults; disease severity; lung progenitor cells; China	3-Jan-21	Distinct disease severity between children and older adults with COVID-19: Impacts of ACE2 expression, distribution, and lung progenitor cells	Clinical Infectious Diseases	Article	This study in China examined the expression pattern of angiotensin-converting enzyme 2 (ACE2), the cell-entry receptor for SARS-CoV-2, and the role of lung progenitor cells in children and older patients. The authors retrospectively analyzed clinical features in a cohort of 299 patients with COVID-19 between 17 January-25 March 2020. Patients were divided according to age: 0-16 years (children; n=173; 52.6% male), 16-50 years (young adults; n=89; 48.8% male), and >50 years (older adults; n=37; 51.4% male). ACE2 expression, distribution, and lung progenitor cells in lung biopsy samples from 26 children (age range=2 months-12 years) and 24 adults (age range=16-80 years) were examined. Compared with children, patients aged >50 years were more likely to develop severe pneumonia (35.1% vs 0.6%, p=0.001), reduced lymphocytes (p<0.0001), and aberrant inflammatory response (p=0.001). The expression level of ACE2 and lung progenitor cell markers were generally decreased in older patients. Notably, ACE2-positive cells were mainly distributed in the alveolar region, including SFTPC+ cells, but rarely in airway regions in the older adults (p<0.01). The follow-up of discharged patients revealed a prolonged recovery from pneumonia in the older patients (p<0.025). The findings suggest that compared to children, older patients are more vulnerable to developing severe pneumonia with poor recovery potential from COVID-19.	This study in China examined the expression pattern of angiotensin-converting enzyme 2 (ACE2), the cell-entry receptor for SARS-CoV-2, and the role of lung progenitor cells in children and older patients. The findings suggest that compared to children, older patients are more vulnerable to developing severe pneumonia with poor recovery potential from COVID-19.	Zhang Z, Guo L, Huang L, et al. Distinct disease severity between children and older adults with COVID-19: Impacts of ACE2 expression, distribution, and lung progenitor cells. <i>Clin Infect Dis.</i> 2021. doi:10.1093/cid/ciaa1911.
Children, schools, community transmission, infection prevention	3-Jan-21	Longitudinal testing for respiratory and gastrointestinal shedding of SARS-CoV-2 in day care	Clinical Infectious Diseases	Original Research	In this longitudinal study from June 18- September 10, 2020, the authors sought to determine the role of young children in the transmission of SARS-CoV-2. Attendees and staff from 50 day care centers in the state of Hesse, Germany, were screened for both respiratory and gastro-intestinal shedding of SARS-CoV-2. 859 children (age range 3 months-8 years) and 376 staff members were chosen	In this longitudinal study of respiratory and gastro-intestinal shedding of SARS-CoV-2 among children (859) and staff members (376) in day care centers in Germany, the	Hoehl S, Kreutzer E, Schenk B, et al. Longitudinal testing for respiratory and gastrointestinal shedding of SARS-CoV-2 in day care

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		centres in Hesse, Germany			representatively from throughout the state. Parents were asked to perform both a buccal mucosa and an anal swab on their children once a week. Staff were asked to self-administer the swabs. RT-PCRs for SARS-CoV-2 were performed in a multiple-swab pooling protocol. Out of 7,366 buccal mucosa swabs, SARS-CoV-2 RNA could not be detected in 7,364 (99.97%, 95% CI 99.90%-100%). Out of 5,907 anal swabs, SARS-CoV-2 RNA was not detected in 5,906 (99.98%, 95% CI 99.90%-100%). SARS-CoV-2 was only detected in 2 staff members from distinct day care centers. The authors conclude that detection of either respiratory or gastro-intestinal shedding of SARS-CoV-2 RNA in children and staff members attending day care centers was rare in the context of limited community activity and with infection prevention measures in place.	authors detected only 2 staff members with viral shedding and no children. The authors concluded that detection of SARS-CoV-2 RNA in children and staff members attending day care centers was rare.	centres in Hesse, Germany. Clin Infect Dis. 2021;ciaa1912. doi:10.1093/cid/ciaa1912
COVID-19, pregnancy, psychopathology, cesarean, preterm labor, suicide, neonatal outcome	3-Jan-21	Psychopathology associated with coronavirus disease 2019 among pregnant women	American Journal of Obstetrics and Gynecology MFM	Letter to the Editor	This letter responds to an article by Di Mascio et al., who reported on the outcome of COVID-19 during pregnancy, especially the propensity for C-section and preterm labor. However, this letter notes that the paper failed to report on the psychological impact of COVID-19 on mothers, and how this might affect neonatal outcome. The authors cite reports of increased psycho-pathology during the pandemic, which are associated with infection concern, inadequate prenatal care, and social isolation. Further, the decline in prenatal care attendance seen during the COVID-19 pandemic may account for increases in C-section deliveries, and the restrictions on partner attendance in the delivery room is known to increase the stress and anxiety of mothers. The COVID-19 pandemic has also led to an increase in violence against women, which only exacerbates psycho-pathologies during this time. In summary, this massive increase in stressors and their profound impact on mental health have consequences for both mother and child, such as future suicide risk, premature birth, disrupted maternal-infant bonding, and disordered neuro-development. The author argues that future research should aim to identify at-risk groups, monitor psychological sequelae of COVID-19, and investigate subsequent maternal and neonatal outcomes.	The author responds to a recent article by Di Mascio et al., which reported that pregnant women with COVID-19 have an increased propensity for C-section delivery and preterm labor. This letter states that the psychological stress of the pandemic, as well as social factors, likely play a crucial role in these results. The author argues that future research should monitor at-risk groups and investigate the psychological outcomes of this population.	Ogunbiyi MO. Psychopathology associated with coronavirus disease 2019 among pregnant women. Am J Obstet Gynecol MFM. 2021;3(1):100289. doi:10.1016/j.ajogmf.2020.100289
pediatric; facemasks; COVID-19; SARS-CoV-2	3-Jan-21	Little evidence for facemask use in children against COVID-19	Acta Paediatrica	Editorial	In this editorial, the author responds to an article by Xu (2020), which argued that the decrease in pediatric respiratory departments' use was due to children wearing face masks during the COVID-19 pandemic. The author states that the use of face masks in children might lead to a false sense of safety when wearing non-fitting masks or that parents may send children to school instead of focusing on handwashing, social distancing, and staying home when sick. Furthermore, the author states fewer children visited Swedish emergency departments during the early phases of the COVID-19 pandemic despite nobody wearing masks outside of healthcare institutions. Other disadvantages to children wearing facemasks are that it hinders verbal and non-verbal communication. Children may touch the face masks and increase the viral load to their hands. Advantages of wearing face masks are a decreased risk of SARS-CoV-2 for the child. Despite suggesting that	In this editorial, the author responds to an article by Xu (2020), which argued that the decrease in pediatric respiratory departments' use was due to children wearing face masks during the COVID-19 pandemic. The author states that face masks in children might lead to a false sense of safety instead.	Ludvigsson JF. Little evidence for facemask use in children against COVID-19 [published online, 2021 Jan 3]. Acta Paediatr. 2021;10.1111/apa.15729. doi:10.1111/apa.15729

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					children wearing face masks may not be necessary, the author states that an absence of evidence is not the same as a lack of effect. If future research suggests children wearing face masks does affect mortality, then it should be considered.		
SARS-CoV-2 infection, cheilitis, fever	3-Jan-21	COVID-19 Infection Presenting With Cheilitis and Fever in a Toddler	Cureus	Case Report	This case report details a 13-month-old male patient admitted to a pediatric emergency department in the United States in early April 2020. At the time of admission, the patient presented with fussiness, decreased appetite, and fever for five days that could not be resolved with antipyretics. A physical examination revealed dry and cracked lips, as well as dry mucus membranes. Chest X-rays showed bilateral interstitial infiltrates, which the authors suggest could represent atypical pneumonia. PCR testing for SARS-CoV-2 was positive 24 hours upon admission to the hospital. The patient was started on antibiotics due to suspicion of atypical pneumonia. The fever subsided after one day on antibiotics, and the cheilitis improved during the admission. The authors note that pediatric fever and cheilitis cases are often present in children with Kawasaki disease and may be a symptom of MIS-C, which is directly correlated with COVID-19. They stress that it is important to consider atypical presentations of COVID-19, especially in children.	Based on this case presentation of a child showing signs of cheilitis and an unresolved fever, the authors suggest that children presenting with prolonged fever of an unknown origin should continue to receive a workup for sepsis in addition to considering COVID-19 during this pandemic. Cheilitis may be a new sign or clinical manifestation of COVID-19.	Christian NA, Wadhawan J, Abdelmalek S, Pierre L, Adeyinka A. COVID-19 Infection Presenting With Cheilitis and Fever in a Toddler. Cureus. 2021;13(1):e12444. Published 2021 Jan 3. doi:10.7759/cureus.12444
Bamlanivimab; COVID-19; Casirivimab; Imdevimab; Pediatric; Monoclonal Antibody Therapy; USA	3-Jan-21	Initial Guidance on Use of Monoclonal Antibody Therapy for Treatment of COVID-19 in Children and Adolescents	The Journal of the Pediatric Infectious Diseases Society	Article	In November 2020, the US Food and Drug Administration (FDA) provided Emergency Use Authorizations for 2 virus-neutralizing monoclonal antibody therapies, bamlanivimab, and REGN-COV2 (casirivimab plus imdevimab), for the treatment of mild to moderate COVID-19 in adolescents and adults (≥12 years of age and ≥40kg) in specified high-risk groups. A panel of experts in pediatric infectious diseases, pediatric infectious diseases pharmacy, pediatric intensive care medicine, and pediatric hematology from 29 North American institutions was convened to develop a guidance statement for using these therapies in children. They concluded that there is no evidence for the safety and efficacy of monoclonal antibody therapy for treating COVID-19 in children or adolescents, limited evidence of modest benefit in adults, and evidence for potential harm associated with infusion reactions or anaphylaxis. Based on the evidence available as of December 20, 2020, the panel suggests against routine administration of monoclonal antibody therapy (bamlanivimab, or casirivimab and imdevimab) for treatment of COVID-19 in children or adolescents, including those designated by the FDA as at high risk of progression to hospitalization or severe disease. Clinicians and health systems choosing to use these agents on an individualized basis should consider risk factors supported by pediatric-specific evidence [summarized in this article] and ensure safe and timely administration that does not exacerbate existing healthcare disparities, particularly among children of color.	A panel of experts from 29 North American institutions was convened to develop a guidance statement for the use of monoclonal antibody therapies in children. Based on the evidence available as of December 20, 2020, the panel suggests against routine administration of monoclonal antibody therapy (bamlanivimab, or casirivimab and imdevimab) to treat COVID-19 in children or adolescents, including those designated by the FDA as at high risk of severe COVID-19.	Wolf J, Abzug MJ, Wattier RL, et al. Initial Guidance on Use of Monoclonal Antibody Therapy for Treatment of COVID-19 in Children and Adolescents [published online, 2021 Jan 3]. J Pediatric Infect Dis Soc. 2021;piaa175. doi:10.1093/jpids/piaa175

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COVID-19; Infection; Maternal outcomes; Neonatal outcomes; Italy; vertical transmission	3-Jan-21	Poor maternal-neonatal outcomes in pregnant patients with confirmed SARS-CoV-2 infection: analysis of 145 cases	Archives of Gynecology and Obstetrics	Original Article	<p>Few studies have been conducted to identify maternal-neonatal outcomes among pregnant patients affected by COVID 19. This retrospective study conducted in Italy analyzed maternal–neonatal outcomes in 145 pregnant women with SARS-CoV-2 infection (confirmed by RT-PCR of nasopharyngeal swabs) attending one of two hospitals between March and July 2020. 116 (80%) were symptomatic, and 29 (20%) were asymptomatic. 111 patients (76.5%) had a history of respiratory disease. Mean gestational age at delivery was 36 weeks ± 5 days, while the mean maternal age was 31.5 ± 5.63 years [age range not reported]. C-reactive protein (CRP) serum levels were higher than the normal range (mean value: 56.93 ± 49.57 mg/L). The mean interval between positive SARS-CoV-2 test and delivery was 8.5 days. The percentage of patients who delivered vaginally was higher than those who delivered via C-section (74.4% vs. 25.6%), the percentage of term birth was higher than preterm (62% vs. 38%), and percentages of maternal and neonatal death were 5% and 6%, respectively. The authors also report that 5% of cases resulted in vertical transmission, assessed by RT-PCR of amniotic fluid, placenta and/or cord blood collected immediately after birth. The authors note that the preterm delivery rate in this study (38%) is much higher than in the general pregnant population accessing these 2 hospitals (8.75%). Rates of vaginal delivery are higher than those reported in other studies of pregnant women with COVID-19 but consistent with the overall rate of spontaneous delivery at their institutions. The authors claim this may be due to the positive reception of guidance by Favre et al. (2020), proposing that vaginal delivery be considered for patients' benefit when labor rooms are equipped for airborne precautions.</p>	This retrospective study conducted in Italy analyzed maternal–neonatal outcomes in 145 pregnant women with SARS-CoV-2 infection attending one of two hospitals between March and July 2020. The authors conclude that SARS-CoV-2 infection seems to affect both maternal and neonatal outcomes negatively.	Di Guardo F, Di Grazia FM, Di Gregorio LM, et al. Poor maternal-neonatal outcomes in pregnant patients with confirmed SARS-Cov-2 infection: analysis of 145 cases [published online, 2021 Jan 3]. Arch Gynecol Obstet. 2021;10.1007/s00404-020-05909-4. doi:10.1007/s00404-020-05909-4
COVID-19; postpartum; extracorporeal membrane oxygenation; United States	2-Jan-21	Triple Threat: Postpartum, Coronavirus Disease 2019 Positive, and Requiring Extracorporeal Membrane Oxygenation	Air Medical Journal	Case Report	<p>The authors describe the case of a 34-year-old, 150-kg, pregnant female (35 weeks' gestation) who presented to a critical access hospital in the United States with shortness of breath and rapid decompensation. Her case led to unique challenges with transport when she tested positive for SARS-CoV-2. The patient underwent a C-section and rapidly decompensated. She was in the medical ICU for 8 days because of her respiratory status, and then had repeated episodes of bradycardia and hypotension with position changes. It was determined that extracorporeal membrane oxygenation (ECMO) was required. At this point a cardio-thoracic surgeon and perfusionist were flown with the flight team to the critical access hospital to cannulate the patient before transport, because of the patient's severely unstable hemodynamic status. The patient was admitted to a tertiary facility for multiple rounds of treatments (vasopressor agents, blood products, trial of hydroxychloroquine that was later discontinued, convalescent plasma and tocilizumab) and was later discharged back to the critical access hospital for rehabilitation and recovery. The neonate tested negative for SARS-CoV-2 and was sent home with family 3 days after delivery, with no complications related to the patient's condition.</p>	The authors describe the case of a 34-year-old, 150-kg, pregnant female (35 weeks' gestation) who presented to a critical access hospital in the United States with shortness of breath and rapid decompensation. Her case led to unique challenges when she tested positive for SARS-CoV-2. The case highlights the challenges involved in transport of SARS-CoV-2 patients with complicated clinical course.	Clough BM. Triple Threat: Postpartum, Coronavirus Disease 2019 Positive, and Requiring Extracorporeal Membrane Oxygenation. Air Med J. 2021;40(2):124-126. doi:10.1016/j.amj.2020.12.009.

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					The case highlights the challenges involved in transport of SARS-CoV-2 patients with complicated clinical course.		
Duchenne muscular dystrophy; Myasthenia; Myopathy; Neuropathy; SARS-CoV-2; Spinal muscular atrophy	2-Jan-21	COVID-19 in children with neuromuscular disorders	Journal of Neurology	Original Research	This retrospective, multi-center study described the clinical characteristics and outcome of COVID-19 in children with neuromuscular disorders in Spain, from March 1 – November 17, 2020. Patients with laboratory-confirmed SARS-CoV-2 infection via rRT-PCR test, serological test and/or antigen test, were included. 29 subjects (20 males; mean age 8.4 years, range 4 months - 17 years) were included. The most prevalent neuromuscular condition was spinal muscular atrophy (SMA) (11/29, 38%), including 6 patients with SMA type 1 and 5 patients with SMA type 2. 11 patients (38%) remained asymptomatic, 16 patients (55%) had mild COVID-19 symptoms, and 3 patients (10%) with SMA 1 were categorized as moderate, with one of them being admitted in the pediatric ICU for 3 days. 3/29 patients (10%) were hospitalized for an average of 7 days (range 3–10 days). All the children improved and were discharged from hospital. Respiratory complications or need of extra ventilatory support were uncommon. The authors suggest that the course of COVID-19 in children with neuromuscular disorders may not be as severe as expected, although children with SMA 1 appear to be a more vulnerable group. The authors conclude that the protective role of young age seems to outweigh the risk factors that are common in neuromuscular patients.	This retrospective, multi-center study described the clinical characteristics and outcome of COVID-19 in children with neuromuscular disorders in Spain, from March 1 – November 17, 2020. The authors suggest that the course of COVID-19 in children with neuromuscular disorders may not be as severe as expected, although children with SMA 1 appear to be a more vulnerable group. The authors conclude that the protective role of young age seems to outweigh the risk factors that are common in neuromuscular patients.	Natera-de Benito D, Aguilera-Albesa S, Costa-Comellas L, et al. COVID-19 in children with neuromuscular disorders [published online ahead of print, 2021 Jan 2]. <i>J Neurol.</i> 2021;1-5. doi:10.1007/s00415-020-10339-y
COVID-19; food allergy immunotherapy; pediatric; management; food allergy	2-Jan-21	Managing food allergy immunotherapy in children during the COVID-19 pandemic	Allergologia et Immunopathologia	Original Research	The authors discuss guidelines for managing patients with food allergy immunotherapy (FA-IT) during the COVID-19 pandemic in Italy. They recommend minimizing the possibility of severe reactions needing hospitalizations during the pandemic (that can put children at a higher risk of contracting SARS-CoV-2) through measures such as at-home management of anaphylaxis episodes and an emergency plan (including epinephrine auto-injector). They also highlight the importance of not interrupting ongoing FA-IT, which would disrupt the desensitization process and the provision of psychological support services for those having to halt the FA-IT. Hence, they make the following recommendations for SARS-CoV-2 negative patients: continuation of maintenance dose consumption in children with no allergic reaction symptoms at home; reduction of the current maintenance dose by at least 1/2 if non-anaphylactic allergic symptoms occur; and interruption of oral FA-IT and initiation anaphylaxis management in the event of an anaphylactic reaction, until regular practice is resumed. They recommended discontinuing FA-IT in SARS-CoV-2 positive patients. However, for asymptomatic patients with exposure or contact to SARS-CoV-2 positive individuals, they recommended the continuation of FAIT and lowering the maintenance dose by at least ½ with the onset of SARS-CoV-2 symptoms. Finally, they suggest resuming FA-IT for recovering SARS-CoV-2 patients at	The authors provide guidelines for the care and management of children undergoing food allergy immunotherapy (FA-IT) during the COVID-19 pandemic. Highlighting the challenges posed by halting desensitization, they recommend the continuation of FA-IT unless the pediatric patient is suspected/confirmed with SARS-CoV-2 infection and changes in maintenance doses by at least half in response to non-anaphylactic allergic reactions and symptom onset in asymptomatic individuals.	Barni S, Giovannini M, Sarti L, et al. Managing food allergy immunotherapy in children during the COVID-19 pandemic. <i>Allergol Immunopathol (Madr).</i> 2021;49(1):150-152. Published 2021 Jan 2. doi:10.15586/aei.v49i1.37

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					home for patients who suspended FA-IT for <2 weeks and at the hospital for those who did so for >2 weeks.		
COVID-19; Expansion; Pediatric surgery; Satisfaction; Telemedicine	2-Jan-21	Telemedicine in the pediatric surgery in Germany during the COVID-19 pandemic	Pediatric Surgery International	Original Research	The authors explored the impact of the COVID-19 pandemic on parents' and surgeons' experience with telemedicine in Germany from January to October 2020. A cross-sectional survey was administered to pediatric surgery departments (n = 89), pediatric surgeons (n = 812), and families (n = 86) who participated in telemedicine outpatient visits related to pediatric surgery. Results indicated that 21% (n = 19) of the surgery departments provided telemedicine during the time period, and 57% (n = 11) of those departments started telemedicine use during the COVID-19 pandemic. 48% (n = 40) of parents indicated that telemedicine was equal to or better than traditional appointments, while 33% (n = 28) thought it was worse. Advantages of telemedicine noted by the parents included less waiting, time and money savings from not having to travel, and protection from infection. The main limitation to telemedicine indicated by parents and surgeons was lack of physical examination. Other disadvantages included that the child does not have to attend, lack of medical setting, and difficulties with the conversation. The findings indicated an overall positive experience with telemedicine in the study population, with most of the surgical practices anticipating continuing the format after the COVID-19 pandemic.	This study examined parents' and surgeons' perspectives on telemedicine pediatric surgery appointments in Germany during the COVID-19 pandemic. The findings include the proportion of pediatric surgical practices in Germany offering telemedicine during the study period, parental satisfaction with telemedicine, and perceived advantages and disadvantages of telemedicine for such appointments.	Lakshin G, Banek S, Keese D, Rolle U, Schmedding A. Telemedicine in the pediatric surgery in Germany during the COVID-19 pandemic. <i>Pediatr Surg Int.</i> 2021 Jan 2:1–7. doi: 10.1007/s00383-020-04822-w. Epub ahead of print. PMID: 33388961; PMCID: PMC7778404.
Congenital heart disease; CHD; Coronavirus disease 2019; COVID-19, Pediatrics	2-Jan-21	COVID-19 and congenital heart disease: A case series of nine children	World Journal of Pediatrics	Original research	Little evidence exists about COVID-19 outcomes in the pediatric population with congenital heart disease (CHD). This case series included 9 children (age range 18 days - 14 years, median 10 months) with COVID-19 and CHD at an Iranian referral hospital March - April 2020. The authors classified the patients based on the outcome/death and compared the patients' clinical signs and symptoms, CHD type, and drugs administered. Among the 9 patients, one 18-day-old boy and one 14-year-old boy died. Both of these patients had aortic valve stenosis, hypoplastic left heart syndrome, and patent ductus arteriosus. Both deceased patients had tachypnea/respiratory distress, chest pain, and abnormal arterial blood gases, and received a wider range of drugs compared to the surviving group. Their laboratory findings also showed significantly higher C-reactive protein and partial thromboplastin time (PTT) levels, compared to surviving patients. The authors provide a table summarizing each patient's clinical symptoms and outcome. CHD severity is an important predictor of COVID-19 outcome, since patients with severe CHD have hypoxemia and refractory end-organ dysfunction, which are often exacerbated by COVID-19. Therefore, children's general tendency toward mild COVID-19 may not apply to patients with CHD, and healthcare providers need to determine CHD pediatric patient-specific guidelines for COVID-19 treatment.	The authors summarize a case series of 9 pediatric COVID-19 patients with congenital heart disease (CHD) in Iran in March - April 2020. Further studies are critical in determining treatment guidelines for children with CHD and COVID-19.	Haji Esmaeil Memar E, Pourakbari B, Gorgi M, Sharifzadeh Ekbatani M, Navaeian A, Khodabandeh M, Mahmoudi S, Mamishi S. COVID-19 and congenital heart disease: a case series of nine children. <i>World J Pediatr.</i> 2021 Jan 2. doi: 10.1007/s12519-020-00397-7. Epub ahead of print. PMID: 33387256; PMCID: PMC7775830.

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COVID-19; SARS-CoV-2; infection; meta-analysis; neonate; pregnancy; vertical transmission	2-Jan-21	Clinical characteristics and outcomes of pregnant women with COVID-19 and comparison with control patients: A systematic review and meta-analysis [Free Access to Abstract Only]	Reviews in Medical Virology	Systematic Review	This systematic review of studies published up to October 2020 evaluated the clinical characteristics and outcomes of pregnant women with laboratory-confirmed SARS-CoV-2 infection [method not specified] (n=10,000; 121 studies) in comparison with non-pregnant adults with COVID-19 (n=12,817; 228 studies) as well as pregnant controls without COVID-19 [total number not specified; see Table 2]. Data related to vertical transmission are also reported. The mean age of pregnant women with COVID-19 was 33 years, and the mean gestational age at admission was 36 weeks. Fever (pregnant: 75.5%; non-pregnant: 74%) and cough (pregnant: 48.5%; non-pregnant: 53.5%) were the most common symptoms in both groups. Pregnant women were less likely to show cough (OR 0.7; 95% CI 0.67-0.75), fatigue (OR: 0.58; 95% CI: 0.54-0.61), sore throat (OR: 0.66; CI: 0.61-0.7), headache (OR: 0.55; 95% CI: 0.55-0.58) and diarrhea (OR: 0.46; 95% CI: 0.4-0.51) than non-pregnant patients. The most common imaging in pregnant women was ground-glass opacity (57%) and in non-pregnant patients was consolidation (76%). Pregnant women had a higher proportion of leukocytosis (27% vs. 14%), thrombocytopenia (18% vs. 12.5%), and a lower proportion of raised C-reactive protein (52% vs. 81%). Case fatality of non-pregnant patients was 6.4%, and all-cause mortality for pregnant patients was 11.3%. Cesarean delivery (OR: 3; 95% CI: 2-5), low birth weight (LBW) (OR: 9; 95% CI: 2.4-30) and preterm birth (OR: 2.5; 95% CI: 1.5-3.5) were more probable in pregnant women with COVID-19 than pregnant women without COVID-19. The rate of vertical transmission was 5.3% (95% CI 1.3-16), and the rate of confirmed SARS-CoV-2 in neonates born to mothers with COVID-19 was 8% (95% CI 4-16). When tested, SARS-CoV-2 was found in samples of the placenta (12%), breast milk (5%), amniotic fluid (5.6%), umbilical cord (6%), and vaginal secretions (4.6%). 38% of mothers with COVID-19 breastfed, 56% fed with formula, and 39% did mixed feeding. Overall, pregnant patients presented with similar clinical characteristics of COVID-19 compared with the general population, but they may be more asymptomatic. Higher odds of cesarean delivery, LBW, and preterm birth among pregnant patients with COVID-19 suggest an association between SARS-CoV-2 infection and pregnancy complications.	This systematic review compared the clinical characteristics and outcomes of pregnant women with COVID-19 with non-pregnant adults with COVID-19 and pregnant controls without COVID-19. Data related to vertical transmission are also reported. Overall, pregnant patients presented with similar clinical characteristics of COVID-19 compared with the general population but may be more asymptomatic. Higher odds of cesarean delivery, low birth weight, and preterm birth were reported among pregnant patients with COVID-19.	Jafari M, Pormohammad A, Sheikh Neshin SA, et al. Clinical characteristics and outcomes of pregnant women with COVID-19 and comparison with control patients: A systematic review and meta-analysis [published online, 2021 Jan 2]. Rev Med Virol. 2021;e2208. doi:10.1002/rmv.2208
COVID-19; children; parents; pediatric; stress; Turkey	2-Jan-21	The obligation of parents with COVID-19 positivity to stay separated from their children [Free Access to Abstract Only]	Journal of Child and Adolescent Psychiatric Nursing	Original Article	This descriptive and qualitative study examined the experience of parents separated from their children due to parental COVID-19 diagnosis. The study was performed from July 17 - August 18, 2020, using video calls to interview 26 parents (61.4% male) throughout Turkey, with children 0-12 years old. [Further age characteristics of children not included.] Participant ages ranged from 28 to 48 years old, with most between 31 and 40 years (38.6%). All participants had been symptomatic for COVID-19. 38.6% (n=10) of participants had 2 children, and 26.8% (n=7) had > 3 children. While 3 (11.5%) participants needed no hospitalization, 18 (69.3%) were hospitalized for > 7 days. The author found 3 themes from the interviews: 1)	This descriptive and qualitative study examined the experience of parents in Turkey, separated from their children due to parental COVID-19 diagnosis. The author found 3 themes from parent interviews: 1) inability to cope with separation, 2) difficulty finding care for the children, and 3) difficulty	Yavaş Çelik M. The obligation of parents with COVID-19 positivity to stay separated from their children [published online, 2021 Jan 2]. J Child Adolesc Psychiatr Nurs. 2021;10.1111/jcap.12303. doi:10.1111/jcap.12303

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					inability to cope with separation, 2) difficulty finding care for the children, and 3) difficulty explaining the situation to children. The author also speculated that patients' inability to see their children caused them to experience more stress and that this stress could have negatively impacted their recovery. She concluded that parents with COVID-19 have unique problems caring for their families and children and that these issues have a tremendous impact on patients and families. The article recommends that nurses raise awareness of parents' problems with COVID-19 and work with other health care professionals to produce solutions.	explaining the situation to children.	
SARS-CoV-2; COVID-19; chronic liver disease; children	1-Jan-21	"Health status of children with chronic liver disease during the SARS-CoV-2 outbreak: results from a multicentre study"	Clinics and Research in Hepatology and Gastroenterology	Article	The authors collected data from 3 pediatric centres for liver disease in Italy from January- June 2020 of children with chronic liver disease (CLD) to investigate their health status due to the COVID-19 pandemic. 369 of 377 (98%) eligible patients answered the questionnaire, with a mean age of 11.1 years \pm 7.7. Of the 369, 97 patients (26%) had cirrhosis based on histology. 56 (15%) of the patients had suspected SARS-CoV-2 with no PCR tests performed; 43 (77%) developed respiratory symptoms; 28 (65%) had fevers; 23 (53%) had a cough; 4 (10%) had shortness of breath; 17 (40%) had close contact with a suspected COVID-19 case. Of the suspected COVID-19 cases, 9 had biliary atresia (BA) (out of 91 total with BA, 10%); and 6 had chronic hepatitis B or C (out of 79, 8%). 2 of the 369 (0.5%) had a positive nasopharyngeal swab for SARS-CoV-2, but both remained asymptomatic. No patients from the cohort were admitted, and no deaths occurred. The authors state that there was a similar susceptibility to SARS-CoV-2 regardless of the cause of the CLD. The symptomatic patients only developed mild to moderate symptoms, and none required hospitalization. Children with CLD seem to have a course of SARS-CoV-2 similar to the general pediatric population.	The authors collected data from 3 pediatric centres for liver disease in Italy from January- June 2020 of children with chronic liver disease (CLD) to investigate their health status due to the COVID-19 pandemic. There was a similar susceptibility to SARS-CoV-2 regardless of the cause of the CLD.	Di Giorgio A, Nicastro E, Arnaboldi S, et al. "Health status of children with chronic liver disease during the SARS-CoV-2 outbreak: results from a multicentre study". <i>Clin Res Hepatol Gastroenterol.</i> 2021;45(2):101610. doi:10.1016/j.clinre.2020.101610
Children, infection control, handwashing, nonpolio enterovirus, pediatrics	1-Jan-21	Nonpolio Enterovirus Activity during the COVID-19 Pandemic, Taiwan, 2020	Emerging Infectious Diseases	Research Letter	Strict compliance with nonpharmaceutical interventions (eg. handwashing, disinfecting frequently touched surfaces, and closure of schools) implemented during the COVID-19 pandemic has been associated with a decline in influenza activity in many countries, including Taiwan. This letter describes a nationwide survey assessing whether they were also effective against nonpolio enteroviruses (NPEV) in Taiwan, which commonly cause a spectrum of illnesses in young populations in Asia. The authors collected nationwide data on weekly outpatient and emergency department (ED) visits for NPEV among children 0-15 years of age from November 2014–June 2020 from the Taiwan National Infectious Disease Statistics System. The number of NPEV visits during the 2019–20 season was 81,942, compared with the average of 205,979 during the 2014–2019 seasons. They observed a significant and persistent decrease of NPEV during the 2019–20 season, which might be attributable to strict compliance with the nonpharmaceutical interventions [95% confidence interval varied with each week]. The authors conclude that given these results, they predict that up to 90% (71% adjusted) of NPEV activity might have	In this letter, the authors discuss whether nonpharmaceutical interventions, such as handwashing and closure of schools, during the COVID-19 pandemic affecting nonpolio enteroviruses (NPEV) in Taiwan. The authors observed a significant and persistent decrease of NPEV during the 2019–20 season, which might be attributable to strict compliance with the nonpharmaceutical interventions. They predict that up to 90% (71% adjusted) of NPEV activity might have	Kuo SC, Tsou HH, Wu HY, et al. Nonpolio Enterovirus Activity during the COVID-19 Pandemic, Taiwan, 2020. <i>Emerg Infect Dis.</i> 2021;27(1):306-308. doi:10.3201/eid2701.203394

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					been prevented during the 2014–2019 seasons by adopting the same nonpharmaceutical interventions enforced in 2020.	been prevented during the 2014–2019 seasons by adopting the same nonpharmaceutical interventions enforced in 2020.	
COVID-19 lockdown; Compliance; Lifestyle; Children’s behaviours.	1-Jan-21	Impact of lockdown on children’s lifestyle and their collaboration during dental sessions	European Journal of Pediatric Dentistry	Research	This study examines the impact of the COVID-19 lockdown on the collaboration of children with pediatric dentists and associated predictive factors in Rome, Italy. Participants included 212 children (51.4% male; mean age 9.03 years, range 3-16 years) who had started treatment before the lockdown and had spent this period with both parents. Interviews took place April 26, 2020 using an anonymous questionnaire that assessed school and play activities, type of diet, time dedicated to home oral hygiene ,and activities carried out with parents. Parents' work situation during lockdown was included to correlate with time spent at home. 82.08% (95% CI 76.24-86.99%) of the subjects showed an improvement in collaboration compared to pre-lockdown. A significant increase was observed in the odds of improvement in patients with a lower pre-lockdown collaboration (OR: 6.05, p = 0.001), in children with a parental presence at home (jobless, OR: 30.55, p <0.001; in "smart working", OR: 23.06, p <0.001) when compared to children whose parents work away from home. Time dedicated to home oral hygiene was increased if associated with an increased presence of the parents at home (p = 0.015). The authors conclude that changes in family routines and increased parental presence at home, during the COVID-19 pandemic lockdown, are associated with improved collaboration of children during dental sessions.	This study examines the impact of the COVID-19 lockdown on the collaboration of children with pediatric dentists and associative predictive factors in Rome, Italy. The authors conclude that changes in family routines and increased parental presence at home, during the COVID-19 pandemic lockdown, are associated with improved collaboration of children during dental sessions.	Brescia AV, Bensi C, Di Gennaro G, Monda M, Docimo R. Impact of lockdown on children's lifestyle and their collaboration during dental sessions. <i>Eur J Paediatr Dent.</i> 2021;22(1):61-65. doi:10.23804/ejpd.2021.22.01.11
ACE2; COVID-19; SARS-CoV-2 virus; children; lung development; lung progenitor cells; pluripotent stem cells; single cell RNA sequencing; vulnerability	1-Jan-21	Clinical analysis and pluripotent stem cells-based model reveal possible impacts of ACE2 and lung progenitor cells on infants vulnerable to COVID-19	Thernostics	Research Paper	This study analyzed the clinical features of 173 children (0-15 years) with COVID-19 (confirmed by 2 SARS-CoV-2 positive PCR tests) presenting to 4 hospitals in China between January 22-March 15, 2020. The authors also examined the expression and distribution of ACE2 in different developmental stages of children using a combination of lung biopsies, pluripotent stem cell-derived lung cells, RNA-sequencing profiles, and ex vivo SARS-CoV-2 pseudoviral infections. Patients were grouped into 3 age groups: 0-1 years (n=36), 1-5 years (n=41) and 5-15 years (n=96) [no mean/median ages reported]. Infants <1 year old were more vulnerable to develop pneumonia (88.8% (32/36) 0-1 years; 68.3% (28/41) 1-5 years; 46.9% (45/96) 5-15 years; p=0.001). The expression levels of ACE2 did not vary by age in children's lungs. However, ACE2 is notably expressed in Alveolar Type II cells and in SOX9 positive lung progenitor cells detected in both pluripotent stem cell derivatives and infants' lungs. SARS-CoV-2 readily infects the ACE2+SOX9+ cells, and the numbers of these double-positive cells are significantly decreased in older children. Furthermore, infant patients displayed a weaker potency of immune response than that of older children, as evidenced by a substantially weaker response of	This study analyzed the clinical features of children with COVID-19 presenting to 4 hospitals in China. The authors conclude that infants < 1-year-old with SARS-CoV-2 infection are more vulnerable to lung injuries, partly due to differences in immune response and ACE2 expression in infant lung cells. The authors recommend monitoring lung development in young children who have recovered from SARS-CoV-2 infection.	Zhang Z, Guo L, Lu X, et al. Clinical analysis and pluripotent stem cells-based model reveal possible impacts of ACE2 and lung progenitor cells on infants vulnerable to COVID-19. <i>Thernostics.</i> 2021;11(5):2170-2181. Published 2021 Jan 1. doi:10.7150/thno.53136

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					immunoglobins and complement 3. The authors conclude that infants < 1-year-old with SARS-CoV-2 infection are more vulnerable to lung injuries. ACE2 expression in multiple types of lung cells, including SOX9 positive progenitor cells, in cooperation with an unestablished immune system, could be risk factors contributing to infants' vulnerability with COVID-19. The authors recommend monitoring lung development in young children who have recovered from SARS-CoV-2 infection..		
ECMO, thrombosis, hypercoagulability, fibrinogen, MIS-C, intensive care	1-Jan-21	Thrombophilia in Pediatric Patients with Multisystem Inflammatory Syndrome in Children Secondary to Coronavirus Disease 2019 Supported on Extracorporeal Membrane Oxygenation	American Society for Artificial Internal Organs (ASAIO) Journal	Case Report	In this case report, the authors describe 2 pediatric patients with MIS-C requiring extracorporeal membrane oxygenation (ECMO) at Evelina London Children's Hospital (UK) between April-May, 2020 who suffered thrombotic complications. Case 1 was a previously healthy 14-year-old boy admitted with acute multiorgan dysfunction. He developed vasoplegic shock with a broad complex tachy-arrhythmia unresponsive to cardioversion that prompted the initiation of veno-arterial (V-A) ECMO. Anti-factor Xa levels (0.3–0.7 IU/ml) were maintained per unit protocol. Renal replacement therapy was started; however, two filters clotted after 9 and 48 hours of hemofiltration. 10 hours after starting ECMO, CT of the head showed an acute right anterior and middle cerebral artery territory infarction. Case 2 was a previously healthy 12-year-old girl admitted with MIS-C in vasopressor-dependent vasoplegic shock. She had an episode of bradycardia and hypotension leading to a pulseless electrical activity. V-A ECMO was initiated and the anti-factor Xa level target was maintained at 0.5–1.0 IU/ml. 24 hours after ECMO initiation a right atrial thrombus was visualized on transthoracic echocardiography. The authors observed that fibrinogen levels were markedly higher in these cases than in patients without MIS-C undergoing ECMO [significance not reported], and conclude that the increased risk of thrombosis should be considered when optimizing the anticoagulation strategy for patients with MIS-C on ECMO.	This case report describes 2 pediatric patients (ages 14 and 12 years) in the United Kingdom with MIS-C requiring ECMO who suffered thrombotic complications. The authors observed that fibrinogen levels were markedly higher in these cases than in patients without MIS-C undergoing ECMO and conclude that the increased risk of thrombosis should be considered when optimizing the anticoagulation strategy for these patients.	Minen F, Hands C, Mustafa MR, Pienaar A, Lillie J. Thrombophilia in Pediatric Patients with Multisystem Inflammatory Syndrome in Children Secondary to Coronavirus Disease 2019 Supported on Extracorporeal Membrane Oxygenation. ASAIO J. 2021;67(1):7-11.
Inborn error of immunity; SARS-CoV-2; COVID-19	1-Jan-21	A male infant with COVID-19 in the context of ARPC1B deficiency	Pediatric Allergy and Immunology	Letter to the Editor	The authors describe the case of an 8-month old male with COVID-19 in the context of ARPC1B deficiency. He had a history of visits for eczema and rectal bleeding due to cow milk protein allergy (at 1 month) and bronchiolitis caused by a respiratory syncytial virus and oral candidiasis (at 4 months). The child presented to the ED with signs of tachycardia, septic shock requiring rapid fluid resuscitation, and a post-traumatic ulcerated lesion under his tongue with dark discoloration. Intravenous antibiotics with fungal and intravenous immunoglobulin (1g/kg) were started. Blood counts revealed leukocytosis, neutrophilia, and mild eosinophilia (without lymphopenia), with normal platelets. On day 2 of admission, his blood cultures grew Pseudomonas aeruginosa, and he remained febrile, tachypneic, and tachycardic, with oxygen saturation in the low 80s. His chest X-ray revealed nonspecific bilateral interstitial opacities in the perihilar regions, and he tested positive for SARS-CoV-2. On day 6, supplemental oxygen was discontinued, and mild thrombocytopenia and prolonged thromboplastin time (aPTT) were reported. After 14	The authors describe the case of an 8-month old male with COVID-19 in the context of ARPC1B deficiency. The child presented to the ED with septic shock, a post-traumatic ulcerated lesion under his tongue with dark discoloration, and tested positive for SARS-CoV-2. He recovered after treatment with antibiotics, intravenous immunoglobulin, and supplemental oxygen and was discharged after 14 days.	Castano-Jaramillo LM, Yamazaki-Nakashimada MA, Scheffler Mendoza SC et al. A male infant with COVID-19 in the context of ARPC1B deficiency. Pediatr Allergy Immunol. 2021 Jan;32(1):199-201. doi: 10.1111/pai.13322. Epub 2020 Sep 2. PMID: 32683750; PMCID: PMC7405203.

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					days, the patient was discharged without requiring ICU admission or mechanical ventilation. He tested negative for SARS-CoV-2 antibodies 8 weeks after the positive SARS-CoV-2 RT-PCR test. The authors noted that due to his condition, the patient was on monthly supplemental intravenous immunoglobulin treatment, which, in conjunction with his young age, could have ameliorated his condition.		
Kawasaki disease; MIS-C; COVID-19; PIMS-TS	1-Jan-21	Multisystem inflammatory syndrome in children during the coronavirus disease 2019 (COVID-19) pandemic: a systematic review of published case studies	Translational Pediatrics	Systematic Review	This systematic review describes the clinical features, treatment, and outcomes of MIS-C while also assessing the risk of bias of published case studies and their reporting quality. All articles reporting on MIS-C in the context of COVID-19 were searched through June 17, 2020. 24 studies were included, with a total of 270 participants. The male-to-female ratio was close to 1:1 and median age of onset was between 7.3 and 11 years (age range 0.3 to 20 years), which is older than patients with Kawasaki Disease who are normally <5 years old. Fever (100%) and gastro-intestinal symptoms [84% (95% CI: 77%, 90%)] were the most common symptoms. Shock (43-100%), rash (50-81%), conjunctivitis (30-94%), lips or oral cavity changes (25-87%), hand and feet anomalies (16-68%), and lymphadenopathy (10-60%) were observed, while respiratory symptoms were relatively infrequent (12-34%). 78-100% of patients had evidence of SARS-CoV-2 infection; patients positive for SARS-CoV-2 by serology [86% (95% CI: 78%, 95%)] were more than those by RT-PCR [36% (95% CI: 26%, 46%)]. Most patients had one or more increased inflammatory markers including C-reactive protein, procalcitonin, erythrocyte sedimentation rate, ferritin, interleukin-6, and D-dimer, accompanied by neutrophilia and lymphopenia. Impaired cardiac function was seen from elevated biomarkers and abnormal echocardiography. IV immunoglobulin, anticoagulants, inotropic agents, and glucocorticoids were the main treatments. Overall, the outcomes of MIS-C were favorable, with only 1 death recorded.	This systematic review describes the clinical features, treatment, and outcomes of MIS-C. The authors conclude that patients with MIS-C present with symptoms more severe than children with COVID-19, with fever and gastro-intestinal symptoms as the primary manifestations.	Tang Y, Li W, Baskota M, et al. Multisystem inflammatory syndrome in children during the coronavirus disease 2019 (COVID-19) pandemic: a systematic review of published case studies. <i>Transl Pediatr.</i> 2021;10(1):121-135. doi:10.21037/tp-20-188
Pakistan, COVID-19, pediatric, MIS-C, blood group, blood type, ABO	1-Jan-21	Association of Blood Groups with the Severity and Outcome of COVID-19 Infection in Children	Journal of the College of Physicians and Surgeons Pakistan	Short Communication	The study objective is to find associations between ABO blood groups with severity and outcome of COVID-19 in children. Data from the Children's Hospital and Institute of Child Health, Lahore, Pakistan, was used from March-September 2020. 66 children with confirmed COVID-19 [testing method not specified], MIS-C, and blood grouping were included. The mean age of the 66 children was 7.9 ± 4.2 years, 57.6% male. There was no significant difference in the mean age of children with COVID-19 and MIS-C (8.1 ± 4.6 vs. 7.5 ± 3.3 years; p= 0.538). 38 (57.6%) of the children had mild to moderate illness, 23 (34.8%) had severe or critical disease, and 5 (7.6%) were asymptomatic. Blood group A was significantly associated with severe and critical disease (p=0.030), respiratory support requirement (p=0.014) and need for ICU admission (p=0.006). There was no statistical difference in the blood groups between COVID-19 and post-COVID MIS-C (p=0.109) and presence of underlying comorbidity (p=0.064). This study suggests that children with blood group A were more susceptible to severe or critical disease compared to other blood groups.	This study aims to determine whether blood group corresponds to different COVID-19 outcomes in children. The authors find that children with blood group A were significantly more likely to have severe disease, need respiratory support, and require ICU admission.	Bari A, Ch A, Hareem S, et al. Association of Blood Groups with the Severity and Outcome of COVID-19 Infection in Children. <i>J Coll Physicians Surg Pak.</i> 2021;30(1):S57-S59. doi:10.29271/jcpsp.2021.01.S57

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COVID-19; wellbeing; trauma, children, psychological	1-Jan-21	Prospective Effects of Covid-19 on Children: Probable Complications and Interventions	Journal of the College of Physicians and Surgeons Pakistan	Letter to the Editor	The author highlights the potential risks for children associated with the COVID-19 pandemic from available trauma literature. They indicate that children have limited cognitive skills, comprehension ability, and resourcefulness, making them potential candidates for emotional problems. They also indicated that potential behavioral changes as highlighted by trauma research- namely fear, anxiety, confusion, regression, sleep problems, and physical complaints- can indicate an emotionally affected child. Other physical complaints such as appetite loss, speech loss, and loss of bowel and bladder control are also associated with trauma. In older children, trauma problems may manifest in the form of declining academic performance, fighting with siblings and friends, and other behavioral changes (such as disobedience and difficulty concentrating). Hence, to mitigate the harmful effects of trauma due to COVID-19, the author recommends the following: provision of verbal assurance; physical comfort; additional attention and consideration; avoidance of unnecessary separations; consistent caretaking; comforting bedtime routines; time-limited regression; sleeping in parent's room when needed; encouragement of expression in the event of losses. For school-going children, the author recommends: transient relaxation of expectations of performance in school and home; tender but firm boundaries for aggressive/defiant behavior; involvement in daily activities and chores; encouragement of verbal and play expression of thoughts and feelings; empathetic listening; and provision of practical age-appropriate information about the pandemic.	Citing literature on trauma, the authors identify potential emotional and physiological impacts effects of COVID-19 on children. Thus, they recommended measures to mitigate the harmful effects of COVID-19- including additional comforts and considerations, relaxation of expectations on academic performance, involvement in daily activities, and the encouragement of expression of thoughts and feelings.	Chughtai NA. Prospective Effects of Covid-19 on Children: Probable Complications and Interventions. J Coll Physicians Surg Pak. 2021 Jan;30(1):S46-S47. doi: 10.29271/jcsp.2021.01.S46. PMID: 33650428.
COVID-19; Children; containment measures; coronavirus; family exposure	1-Jan-21	Family exposure and the impact of containment measures to children with coronavirus disease 2019 outside Hubei, China: a cross-sectional study	Translational Pediatrics	Original Article	The aim of the study was to describe the epidemiologic and demographic features of COVID-19 patients under 18 years of age and evaluate the effects of containment measures on family exposure to SARS-CoV-2 infection among children of different age groups outside Hubei, China. The authors conducted a cross-sectional study of 376 children with SARS-CoV-2 infection from January 20-February 13, 2020, in China. 31.1% were aged 0-5 years old, 34.6% 6-11 years old, and 34.3% 12-17 years old. 54.5% had a history of SARS-CoV-2 exposure in Hubei, and 41.5% were locally infected. 4% of children with COVID-19 were exposed in regions other than Hubei, and 62.0% reported family exposure. Children diagnosed on or after February 4, 2020, had a lower odds of exposure to COVID-19 outside of the family compared to those diagnosed before February 3, 2020 (OR =0.594, 95% CI: 0.391 to 0.904). Children aged 0 to 5 years had the lowest odds of exposure outside of the family (OR =0.420, 95% CI: 0.196 to 0.904) compared to the other age groups assessed. The authors determined that the implementation of containment measures was effective in reducing the odds of exposure outside of the family, especially for preschool children.	The aim of the study was to describe the epidemiologic and demographic features of COVID-19 patients under 18 years of age and evaluate the effects of containment measures on family exposure to SARS-CoV-2 infection among children of different age groups outside Hubei, China. The authors determined that the implementation of containment measures was effective in reducing the odds of exposure outside of the family, especially for preschool children.	Yang S, Feng X, Du P, et al. Family exposure and the impact of containment measures to children with coronavirus disease 2019 outside Hubei, China: a cross-sectional study. Transl Pediatr. 2021;10(1):92-102. doi:10.21037/tp-20-214
COVID-19, children, standard	1-Jan-21	Guidelines for the Management of Children and	Translational Pediatrics	Study Protocol	The authors outline their plan to update previous rapid advice guidelines into a high-quality, implementable standard guidelines for the management of COVID-19 in children and adolescents. According	The authors outline their plan to update previous rapid advice guidelines into a high-	Zhou Q, Li W, Zhao S, Li Q, Shi Q, Wang Z, Liu H, Liu X, Estill J, Luo Z, Li Q, Yang K,

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guideline, protocol		Adolescent with COVID-19: protocol for an update			to the WHO guidelines development methodology, a standard (instead of rapid) guideline is recommended for public health emergencies that have lasted at least 6 months. Guidelines need to be regularly updated to ensure the reliability, timeliness, implementation, and clinical relevance of the recommendations. The authors plan to follow the clinical practice guideline update manuals of the National Institute for Health and Clinical Excellence and the Spanish National Health System. The updated guidelines will also follow the RIGHT (Reporting Items for Practice Guidelines in Healthcare) checklist and Checklist for the Reporting of Updated Guidelines (CheckUp). 4 specific groups will be established: a steering group, an expert consensus group, an evidence synthesis and evaluation group, and a secretariat. The authors plan to update COVID-19 guidelines through systematic search, evaluation and grading of the best available relevant clinical evidence, combined with the experience of frontline clinical experts in the fight against the epidemic.	quality, implementable standard guidelines for the management of COVID-19 in children and adolescents.	Liu E, Chen Y. Guidelines for the Management of Children and Adolescent with COVID-19: protocol for an update. <i>Transl Pediatr.</i> 2021 Jan;10(1):177-182. doi: 10.21037/tp-20-290. PMID: 33633950; PMCID: PMC7882303.
COVID-19; pregnancy; vertical transmission	1-Jan-21	Impact of COVID-19 on Pregnancy	International Journal of Medical Sciences	Systematic Review	This systematic review summarized the possible symptoms, treatments, and pregnancy outcomes of women infected with SARS-CoV-2 during pregnancy. The current knowledge about COVID-19 is limited, and it shares both similarities and differences with SARS and MERS, although COVID-19 appears to be less lethal. However, particular attention should be given to pregnant women with underlying diseases since they are at a higher risk of developing severe COVID-19. Pregnant women with SARS have been reported to have a high miscarriage rate. Hence, an increased risk of miscarriage in women with COVID-19 cannot be ruled out at this stage due to the lack of data on first-trimester SARS-CoV-2 infection. In women with COVID-19 and ongoing pregnancy, surveillance for fetal growth restriction is reasonable, given that fetal growth restriction was observed in most ongoing pregnancies with SARS. In women with SARS and MERS, cesarean section was most commonly indicated due to maternal hypoxemia. As COVID-19 maternal illness does not appear to be as severe as SARS and MERS, the high rate of cesarean section is unreasonable, and further analysis is needed. There is currently no evidence of vertical transmission, and SARS-CoV-2 has not been found in the amniotic fluid, umbilical cord blood, neonatal throat swabs, or breast milk. The mode of delivery should therefore depend on obstetric indications and not on COVID-19. Careful monitoring of both mother and fetus and measures to prevent neonatal infection is warranted during the COVID-19 pandemic.	This systematic review summarized the possible symptoms, treatments, and pregnancy outcomes of women infected with SARS-CoV-2 during pregnancy. The current knowledge about COVID-19 is limited, and there is no evidence suggesting vertical transmission. Careful monitoring of both mother and fetus and measures to prevent neonatal infection is warranted during the COVID-19 pandemic.	Wang CL, Liu YY, Wu CH, et al. Impact of COVID-19 on Pregnancy. <i>Int J Med Sci.</i> 2021;18(3):763-767. doi:10.7150/ijms.49923.
COVID-19; bacillus calmette guerin (BCG); immunoglobulins; cytokines, vaccination	1-Jan-21	Associations between vaccinations and clinical manifestations in children with COVID-19	Translational Pediatrics	Original Research	In this case-control study, the authors explored the associations of Bacillus Calmette Guerin (BCG) vaccination and clinical manifestations in pediatric patients with COVID-19 in China between January and March 2020. A total of 248 confirmed and 56 suspected pediatric COVID-19 cases were recruited from 2 pediatric hospitals in Wuhan and Shanghai, China. Among all cases, 280 patients (92%) had received the BCG vaccine. The median age was 7 years, with 39% of the	The authors explored the associations of Bacillus Calmette Guerin (BCG) vaccination and clinical manifestations in pediatric patients with COVID-19 in China between January and	Liu S, Yuan C, Lin J, et al. Association between vaccinations and clinical manifestations in children with COVID-19. <i>Transl Pediatr.</i> 2021;10(1):17-25. doi:10.21037/tp-20-225

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					participants being girls. Asymptomatic cases comprised 30% of the sample, and the percentage of asymptomatic cases having received the BCG vaccine (30%) was not significantly higher than those without the BCG vaccine (46%; p=0.20). Additionally, participants' initial symptoms were not associated with having received the influenza vaccine (p=0.27). Compared to parameters in pediatric patients with normal body temperatures, patients with fever had higher C-reactive protein levels (p < 0.001). The authors concluded that pediatric COVID-19 patients with and without BCG vaccinations exhibit similar clinical manifestations, suggesting that symptom severity may be related to immune function maturity.	March 2020. Findings from this study showed that pediatric COVID-19 patients in China with and without BCG vaccinations exhibited similar clinical manifestations of COVID-19, suggesting that symptom severity may be related to immune function maturity.	
type 1 diabetes; telehealth; family education; isolation	1-Jan-21	Isolation and Education During a Pandemic: Novel Telehealth Approach to Family Education for a Child With New-Onset Type 1 Diabetes and Concomitant COVID-19	Clinical Diabetes	Case Study	The authors describe how concurrent new-onset type 1 diabetes and COVID-19 pose a unique challenge for delivering effective diabetes care and education in the United States. They suggest that health care professionals be creative, flexible, and agile in adapting to alternative methods of delivering the same high standards of diabetes care and support as before the COVID-19 pandemic. The authors describe the case of a 10-year-old girl with new-onset type 1 diabetes and concomitant COVID-19, who presented to a telehealth visit with her pediatrician with a 2-week history of cough, shortness of breath, abdominal pain, and vomiting in the setting of SARS-CoV-2 positivity in immediate family members. She was sent to the Emergency Center, where her laboratory evaluation revealed HbA1c >14.0%, glucose 581mg/dL, and pH of 7.05, consistent with diabetic ketoacidosis (DKA). Following treatment with insulin and intravenous fluids, the patient's DKA and COVID-19 symptoms resolved within 2 days. The patient then received educational telehealth sessions and HIPAA-compliant video conferencing visits with endocrinologists and dietitians for type 1 diabetes management. Treatment and identification of patients with type 1 diabetes, especially during the COVID-19 pandemic, is essential, especially among pediatric cases. Telehealth visits are useful tools that can help ensure patients receive adequate care and guidance in managing their new diagnoses virtually.	The authors use the case of a 10-year-old patient with new-onset type 1 diabetes and concomitant COVID-19 to highlight the importance of telehealth visits and educational sessions in guiding the management of type 1 diabetes during the COVID-19 pandemic. The patient was effectively treated in the hospital, and received telehealth support for future management. Telehealth visits are useful tools that can help ensure patients receive adequate care and guidance in managing their clinical conditions virtually.	Shawar RS, Cymbaluk AL, Bell JJ, et al. Isolation and Education During a Pandemic: Novel Telehealth Approach to Family Education for a Child With New-Onset Type 1 Diabetes and Concomitant COVID-19. <i>Clin Diabetes</i> . 2021;39(1):124-127. doi:10.2337/cd20-0044
SARS-CoV-2; pregnancy; race; testing; risk factors	1-Jan-21	SARS-CoV-2 infection in pregnancy: Lessons learned from the first pandemic wave	Paediatric and Perinatal Epidemiology	Commentary	In this commentary, the authors outline the main lessons learned regarding SARS-CoV-2 infection during pregnancy from the first wave of the COVID-19 pandemic (April-June 2020). The authors cite the study by Reale et al. entitled, "Patient characteristics associated with SARS-CoV-2 infection in parturients admitted for labor and delivery in Massachusetts during the spring 2020 surge: A prospective cohort study" based in Boston, Massachusetts, USA as reference for their lessons-learned summary. They first describe the importance of universal testing in labor and delivery (L&D), particularly in settings with a high proportion of asymptomatic SARS-CoV-2 infections. Universal testing in L&D can alert public health officials to the evolving epidemiology in the area, because pregnant women are generally representative of the broader population. The second lesson is that most SARS-CoV-2-infected individuals have identifiable risk factors,	The authors of this commentary summarize 4 main lessons learned regarding SARS-CoV-2 infection during pregnancy from a study based in Boston, Massachusetts, USA. They describe the importance of universal testing in labor and delivery, the presence of risk factors, the increased infection risk for non-healthcare essential workers and the increased risk for racial and ethnic minorities.	Brandt, J. S., & Fell, D. B. (2021). SARS-CoV-2 infection in pregnancy: Lessons learned from the first pandemic wave. <i>Paediatric and Perinatal Epidemiology</i> , 35(1), 34–36. https://doi.org/10.1111/ppe.12745

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					such as zip code (reflecting social interaction and corresponding risks). Another lesson is that pregnant non-healthcare essential workers are particularly vulnerable to SARS-CoV-2 (infection OR=6.2, 95% CI 3.3, 11.2, compared to pregnant non-essential workers). The final lesson is that racial and ethnic minorities are at increased risk of infection. The authors report the findings that, compared with White women, Black women had a 6-fold (95% CI 3.0, 11.9) higher odds of infection and Hispanic women had 11-fold (95% CI 6.7, 18.7) higher odds. The authors conclude by saying that as subsequent waves of infections continue, there is still much to learn.		
COVID-19; chaotic eye movement; neonate; opsoclonus	1-Jan-21	OPSOCLONUS AFTER COVID-19 IN AN INFANT	Pediatric Neurology	Case Report	The authors reported the case of a 4-month old female in the US who experienced multiple episodes of unheralded conjugated eye movement of variable duration daily, 1 month after COVID-19 infection [date of presentation not reported]. She and her twin were born by C-section at 36 weeks' gestation and reported respiratory symptoms (cough and dyspnea) at 5 weeks of age. She, her sister, and her mother tested positive for SARS-CoV-2, and the case's symptoms resolved within 1 week, which is when her mother noticed her "eye vibrations". She was febrile and interactive between episodes of chaotic eye movement and had normal-to-mildly increased muscle tone, with normal strength, flexes and coordination. Her neuro-eye exam was normal, and a prolonged video electroencephalogram captured an 8-minute episode of abnormal eye movement, that was determined to be non-epileptic. MRI of the head and spine and CT of the chest, abdomen, and pelvis were negative. Her cerebrospinal fluid tested negative for protein, glucose, and oligoclonal bands, while her laboratory tests were normal. Her repeat SARS-CoV-2 swab was negative, but she tested positive for SARS-CoV-2 IgG/IgM antibodies. Upon treatment with IV corticosteroids and immunoglobulin, her eye movement disorder was eliminated, and she was discharged with oral corticosteroids. The authors diagnosed her with opsoclonus-myoclonus syndrome with COVID-19.	The authors reported the case of a 4-month old infant in the US who reported daily episodes of chaotic eye movement 1-month after she was diagnosed with SARS-CoV-2 infection. Her neurological exam, neuro-eye exam, MRI, CT, and laboratory findings were normal, and the episodes were determined to be non-epileptic in nature. Clinical symptoms resolved upon treatment with IV corticosteroids and immunoglobulin.	Heald DL, Devine IM, Smith RL, et al. OPSOCLONUS AFTER COVID-19 IN AN INFANT [published online ahead of print, 2021 Jan 1]. <i>Pediatr Neurol</i> . 2021;doi:10.1016/j.pediatr.neurol.2020.12.009
COVID-19, autism, telehealth, rural, pediatrics	1-Jan-21	Autism and Access to Care During the COVID-19 Crisis [Free Access to Abstract Only]	Journal of Developmental and Behavioral Pediatrics (JDBP)	Case Report	This article details the case of a 6-year-old male in the US with autism spectrum disorder (ASD), describing the impact of the COVID-19 pandemic on his symptoms. He had a history of self-injury (head-banging, throwing himself onto the floor, etc.) that regularly result in bruising, tantrums, and aggression toward family and teachers. He lived in a rural area 2 hours from the nearest center; the regional special education program was not equipped to safely manage his behaviors and there were no available agencies that provided applied behavior analysis. His pediatrician initiated guanfacine (eventually adding a small dose of aripiprazole) and referred the family to weekly telehealth behavioral parent training. His behavioral problems decreased during the initial weeks of the COVID-19 crisis; however, as summer continued, his self-injury behaviors worsened resulting in numerous after-hours consultations with his psychologist and developmental pediatrician and a trip to the emergency department.	This article details the case of a 6-year-old male in the US with autism spectrum disorder (ASD), describing the impact of the COVID-19 pandemic on his symptoms.	Nadler C, Godwin DL, Dempsey J, Nyp SS. Autism and Access to Care During the COVID-19 Crisis. <i>J Dev Behav Pediatr</i> . 2021;42(1):73-75. doi:10.1097/DBP.0000000000000894

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					Other psychosocial stressors for the family included employment loss, limited social support because due to social distancing, and illness of one of his parents. His pediatrician continued to modify his medication, transitioning him from guanfacine to clonidine and increasing his aripiprazole incrementally with increased benefit; hydroxyzine was also used as needed. If he resumes in-person school, teleconsultation with a board-certified behavior analyst may be needed for further behavioral assessment/guidance. Connecting the parents with a special education advocate virtually may help ensure that the school is complying the US Individuals with Disabilities Education Act.		
IgA Vasculitis, COVID-19, Children, Henoch Schonlein Purpura	1-Jan-21	A Child with COVID-19 and Immunoglobulin A Vasculitis [Free Access to Abstract Only]	Pediatric Annals	Case Report	This article reports the case of a previously healthy 2-year-old boy with severe, colicky abdominal pain for 4 days and a new onset of non-blanching, palpable purpuric and ecchymotic rash on forearms, legs, buttocks, and right ear in the United States. He had hematochezia and hematemesis. His vital signs were stable. No organomegaly was found on abdominal examination. He tested positive for SARS-CoV-2 PCR. Within 3 days, the rash evolved from small purpura to large ecchymotic lesions and edema, with new lesions on the palms, face, and scrotum. During this time, his D-dimer and C-reactive protein levels increased, from 4.58 mcg/mL to 19.88 mcg/mL and 1.3 mg/dL to 2.5 mg/mL, respectively, and hemoglobin decreased from 10.2 g/dL to 8.1 g/dL. An esophago-gastro-duodenoscopy revealed significant edema, erythema, and erosions in the stomach and duodenum. IgA vasculitis (Henoch-Schoenlein purpura) diagnosis was supported by histopathology findings from a right thigh skin biopsy and IgA immuno-stain. The patient was treated with steroids and low-molecular-weight heparin. He was discharged after his condition improved in 2 days. COVID-19 might have triggered IgA vasculitis in this patient. However, due to limited molecular laboratory testing availability, direct immunofluorescence was not performed, and other infectious causes were not ruled out.	This is a case report on a previously healthy 2-year-old boy with IgA vasculitis (Henoch Schonlein purpura) and COVID-19 in the United States. Elevated D-dimer and skin biopsy can help diagnose suspected IgA vasculitis cases.	Hoskins B, Keaven N, Dang M, et al. A Child with COVID-19 and Immunoglobulin A Vasculitis. <i>Pediatr Ann.</i> 2021;50(1):e44-e48. doi:10.3928/19382359-20201211-01
Severe, children, treatment, guidelines	1-Jan-21	Caring for Critically Ill Children With Coronavirus Disease 2019: Uncharted Territory and Fuzzy Maps	Pediatric Critical Care Medicine	Editorial	Although many papers have been written about COVID-19 in children, pediatric critical care staff have little knowledge of the pathophysiology or treatment recommendations for children with severe SARS-CoV-2 infection. The European Society of Paediatric Neonatal Intensive Care (ESPNIC) has issued recommendations for this population based on the scant available literature. Another concern is MIS-C, for which the ESPNIC authors propose the use of 2020 Pediatric Septic Shock guidelines with some caveats, including steroid, immunoglobulin, and monoclonal antibody use. Their guideline document also outlines ethical considerations of postponing surgeries, as well as the deleterious effects of prolonged isolation. Treatment of critically ill children affected by COVID-19 is fraught with uncertainty. Hence, reporting individual professional experiences and providing resultant recommendations provide clinicians with some guidance. The ESPNIC practice recommendations are sound as of July 2020 but subject to change, as the tsunami of data and evidence leads to	The author outlines recent guidelines issued by the European Society of Paediatric Neonatal Intensive Care, for the treatment of children with severe COVID-19. The document, current as of July 2020, outlines treatment options as well as ethical considerations for this population.	Kissoon N. Caring for Critically Ill Children With Coronavirus Disease 2019: Uncharted Territory and Fuzzy Maps. <i>Pediatric Critical Care Medicine.</i> 2021;22(1):127-130. doi:10.1097/PCC.0000000000002625

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					improved knowledge of the patho-physiology and clinical manifestations of COVID-19.		
COVID-19; Disability; Fetal Alcohol Spectrum Disorders; Gestation; Mental Retardation; Pollution	1-Jan-21	Challenges for Midwives' Healthcare Practice in the Next Decade: COVID-19 - Global Climate Changes - Aging and Pregnancy - Gestational Alcohol Abuse	Clinical Therapeutics	Commentary	The authors highlight a number of challenges for midwives' practice in the next decade, including the COVID-19 pandemic. The vulnerability of midwives to SARS-CoV-2 infection is noted, as well as the need for more training for midwives related to the COVID-19 pandemic. Suggested training components include managing a patient with COVID-19, COVID-19 signs and symptoms, screening for COVID-19, use of PPE, management of number of people present during the birth, monitoring fetal well-being using cardio-tocography, providing breastfeeding information to mothers with COVID-19, and preventing transmission of COVID-19 from mother to child after birth. The willingness of midwives to expand their practice through professional development and advanced roles is noted.	This article describes challenges that midwives will experience globally in the next decade, including the COVID-19 pandemic. The willingness of midwives to engage in professional development is noted, along with a number of suggested training components as relates to COVID-19.	D'Angelo A, Ferraguti G, Petrella C, et al. Challenges for Midwives' Healthcare Practice in the Next Decade: COVID-19 - Global Climate Changes - Aging and Pregnancy - Gestational Alcohol Abuse. Clin Ter. 2021;171(1):e30-e36. doi:10.7417/CT.2021.2277
children; adolescents; COVID-19; health impacts; long term	1-Jan-21	More research is needed on the long-term effects of COVID-19 on children and adolescents	Acta Paediatrica	Commentary	In this commentary, the author calls for further research on the long-term [definition of long-term not explicit] impact of COVID-19 on children and adolescents. They argue that the early findings suggesting low COVID-19 diagnosis and mortality rates among children have resulted in a lack of consideration of the long-term effects the virus may have on this population. The author reflects on the importance of MIS-C, which typically does not appear until 4 weeks after infection in children and presents with a range of symptoms. He questions whether the rates of Kawasaki disease will be affected by the COVID-19 pandemic. The author highlights the issue of different case definitions for MIS-C from the UK Royal College of Paediatrics, the CDC, and the WHO, and calls for a single unified definition. He concludes by stating that, although advancements in acute phase management of COVID-19 have been made, there must be high quality studies to determine best management and treatment of children and teens who have been infected with SARS-CoV-2 and are experiencing long term complications.	This commentary reflects on long-term effects of COVID-19 on children and adolescents, primarily those experiencing MIS-C and prolonged severe symptoms. The author calls for a unified MIS-C case definition and high quality studies to assess optimal management for children and adolescents experiencing long-term complications.	Hertting O. More research is needed on the long-term effects of COVID-19 on children and adolescents. Acta paediatrica. 2021. doi:10.1111/apa.15731
COVID-19; Global health; Pediatric airway; Surgical mission; Telehealth	1-Jan-21	Leveraging telemedicine to preserve pediatric global health missions in the era of COVID-19	International journal of pediatric otorhinolaryngology	Commentary	This commentary outlines the use of a global telehealth program by a multi-disciplinary pediatric surgical airway teaching mission, Operation Airway. The authors describe how they sought to leverage the potential of telehealth to 1) preserve previous teaching progress; 2) provide rapid, international dissemination of information related to pediatric COVID-19 care; 3) virtually support partnering countries; and 4) inspire participating countries to champion each other during the pandemic. The authors speak on their experience with previous telehealth conferences during the pandemic and this organization's strategies for utilizing telehealth. They cite a framework [not in article] that demonstrates how telehealth conferences can help sustain international pediatric teaching efforts while not being able to provide direct patient care during the COVID-19 pandemic.	This brief commentary outlines how telehealth could be used by international partners to sustain global health education efforts, including when direct patient care is not being provided during the COVID-19 pandemic.	Patel KR, Zablah E, Yager PH, et al. Leveraging telemedicine to preserve pediatric global health missions in the era of COVID-19. International Journal of Pediatric Otorhinolaryngology. doi:10.1016/j.ijporl.2020.110494
COVID-19, intubation,	1-Jan-21	Airway Management in	International Journal of Women's	Editorial	Pregnant women are more prone to difficult airway management due to physiologic changes. This article gives best-practice guidelines for intubating pregnant women, especially those with COVID-19. General	Pregnant women are more prone to difficult airway management due to	Ghabousian A, Mahmoodpoor A. Airway Management in Pregnant

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pregnancy, airway		Pregnant Women With COVID-19	Health and Reproduction Sciences		anesthesia is a high-risk procedure, and is only recommended for COVID-19 patients with spO2 <93%. During such procedures, minimizing staff in the room is necessary. Before operating, role allocation and understanding of more difficult airway management techniques are necessary. These techniques include tracheal intubation via a supraglottic airway or video guidance and an Aintree intubation catheter. Pregnant women are more prone to hypoxia, so pre-oxygenation is critical. To reduce aerosolizing the virus, a closed circuit or re-breathing circuit are preferable. After intubation, confirmation of tracheal tube placement should be performed by continuous waveform capnography. Mechanical ventilation should only be administered after cuff inflation and ensuring no leakage. Upon extubation, peri-extubation coughing should be prevented using dexmedetomidine, lidocaine, or opioids. Extubated patients should wear a surgical mask. Increasing the knowledge and confidence level of healthcare workers regarding airway management of pregnant women with COVID-19 is obligatory. Further research is needed to provide an evidence-based foundation for the airway management of pregnant patients with COVID-19.	physiologic changes. This article gives best-practice guidelines for intubating pregnant women, especially those with COVID-19. The article stresses the need for more research to fine-tune these practices, to keep medical personnel and patients safe.	Women With COVID-19. International Journal of Women's Health and Reproduction Sciences. 2021;9(1):336-337. doi:10.15296/ijwhr.2021.011
Protocols; pediatrics; emergency medicine; COVID-19	1-Jan-21	A National US Survey of Pediatric Emergency Department Coronavirus Pandemic Preparedness	Pediatric Emergency Care	Original research	This study aimed to describe the COVID-19 preparedness efforts among pediatric emergency departments (PEDs) within the United States by examining the 1) departmental preparedness efforts for COVID-19, 2) training modalities for COVID-19 care and changes in current policies/procedure/guidelines, and 3) the role of simulation-based COVID-19 training. A survey was conducted from May-June 2020, with 25 of 35 hospitals responding. 64% were academic hospitals. All hospitals reported decreases in non-COVID-19 patients. 60% had a COVID-19-dedicated unit and 32% expanded their pediatric unit patient age to include adult patients. All PEDs conducted PPE training and 62% reported shortages in PPE. The majority implemented changes in the airway management protocols (84%) and cardiac arrest management in COVID-19 patients (76%). The most common training modalities were video/teleconference (84%) and simulation-based training (72%). The most common learning objectives were team dynamics (60%), and PPE and individual procedural skills (56%). The authors conclude by highlighting the importance of communication between PEDs to share and learn from experiences. Additionally, they call for further research in order to advance the level of preparedness and to support evaluation of preparedness actions, for use in future pandemics.	This study of pediatric emergency departments (PEDs) in the United States examined preparedness efforts and changes to policies, procedures, and guidelines during the COVID-19 pandemic. They report that all PEDs incorporated PPE training; most revised clinical protocols, such as for airway and cardiac arrest management; and many made changes to their unit structure.	Auerbach MA, Abulebda K, Bona AM, et al. A National US Survey of Pediatric Emergency Department Coronavirus Pandemic Preparedness. Pediatric Emergency Care. 2021. doi:10.1097/PEC.0000000000002307

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children; hospitalized; characteristics; COVID-19	1-Jan-21	COVID-19 in Pediatrics: Characteristics of Hospitalized Children in New Jersey	Hospital Pediatrics	Original research	This study aimed to understand the factors and clinical presentation of pediatric patients with severe COVID-19. A retrospective chart review of pediatric patients admitted to a large health network in New Jersey, USA, from March 1-May 31, 2020, was conducted. Disease status of all was confirmed with PCR, rapid testing, or serum immunoglobulin G testing. A total of 81 patients 0 - 21 years old were included [mean not included]. 82.7% (N=67) of patients were admitted for management of acute COVID-19, and 17.3% (N=14) were admitted for management of MIS-C. The most common symptoms of acute COVID-19 were fever (73%, N=49) and cough (56%, N=38). For those with acute COVID-19, white blood cell counts were higher in those requiring ICU care (p=0.009). 34.6% (N=28) of all patients required intensive care. In this study, the majority of those admitted for acute COVID-19 and MIS-C were Hispanic (52%, N=42), despite representing less than 20% of the population in the hospital's catchment area. MIS-C patients requiring ICU care were more likely to be obese, though this association was not statistically significant (p=0.393). A minority of patients had chronic conditions (31.4% of those with acute COVID-19, and none with MIS-C) and for those who did, ICU admission was not statistically higher. Absolute lymphopenia (p=0.048) and elevated inflammatory markers (C-Reactive Protein, p=0.005) were statistically significant in the patients with MIS-C treated in the ICU.	This study reported characteristics and clinical presentation of 81 patients 0 - 21 years old with acute COVID-19 or MIS-C in a hospital network in New Jersey, USA. The authors reported a disproportionately high number of patients of Hispanic ethnicity among COVID-19 and MIS-C patients, and no increased risk of ICU admission for patients with chronic health conditions.	Bhavsar, S. M., Clouser, K. N., Gadhavi, J., et al (2021). COVID-19 in Pediatrics: Characteristics of Hospitalized Children in New Jersey. Hospital Pediatrics. doi:10.1542/hpeds.2020-001719
COVID-19; trisomy 21; co-morbidities	1-Jan-21	Trisomy 21 and Coronavirus Disease 2019 in Pediatric Patients	The Journal of Pediatrics	Brief Report	The authors present 4 pediatric cases of COVID-19 in the United States with trisomy 21 (T21) and associated co-morbidities. Case 1 was a 17-year old male, presenting with cough, fever, and pharyngitis, and tested positive for SARS-CoV-2. He was readmitted 2 days after discharge with breathing difficulties, supraclavicular retractions, dehydration, and fever, with his chest radiograph showing bilateral lower lobe reticulonodular opacities. After intubation, he experienced an increase in C-reactive protein and procalcitonin levels from admission and new onset of hypotension, with eventual symptom resolution. Case 2 was a 10-month old male presenting with fever (38.1°C), productive cough, and increased work of breathing, with the chest radiograph depicting bilateral perihilar opacities with left retrocardiac opacity, as well as a positive SARS-CoV-2 test. He was discharged after displaying tolerance to the absence of daytime supplemental oxygen. Case 3 was a 15-year old male, presenting with fever (38.8°C), tachycardia, cough, and recurrent nonbilious emesis. He was put on a nasal cannula and discharged after clinical improvement. Case 4 was a 14-year old male who reported acute onset of refusal to eat, abdominal pain, dry cough, and fatigue. He remained stable on his home settings with continuous positive airway pressure without supplementary oxygen. His CT scan showed ill-defined mixed airspace opacities in the lower lobes of the lungs and inferior aspect of the lingula, and he tested positive for SARS-CoV-2 but remained stable and was discharged. The authors identified children with T21 as particularly	The authors identify co-morbidities such as congenital heart disease, abnormal immune function, obesity, and abnormal upper airway phenotypic features associated with trisomy 21 (T21) that may predispose individuals to severe COVID-19. Hence, using case reports, they suggested vigilant support and management of pediatric COVID-19 patients with T21.	Newman AM, Jhaveri R, Patel AB, Tan TQ, Toia JM, Arshad M. Trisomy 21 and Coronavirus Disease 2019 in Pediatric Patients. <i>J Pediatr.</i> 2021;228:294-296. doi:10.1016/j.jpeds.2020.08.067

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					susceptible to severe disease caused by respiratory pathogens; hence, they recommend proper precautions for their care.		
progesterone, allopregnanolone, estrogens, COVID-19, immune system, inflammation, SARS-CoV-2	1-Jan-21	Sex and COVID-19: A Protective Role for Reproductive Steroids	Trends in Endocrinology & Metabolism	Review	In this review, the author discusses the immuno-regulatory effects of sex steroids, including the potentially protective role of female reproductive steroids against severe COVID-19. Evidence shows COVID-19-induced symptom severity and mortality is more frequent in men than in women, suggesting sex steroids may be protective during SARS-CoV-2 infection. Female reproductive steroids, estrogen and progesterone, and progesterone's metabolite allopregnanolone, are anti-inflammatory, reshape competence of immune cells, stimulate antibody production, and promote proliferation and repair of respiratory epithelial cells, suggesting they may protect against COVID-19 symptoms. The author suggests developing clinical trials to test whether these hormones offer benefits in men and post-menopausal women at risk of developing severe COVID-19.	The author of this review discusses the immuno-modulating features of female reproductive steroids, suggesting that they may protect against severe COVID-19. Since more men than women develop severe COVID-19, the author suggests developing clinical trials to test whether these hormones offer benefits in men and post-menopausal women at risk of developing severe COVID-19.	Pinna G. Sex and COVID-19: A Protective Role for Reproductive Steroids. Trends Endocrinol Metabol. 2021; doi: 10.1016/j.tem.2020.11.004.
Neonate, resuscitation, PPE, infection control, Singapore	1-Jan-21	Newborn Resuscitation in COVID-19	Annals Academy of Medicine Singapore	Letter to the Editor	In this letter, the authors discuss recommendations for neonatal resuscitation of infants born to mothers with confirmed or suspected COVID-19 in Singapore. They recommend the following: All personnel should don N95 masks, goggles or face shield, full-length water-resistant gowns and gloves. All providers should undergo training in PPE donning and doffing and practice simulations with full PPE. Women with suspected or confirmed COVID-19 infection in labor should be cared for in a negative pressure room or isolation room if available and don a mask. Where high-risk delivery is expected, a designated team limited to 3 personnel should be in attendance with additional help waiting outside the delivery room. To avoid waste, non-essential equipment should be available and staged outside the delivery room. Risks and benefits of cord clamping and skin-to-skin should be discussed with the expectant mother prior to delivery. For vigorous infants, mothers who prefer skin-to-skin with infant after delivery should be supported. In facilitating infant breathing, nasal prong bubble CPAP is discouraged as it may be aerosol generating. Newborns should be transported from the delivery suite in closed incubators, with accompanying staff in full PPE. For low risk and well infants, WHO recommends breastfeeding and skin-to-skin care with infectious control precautions.	In this letter, the authors provide clinical recommendations for neonatal resuscitation of infants born to mothers with confirmed or suspected COVID-19 in Singapore. They recommend that for low-risk infants, breastfeeding and skin-to-skin should be supported with the appropriate infectious control precautions.	Quek BH, Biswas A, Ee KT, Yeo CL. Newborn Resuscitation in COVID-19. Ann Acad Med Singap. 2020 Nov;49(11):909-912. PMID: 33381786.