Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
The expected date for the next update is Tuesday, January 19, 2020 by 2:30pm ET. *New publications since our last update have been* ***highlighted in blue****.*							
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
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	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	Marhaeni W, Wijaya AB, Khairiyadi, Munawaroh, Hendriyono. Coagulation Abnormalities Due to COVID-19 in a Child with Thalassemia. *Indian J Pediatr*. 2021;1-2. doi:10.1007/s12098-020-03600-9

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					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.	appear to be at low risk of symptom development compared to the general population, possibly related to coagulation abnormalities.	
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 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.	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% increase in anxiety calls. Reproductive health services for pregnancy remained stable, while calls related to an abortion fell in number.	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. Economics 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	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	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.

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					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.	endocytic pathways may be altered at the maternal-fetal interface in pregnancies affected by maternal SARS-CoV-2 infection.	
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 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.	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. *BMJ*. 2021;372:n64. Published 2021 Jan 8. doi:10.1136/bmj.n64
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. Euro Surveill. 2021;26(1):10.2807/1560-7917.ES.2020.26.1.2002011. doi:10.2807/1560-7917.ES.2020.26.1.2002011

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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. Prev Chronic Dis. 2021;18:E01. Published 2021 Jan 7. doi:10.5888/pcd18.200517
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
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/mm3), 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 dexamethasone, but later died. The patient's final diagnoses at the	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	Didel S, Khera 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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					time of his death were COVID-19 pneumonia with pediatric acute respiratory distress syndrome with hypotensive shock, meningo-encephalitis, 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.	management of MIS-C in infants are critical.	
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, morbodity, 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.

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COVID-19, lung ultrasounds, children	6-Jan-21	Lung ultrasound in the diagnosis and monitoring of 30 children with Coronavirus Disease 2019	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-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 ± 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.	Results of this article show that there were statistically significant differences between lung ultrasounds (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.	Maria MA, Chiara SM, Buonsenso D, et al. Lung ultrasound in the diagnosis and monitoring of 30 children with Coronavirus Disease 2019. Pediatr Pulmonol. 2021 Jan 6. doi: 10.1002/ppul.25255.
MIS-C, COVID-19, chest radiograoh	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 finings 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 finings 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. Pediatr Radiol. 2021 Jan 6:1–8. doi: 10.1007/s00247-020-04921-9.

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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 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.	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. Better estimates of the numbers of missed doses of vaccines in children are needed to plan and implement catch-up programs.	Walker D, Chandir S. COVID-19's lost generation of unvaccinated children. *The Lancet Global Health*. 2021. https://doi.org/10.1016/S2214-109X(20)30535-0
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]. Matern Child Nutr. 2021;e13129. doi:10.1111/mcn.13129

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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 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.	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]. Matern Child Nutr. 2021;e13131. doi:10.1111/mcn.13131
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 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	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 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	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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					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.	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 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	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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					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. 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.	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, Schulert 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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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 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.	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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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
COVID-19; multi-tiered systems of support; adjustment; traumatic stress; academic	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	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	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.

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status; health and safety					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, social 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.	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.	
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	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

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					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.		
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, 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.	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 collect data on pregnant women and infants to help direct public health action and prevent adverse outcomes.	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: 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

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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 vaccine uptake can be increased by considering a higher preference for domestic vaccines.	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. Pediatr Infect Dis J. 2021 Jan 4;Publish Ahead of Print. doi: 10.1097/INF.0000000000003042.
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. Pediatr Cardiol. 2021;1-6. doi:10.1007/s00246-020-02513-w
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	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.	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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					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 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.	The author states that face masks in children might lead to a false sense of safety instead.	
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	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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					[summarized in this article] and ensure safe and timely administration that does not exacerbate existing healthcare disparities, particularly among children of color.		
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	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.	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
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	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. World J Pediatr. 2021 Jan 2. doi: 10.1007/s12519-020-00397-7. Epub ahead of print. PMID: 33387256; PMCID: PMC7775830.

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					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.		
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=12,8176; 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

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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) 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.	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 explaining the situation to children.	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
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 Pediatrics, 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	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	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

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					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.	provided during the COVID-19 pandemic.	
COVID-19, intubation, pregnancy, airway	1-Jan-21	Airway Management in Pregnant Women With COVID-19	International Journal of Women's Health and Reproduction Sciences	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 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.	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. The article stresses the need for more research to fine-tune these practices, to keep medical personnel and patients safe.	Ghabousian A, Mahmoodpoor A. Airway Management in Pregnant Women With COVID-19. International Journal of Women's Health and Reproduction Sciences. 2021;9(1):336-337. doi:10.15296/ijwhr.2021.01
Protocols; pediatrics; emergency medecine; 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 immunoglobin 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	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. *J Pediatr*. 2021;228:294-296. doi:10.1016/j.jpeds.2020.08.067

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					children with T21 as particularly 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.