

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
<i>This represents the final version, as of 30 April, 2021</i>							
COVID-19; pregnancy; outcome	30-Sep-20	COVID-19 in pregnancy: A review	Journal of Family Medicine and Primary Care	Review	This article aims to discuss the effects of SARS-CoV-2 on maternal and neonatal outcomes. The authors summarize findings from previous coronavirus outbreaks (SARS, MERS), due to a current lack of data on SARS-CoV-2 and pregnancy outcomes. SARS and MERS both had a significant negative impact on maternal and fetal morbidity and mortality. The authors also present a simplified summary of 9 articles [no dates specified], reviewed in 1-2 sentences each, on the effects of SARS-CoV-2 on pregnancy outcomes. The review summarizes varying results, with 3 studies claiming no fetal complications and 4 suggesting adverse fetal and neonatal complications. One study suggested the possibility of intra-uterine vertical transmission of SARS-CoV-2. The authors stress that the studies included in this review were all of women in the 3rd trimester; however, previous coronavirus infections had vertical transmissions primarily in the 1st and 2nd trimesters. Finally, the authors suggest obstetric management guidelines for use during the COVID-19 pandemic, including detection, isolation, and preventative measures. These suggestions are presented in a flow-chart format for ease of use. Further research is needed to determine if the vertical transmission of SARS-CoV-2 from mother to fetus is possible.	Previous coronavirus outbreaks of SARS and MERS had significant effects on maternal and fetal morbidity and mortality; these authors review articles from the COVID-19 pandemic for similar outcomes. The data is still unclear, and more research is needed to determine if the vertical transmission of SARS-CoV-2 from mother to fetus is possible. A flow-chart for obstetric management during the COVID-19 pandemic includes testing, isolation, and prevention and is available in the article.	Tripathi S, Gogia A, Kakar A. COVID-19 in pregnancy: A review. J Family Med Prim Care. 2020;9(9):4536-4540. Published 2020 Sep 30. doi:10.4103/jfmpc.jfmpc_714_20
COVID-19; Coronavirus 2019 disease; SARS-CoV-2; children; newborn; breastfeeding; vertical transmission	30-Sep-20	Coronavirus-2019 Disease (COVID-19) in Children	Medeniyet Medical Journal	Review	In this review, the authors discuss the epidemiology of SARS-CoV-2 in the pediatric population [age range not specified], clinical manifestations of COVID-19 in children and newborns, materno-fetal vertical transmission, and possible explanations for COVID-19's relatively mild manifestation in children. The authors propose that high numbers of ACE2 receptors, underdeveloped immune responses, cross-reaction with other viruses, and reduced environmental exposure may account for milder COVID-19 in children. Fetal hemoglobin may also be protective against SARS-CoV-2. Although many pediatric cases are asymptomatic, the virus can still be shed. Evidence of materno-fetal vertical transmission remains unclear. However, high fever in the 1st trimester may lead to increased risk of congenital anomalies or miscarriage. The prevalence rates of severe or critical disease are 10.6% in children < 1 year (higher than any age group between 1-17 years) and Infants <1 year have the highest percentage of hospitalizations among pediatric patients. Management of COVID-19 in children, including the management of symptomatic and asymptomatic newborns is also discussed. There is currently no evidence for transmission through breast milk; therefore infected mothers should breastfeed their infants by taking all hygiene precautions. Recommendations for preventing airborne transmission between mother and newborn when sharing a room	In this review, the authors discuss the epidemiology of SARS-CoV-2 in the pediatric population, clinical manifestations of COVID-19 in children and newborns, materno-fetal vertical transmission, and possible explanations for COVID-19's relatively mild manifestation in children. The authors also provide specific recommendations for mothers with COVID-19 rooming with and breastfeeding their newborns. They also caution that routine immunizations of children should not be deferred.	Ovali F. Coronavirus-2019 Disease (COVID-19) in Children. Medeni Med J. 2020;35(3):242-252. doi:10.5222/MMJ.2020.77675

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					are provided. The authors also caution that routine immunizations of children should not be deferred.		
Prenatal care, pregnancy, antenatal, exposures, prevention, telemedicine, India	30-Sep-20	Redesigning routine antenatal care in low resource setting during COVID-19 pandemic	Journal of Family Medicine and Primary Care	Original Article	In this article, the authors discuss opportunities to re-structure antenatal care in India in response to the global COVID-19 pandemic, with the goal of reducing potential exposures for healthy pregnant women and healthcare workers. They describe the following strategies (many of which can be applied to low resource settings): Facilitating testing with local authorities, promoting social distancing signage in the clinic asking patients to self-identify if they have flu-like symptoms or have exposure risks, screening patients over the phone before visiting the clinic, reducing in-person antenatal care services, promoting tele-consultations, being aware of the levels of PPE and examining patients with all precautions, reporting all patients with fever and using hand hygiene in each visit, and promoting social distancing in each visit. The authors conclude that while outbreaks of infectious diseases pose unique challenges for obstetric care facilities, prenatal care is an essential health service requiring strategies for minimizing exposure risks to pregnant patients and healthcare workers.	The authors describe several strategies for re-organizing antenatal care to minimize exposure risks to pregnant patients and healthcare workers during the COVID-19 pandemic.	Zangmo R, Kumari A, Garg D, Sharma KA. Redesigning routine antenatal care in low resource setting during COVID-19 pandemic. J Family Med Prim Care. 2020 Sep 30;9(9):4547-4551. doi: 10.4103/jfmpc.jfmpc_831_20.
COVID-19; SARS-CoV-2 transmission; dispersion; physical distancing; social distancing; family cluster; Brazil	30-Sep-20	Clinical laboratory and dispersion pattern of COVID-19 in a family cluster in the social-distancing period	The Journal of Infection in Developing Countries	Article	This observational descriptive study reports the clinical characteristics and dispersion pattern of SARS-CoV-2 in 24 members of a family cluster who went to a private condominium on the coast of Pernambuco in Brazil for social isolation [total duration not specified on 1 April 2020. The patients were classified as positive for COVID-19 if SARS-CoV-2 was detected by RT-PCR using nasopharyngeal or oropharyngeal sample or confirmed by IgM or IgG serology with chemiluminescence 4 weeks after contact with the index case. The index case was defined as the first household member who showed symptoms and had a known risk of exposure outside the household during the period of social isolation. In this case, the index case was a 41-year-old female babysitter who presented with fever, cough, nasal congestion, asthenia and headache on 20 April 2020. She was suspected to have been exposed to an infected individual while visiting a bank and remaining in line for 2 hrs, 4 days prior to symptom onset. The group consisted of 9 males (37.5%) and 15 females (62.5%), with a mean age of 28.9 years (2 months-81 years); there were 16 adults and 8 children. Of this, 15 adults and 4 children tested positive. The attack rates were 75% (19/24) based on laboratory-confirmed cases and 87.5% (21/24) including probable cases (members who developed symptoms compatible with COVID-19 despite negative serology and/or RT-PCR results). The time of spread from the first to the 21st case was 17 days. All patients had mild symptoms, requiring no hospitalization, and	This observational descriptive study reports the clinical characteristics and dispersion pattern of SARS-CoV-2 in 24 members of a family cluster during a period of social isolation in Brazil, April 2020. This study highlights a high risk of intrahousehold transmission from an index case, suggesting the need for specific guidelines during periods of social distancing, minimization of external exposures and adoption of strict quarantine measures for suspected cases to prevent outbreaks from spreading.	Brito CAA, Brito MCM, Martins THF. Clinical laboratory and dispersion pattern of COVID-19 in a family cluster in the social-distancing period. J Infect Dev Ctries. 2020;14(9):987-993. doi: 10.3855/jidc.13580.

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					none of them died. Nasal congestion was the most frequent symptom observed in both adults (80%) and children (100%). The frequency of symptomatic, laboratory-confirmed patients was higher among adults (94%) than among children (50%). Ground-glass opacities on chest CT were present in all patients with reported dyspnea. This study highlights a high risk of intrahousehold transmission from an index case, suggesting the need for specific guidelines during periods of social distancing, minimization of external exposures and adoption of strict quarantine measures for suspected cases to prevent outbreaks from spreading.		
ACE2, COVID-19, SARS-CoV-2, placenta, vertical transfer, chorioamnionitis, pregnancy, neonate, Canada	30-Sep-20	SARS-CoV-2 cell entry gene ACE2 expression in immune cells that infiltrate the placenta in infection-associated preterm birth	MedRxiv	Preprint (not peer reviewed)	This cohort study, which was performed in Canada, measured ACE2 gene and protein expression and localization to assess pathways by which SARS-CoV-2 could access the placenta and contribute to fetal transmission. Placentas from pregnancies complicated with chorio-amnionitis (ChA; n=12), exhibited increased expression of ACE2 mRNA when compared to placentas from preterm births (n=12, p<0.05); healthy vaginal deliveries (n=12, p<0.05) or elective C-sections (n=12, p<0.05). Treatment of 2nd trimester placental explants with LPS (a model of bacterial infection and chorio-amnionitis) induced an acute increase in cytokine expression followed by ACE2 mRNA. Placental ACE2 protein localized to syncytiotrophoblast in fetal blood vessels and M1/M2 macrophage and neutrophils within the villous stroma. Increased M1 macrophage and neutrophils were present in the placenta of ChA pregnancies compared to other types of pregnancies and deliveries (p<0.05). Maternal peripheral immune cells (mainly granulocytes and monocytes) express the ACE2 mRNA and protein. The authors argue that these data suggest that in COVID-19-positive pregnancies complicated by ChA, ACE2 positive immune cells can traffic SARS-CoV-2 virus to the placenta and increase the risk of vertical transmission to the placenta/fetus.	This cohort study, which was performed in Canada, assessed pathways by which SARS-CoV-2 could access the placenta and contribute to fetal transmission. The authors argue their data suggest that ACE2 positive immune cells have the potential to traffic SARS-CoV-2 virus to the placenta in pregnancies complicated by chorio-amnionitis, increasing the risk of vertical transmission to the placenta/fetus.	Lye P, Dunk C, Zhang J, et al. SARS-CoV-2 cell entry gene ACE2 expression in immune cells that infiltrate the placenta in infection-associated preterm birth. MedRxiv. 2020; doi: 10.1101/2020.09.27.20201590
innate cellular response, immunophenotype, SARS-CoV-2, children, MIS-c, CD64, CD18, CD11a, flow cytometry	30-Sep-20	Innate cell response in severe SARS-CoV-2 infection in children: Expression analysis of CD64, CD18 and CD11a	Medicina Intensiva	Letter to the Editor	The authors, seeking to understand the innate cellular immune response to SARS-CoV-2, compared three key immunologic molecules, CD64, CD18, and CD11a in three children with severe SARS-CoV-2 infection and in three children serving as comparisons (one healthy control, one with severe influenza and one with Neisseria meningitidis sepsis). Their results showed increased expression of CD64 and CD11a on neutrophils and monocytes in children with SARS-Cov2 disease versus the comparison group supporting an augmented cellular innate response. They discuss the finding of upregulation of CD11a in CD8+ cells supporting the proposed migration of CD8+ cells to infected tissues with subsequent lymphopenia. Also, the authors	The authors use flow cytometry to demonstrate the increased expression of specific immunophenotypes (CD64, CD11a, and CD18) of three children with severe SARS-CoV-2 in contrast to a comparison group. This research supports an augmented cellular innate response in	García-Salido A, Garcia-Teresa, M.A., Leoz-Gordillo, I. et al. Innate cell response in severe SARS-CoV-2 infection in children: Expression analysis of CD64, CD18 and CD11a. Med Intensiva. 2020. https://doi.org/10.1016/j.medin.2020.09.003 .

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					support the use of immunomodulatory medications in the treatment of COVID-19 and suggest that the use of flow cytometry may be helpful in analyzing the immune response to this new virus and optimizing therapy.	children with severe SARS-CoV2 and suggests that flow cytometry analysis may help optimize the use of immunomodulatory mediators.	
Innate immune response, pregnancy, adverse pregnancy outcomes, Immunological response	30-Sep-20	Innate Immune Responses to Acute Viral Infection During Pregnancy	Frontiers in immunology	Review	In this review, the authors focus on the pregnancy-induced vulnerabilities in innate immunity that contribute to the disproportionately high maternal mortality following acute viral infections: Lassa fever, Ebola virus disease (EVD), dengue fever, hepatitis E, influenza, and novel coronavirus infections. The authors highlight that the pro-inflammatory antiviral response is tightly calibrated: inadequate responses lead to overwhelming infection, while excessive activity causes host tissue damage and is associated with auto-immune disease. The RNA viruses discussed in this article share many overlapping features in their clinical manifestations and their maternal immune system interactions. Common themes include placental tropism, an association with adverse obstetric outcomes, and the importance of a tightly regulated interferon response, reflected in the evolution of diverse viral type I interferon evasion mechanisms. Innate immune cells are uniquely positioned at the maternal-fetal interface and orchestrate the balance between the conflicting immunological priorities of pregnancy: tolerance of the fetal allograft and defense of both mother and fetus against invasive pathogens	In this review, the authors discuss the pregnancy-induced vulnerabilities in innate immunity that contribute to the disproportionately high maternal mortality following acute viral infections as novel coronavirus. They highlight that pro-inflammatory antiviral response is tightly calibrated and Innate immune cells orchestrate the balance between the conflicting immunological priorities of pregnancy.	Cornish EF, Filipovic I, Åsenius F, Williams DJ, McDonnell T. Innate Immune Responses to Acute Viral Infection During Pregnancy. <i>Front Immunol.</i> 2020 Sep 30;11:572567. doi: 10.3389/fimmu.2020.572567. PMID: 33101294; PMCID: PMC7556209.
ACE2, angiotensin peptides, preeclampsia, pregnancy, small for gestational age, Australia	30-Sep-20	Angiotensin Converting Enzyme 2 (ACE2) in Pregnancy: Preeclampsia and Small for Gestational Age	Frontiers in Physiology	Original Research	The authors conducted a study to investigate the levels of angiotensin (Ang) peptides and its impact on pregnant women and understand the interplay between ACE2 and SARS-CoV-2 in pregnancy. They measured maternal plasma levels of angiotensin (Ang) peptides and converting enzymes in non-pregnant women (n = 10), normal pregnant women (n = 59), women delivering small for gestational age infants (SGA, n = 25) across gestation (13-36 weeks) and in women with pre-eclampsia (n = 14) in their third trimester, from two hospitals in Australia. The results showed that plasma ACE, ACE2, Ang-(1-7) levels, and ACE2 activity were significantly higher in normal pregnant women than non-pregnant women, whereas neprilysin (NEP) levels were unchanged. Also, in SGA pregnancies, ACE and ACE2 levels were higher in early-mid pregnancy than normal pregnant women. In women with pre-eclampsia, plasma ACE, ACE2, NEP, and Ang-(1-7) levels and ACE2 activity were lower than normal pregnant women. The authors suggest that since soluble ACE2 (sACE2) can prevent binding of SARS-CoV-2 to membrane-bound ACE2, the high levels of sACE2 seen in normal pregnant women might	Findings from this study showed that plasma ACE2 levels were higher in SGA pregnancies at early-mid gestations but lower in women with pre-eclampsia, compared to normal pregnancies. The authors suggest that the increased levels of sACE2 in pregnant women could be significant in understanding the clinical effects of COVID-19.	Tamanna S, Clifton VL, Rae K, van Helden DF, Lumbers ER, Pringle KG. Angiotensin Converting Enzyme 2 (ACE2) in Pregnancy: Preeclampsia and Small for Gestational Age. <i>Front Physiol.</i> 2020;11:590787. Published 2020 Sep 30. doi:10.3389/fphys.2020.590787

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					prevent SARS-CoV-2 induced lung injury and slow down viral entry into cells, thus reducing viral spread. Conversely, the low levels of sACE2 found in pregnant women with pre-eclampsia might increase their susceptibility to COVID-19.		
Children, adolescents, anosmia, olfactory and gustatory dysfunction	30-Sep-20	Severe olfactory and gustatory dysfunctions in a Japanese pediatric patient with coronavirus disease (COVID-19)	Journal of Infection and Chemotherapy	Case Report	Detailed studies on pediatric patients with COVID-19 and abnormal olfactory and gustatory symptoms are limited. This article details the case of a 13-year-old girl presenting to a hospital in Japan with loss of olfactory and taste sensations after 2 days of fever and cough. RT-PCR test for SARS-CoV-2 performed via nasopharyngeal swab resulted positive and the patient was admitted on the 7th day of illness. On admission, the visual analogue scale (VAS) score for smell and taste was 0 of 100%. An IV olfaction test using prosultiamine (Alinamin test) was performed on day 15 of illness to evaluate olfaction, and an increase in latency (33 seconds) and a decrease in duration (55 seconds) were observed. Only 7 of 12 odor cards were correctly identified. On day 18 of illness, she tested negative for SARS-CoV-2 via RT-PCR; simultaneously, the VAS score for smell and taste fully improved to 100 of 100%. On day 77 of illness, full recovery was confirmed in the Alinamin test (latency, 7 seconds; duration, 82 seconds). In this case, improvement in olfactory and gustatory dysfunctions appeared to coincide with negative SARS-CoV-2 results via RT-PCR.	The authors report the clinical course of a pediatric patient (13 years old) in Japan with COVID-19 and severe and transient olfactory and gustatory dysfunctions.	Kasuga Y, Nishimura K, Go H, et al. Severe olfactory and gustatory dysfunctions in a Japanese pediatric patient with coronavirus disease (COVID-19). Journal of Infection and Chemotherapy. 2020. http://www.sciencedirect.com/science/article/pii/S1341321X20303500 . doi: https://doi.org/10.1016/j.jiac.2020.09.030 .
Pediatric patients, differing treatment agents, cure rate, China	30-Sep-20	Existing drug treatments cannot significantly shorten the clinical cure time of children with COVID-19	Journal of Infection in Developing Countries	Original Article	The authors evaluated the treatments and outcomes in 40 pediatric patients (mean 5.6 years, range from 0.21 to 16.75 years) diagnosed with COVID-19 and treated between January 20-February 20, 2020 in Wuhan, China. The average length of hospital stay was about 10.4 days. The average durations of temperature return to normal, pulmonary CT improvement, and COVID-19 RNA clearance were 3.0, 10.3, and 6.4 days respectively. The results suggested that the cure rates at 7, 10, and 14 days were 10%, 57.5% and 90%, respectively. The authors determined that none of the different drug treatments analyzed were significantly related to the cure rate at 14 days. Multivariable analysis suggested that the present drug treatments cannot significantly shorten the clinical cure time and improve the cure rate of children with COVID-19.	The authors evaluated the treatments and outcomes in 40 pediatric patients diagnosed with COVID-19 in Wuhan, China. Multivariable analysis suggested that present drug treatments cannot significantly shorten the clinical cure time and improve the cure rate of children with COVID-19.	Li M, Wang Y, Xu H, et al. Existing drug treatments cannot significantly shorten the clinical cure time of children with COVID-19. J Infect Dev Ctries. 2020;14(9):963-967. Published 2020 Sep 30. doi:10.3855/jidc.13491
Pregnancy, criteria, postponing, risks, ethical concerns, public health emergency	30-Sep-20	Delaying Pregnancy during a Public Health Crisis — Examining Public Health Recommendation	The New England Journal of Medicine (NEJM)	Perspective	The authors present their perspective on whether women should consider postponing pregnancy because of potential virus-related risks during the COVID-19 pandemic in 2020. Although data on COVID-19-related risks to pregnant women and newborns are limited, one study found that pregnant women with COVID-19 have 1.5 times the risk of being admitted to an ICU and 1.7 times the risk of requiring mechanical ventilation than nonpregnant women of childbearing age with COVID-19. However, pregnant	The authors recommend that specific criteria be met before public health agencies recommend avoiding pregnancy during a public health emergency like the COVID-19 pandemic. The authors	Rasmussen SA, Lyerly AD, Jamieson DJ. Delaying Pregnancy during a Public Health Crisis — Examining Public Health Recommendations for Covid-19 and Beyond. New England Journal of Medicine. 2020. doi:10.1056/nejmp2027940

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		ns for Covid-19 and Beyond			women are not at increased risk of death. Therefore, the authors believe that several criteria should be met before public health agencies recommend avoiding pregnancy during a public health emergency. First, the pregnancy-related risks associated with the emergency should be well understood. Second, pregnancy-related risks should be high and well above the risks associated with other conditions or exposures that are relatively common among pregnant women. Third, pregnancy-related risks cannot be reasonably minimized or mitigated during the public health emergency. Fourth, effective contraception should be readily available for women who choose to avoid pregnancy. Finally, educational programming that carefully and effectively lays out the risks and benefits of becoming pregnant during the public health emergency compared with waiting should be widely available. Although the criteria presented might be fulfilled during certain public health emergencies, the authors do not believe that the risks associated with COVID-19 meet the bar.	highlight the need to continue to provide information and support to women related to their decisions to pursue or delay pregnancy.	
Maternal bonding, rooming-in, skin to skin contact, breastfeeding, do no harm, USA	30-Sep-20	An Initiative to Evaluate the Safety of Maternal Bonding in Patients With SARS-CoV-2 Infection	The Journal of Maternal-Fetal and Neonatal Medicine	Original Article	The authors present a quality improvement project that analyzed all cases of SARS-CoV-2 positive pregnancies delivered at the University of Maryland Medical System, USA, from March to June 2020. They compared neonatal transmission rates between those neonates who experienced bonding versus those who were separated. Maternal bonding was defined by events such as rooming-in, skin to skin contact (STSC), and breastfeeding. The results showed that 86 of the 1989 women screened for SARS-CoV-2 infection on admission tested positive. Of the 31 patients included in the final analysis, five women (16%) were admitted to the ICU and required mechanical ventilation. Also, 17 (65%) opted for rooming-in, 12 (46%) for STSC, and 16 (61%) fed their neonates with breastmilk (11 direct breastfeeding and five pumped the breast milk). The authors also observed that the number of neonates that bonded with their mothers (n = 17) and the ones that were separated (n = 14) was similar and there was no difference in the transmission of the SARS-CoV-2 in the tested neonates (p = 1) Furthermore, all neonatal tests for SARS-CoV-2 returned negative during hospitalization.	The authors found no difference in SARS-CoV-2 neonatal transmission rates between those neonates who experienced bonding versus those who were separated. These findings suggest that maternal bonding appears safe in neonates born to mothers that are SARS-CoV-2 positive, assuming that appropriate precautions are followed.	Cojocar L, Crimmins S, Sundararajan S, Goetzinger K, Elsamadicy E, Lankford A, Turan OM, Turan S. An initiative to evaluate the safety of maternal bonding in patients with SARS-CoV-2 infection. J Matern Fetal Neonatal Med. 2020 Sep 30:1-7. doi: 10.1080/14767058.2020.1828335. Epub. PMID: 32998572.
Child psychiatry, depression, China, school closures, children, adolescents, mental health	30-Sep-20	Depressive symptoms in students during school closure due to COVID-19 in Shanghai	Psychiatry and Clinical Neurosciences	Letter to the Editor	This paper reports the changes in depressive symptoms among students in Shanghai during school closures due to the COVID-19 pandemic. Two web-based surveys were administered among schoolchildren (ages 6-17 years) and their parents from 5 schools in Shanghai, China. The 1st survey was conducted during January 3-21, 2020 (before school closure) and the 2nd survey was conducted from March 13-23, 2020 (during school closure). Depression was assessed using the Children's Depression Inventory-Short Form (CDI-S), with a higher score indicating more	A two-part web-based survey reported the changes in depressive symptoms among students in Shanghai, China, comparing scores before and during school closures due to COVID-19. Results indicate statistically	Xiang M, Yamamoto S, Mizoue T. Depressive symptoms in students during school closure due to COVID-19 in Shanghai. Psychiatry Clin Neurosci. 2020 Sep 30. doi: 10.1111/pcn.13161. Epub ahead of print. PMID: 33000515.

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					depressive symptomology. Of 3,042 students in the target schools, 2,641 (87%) participated in the first survey. Of these, 2,427 participated in the second survey. Overall, the mean CDI-S score significantly decreased between the two surveys: 4.19 before school closure and 3.90 during school closure ($p < 0.001$), indicating less depressive symptomology. This effect was observed across genders and household income categories. Children in middle school showed a greater decrease in depression scores than those in primary school (p for interaction = 0.09). 71%, 80%, and 83% of children were satisfied with having more time “at home,” “with their parents,” and “doing their own things,” respectively. The authors suggest these decreases in depression scores during school closures may be related to the alleviation of academic pressure and stress related to examinations, particularly entrance examinations in middle school.	significant decreases in depressive symptoms during school closures.	
Pregnancy, obstetrics, Panama, maternal outcomes, perinatal outcomes, neonates, prematurity, obstetric complication	30-Sep-20	Pregnancies recovered from SARS-CoV-2 infection in the second and third trimesters: obstetric evolution	Ultrasound in Obstetrics & Gynecology	Letter to the Editor	Increased frequencies of C-section, premature birth, premature rupture of membranes and other obstetric complications have been associated with COVID-19. However, little is known regarding the maternal and perinatal results of pregnant women recovered from SARS-CoV-2 infection continuing the pregnancy. This study included pregnant women with COVID-19 confirmed by RT-PCR who later recovered and were at least 35 days from the onset of symptoms. 15 patients whose births were attended in one of 4 hospitals in Panama from March 8 to August 15, 2020 were included. In 10 (66.7%) pregnancies the diagnosis was made during the 2nd trimester and 5 (33.3%) during the 3rd. 3 cases were severe and 2 had required mechanical ventilation for more than a week. 3 patients were complicated with premature rupture of membranes. Only 4 patients reached 39-40 weeks; the others did not due to obstetric complication or spontaneous start of labor. 5 newborns were admitted to neonatal ICU. There were 3 perinatal deaths; 1 intra-uterine without apparent cause and two postnatal due to prematurity. These findings are of concern as they suggest chronic inflammation with alteration at the placental or membrane level, triggering culmination of pregnancy.	This study of 4 hospitals in Panama reported the perinatal outcomes of pregnant women with COVID-19 who later recovered and were at least 35 days from the onset of symptoms. Results suggest chronic inflammation with alteration at the placental or membrane level, triggering culmination of pregnancy.	Vigil-De Gracia P, Caballero LC, Sánchez J, Espinosa J, Campana B S, Quintero A, Luo C, Ng C J. Pregnancies recovered from SARS-CoV-2 infection in the second and third trimesters: obstetric evolution. Ultrasound Obstet Gynecol. 2020 Sep 30;10.1002/uog.23134. doi: 10.1002/uog.23134. Epub ahead of print. PMID: 32996648; PMCID: PMC7537281.
Turkey, Anorexia Nervosa, adolescent health, mental health, behavioral health	30-Sep-20	Covid-19 Pandemia Onset Anorexia Nervosa: 3 Adolescent Cases	Psychiatry and Clinical Neurosciences	Letter to the Editor	Due to COVID-19 lockdowns in Turkey, children have been physically less active, socially withdrawn, spend much more time on screen, have irregular sleep patterns, and have less favorable diets. In this case series, the authors report on 3 adolescent girls in Turkey of similar ages (13, 16, and 16 years) with a sudden onset of anorexia symptoms in April 2020 when curfews were imposed due to COVID-19. In Ramadan, the holy month from April 23 to May 24 2020, fasting is a spiritual practice of	In this case series, the authors report on 3 adolescent girls in Turkey of similar ages (13, 16, and 16 years) with a sudden onset of anorexia symptoms in April 2020	Ünver H, Rodopman Arman A, Erdoğan AB, İlbasmış Ç. Covid-19 Pandemia Onset Anorexia Nervosa: 3 Adolescent Cases. Psychiatry Clin Neurosci. 2020 Sep 30. doi: 10.1111/pcn.13160. Epub ahead of print. PMID: 33000521; PMCID: PMC7537180.

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					prolonged hunger for healthy Muslim adolescents and adults. All 3 patients fasted by eating a single meal per day; however, after Ramadan they continued to eat only one meal with excessive fear of gaining weight, daily weighing, calorie counting, watching videos online of recipes and people eating, and excessive physical activity. None of the patients had premorbid psychiatric history, nor previous problems with academics or peer relationships. All 3 were diagnosed with anorexia nervosa according to the DSM-5; 1 had anxiety symptoms and 2 had major depression. Although this case series alone is not enough to prove causation, social isolation and quarantine measures may have important psychological adverse effects on adolescents which can manifest as eating disorders.	when curfews were imposed due to COVID-19.	
Oocyte, SARS-CoV-2, IVF, ICSI, ovarian stimulation, viral RNA, Spain, vertical transmission	30-Sep-20	Undetectable viral RNA in oocytes from SARS-CoV-2 positive women	Human Reproduction	Case Report	A central concern for the safe provision of assisted reproduction technologies during the COVID-19 pandemic is the possibility of vertical transmission of SARS-CoV-2 infection through gametes and pre-implantation embryos. Unfortunately, data on SARS-CoV-2 viral presence in oocytes of infected individuals are not available to date. This article describes the case of 2 women (out of 14 donors; 8.3%) who underwent controlled ovarian stimulation at a clinic in Spain in March 2020 and tested positive for SARS-CoV-2 infection by PCR on the day of oocyte collection. Both women were asymptomatic. The authors analyzed the expression of genes involved in controlling SARS-CoV-2 infection, to understand whether oocytes could get infected, regardless of current undetectable viral RNA. They found variable expression (less than 30% of the oocytes) of ACE2, and undetectable expression for Transmembrane Serine Protease 2 (TMPRSS2). The viral RNA for gene N was undetectable in all 16 oocytes analyzed from the 2 women, suggesting that vertical transmission may not occur through oocytes during treatment, and that handling of this material in the clinical embryology laboratory may not constitute a hazard for healthcare professionals.	This article describes the case of 2 women who underwent controlled ovarian stimulation at a clinic in Spain in March 2020 and tested positive for SARS-CoV-2 by PCR on the day of oocyte collection. Analysis suggests that vertical transmission may not occur through oocytes during treatment, and that handling of this material in the clinical embryology laboratory may not constitute a hazard for healthcare professionals.	Barragan M, Guillén J J, Martín-Palomino N, et al. Undetectable viral RNA in oocytes from SARS-CoV-2 positive women. Human Reproduction. doi: https://doi.org/10.1093/humrep/deaa284
Neonates, pregnant women, asymptomatic COVID-19	30-Sep-20	Asymptomatic coronavirus infection among pregnant women: a necessity for universal screening of COVID-19 in pregnant women admitted to labor	The Journal of Maternal-Fetal and Neonatal Medicine	Letter to the Editor	In this letter, the authors report studies which show that COVID-19 tends to be asymptomatic in a significant percentage of pregnant women admitted for delivery and obstetric admissions. Thus, universal screening of COVID-19 in pregnant patients can play an important role in the early diagnosis of infected patients. The cases of infected pregnant patients are projected to increase, with their lack of diagnosis putting neonates at risk due to the mothers suppressed immune state. This may also increase COVID-19-related morbidity and mortality for neonates. The authors recommend isolating neonates born to mothers who tested positive for SARS-CoV-2. Quarantine and isolation measures should be prescribed to asymptomatic patients after	In this letter, the authors recommend a universal screening strategy to identify asymptomatic or pre-symptomatic pregnant women admitted to labor and delivery. It is vital for early diagnosis and isolation of infected mothers and newborns. This allows for hospital isolation practices,	Salut Muhidin, Maryam Vizheh & Zahra Behboodi Moghadam (2020) Asymptomatic coronavirus infection among pregnant women: a necessity for universal screening of COVID-19 in pregnant women admitted to labor, The Journal of Maternal-Fetal & Neonatal Medicine, DOI: 10.1080/14767058.2020.1832073

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		[abstract and article not free]			discharge. Testing pregnant women is especially important in hospitals in areas with high incidence of infection or with fewer resources. The authors recommend multiple screenings of pregnant women presenting to labor and delivery, including epidemiological exposure, signs and symptoms, and RT-PCR tests to detect an asymptomatic pregnant patient.	informing neonatal care, warning family members, and controlling COVID-19.	
Pediatric, resilience, burnout, work-life balance, professional, well-being, palliative care medicine, personal well-being	30-Sep-20	Exploring the Impact of the Coronavirus Pandemic on Pediatric Palliative Care Clinician Personal and Professional Well-Being: a qualitative analysis of U.S. Survey Data.	Journal of Pain and Symptom Management	Original Research	The authors present the results of a cross-sectional online survey exploring the personal and professional well-being of members of pediatric palliative healthcare teams during the ongoing COVID-19 pandemic in the United States. The Palliative Assessment of Needed Development and Modification in the Era of Coronavirus (PANDEMIC) survey was initially posted in May and June of 2020 on 7 professional list-servs looking at the impacts of COVID-19 on the field of pediatric palliative medicine. The authors noted that 42% of the written responses to open-ended questions related to personal or professional well-being could be explored as burdens or benefits. Respondents described more burdens than benefits (67% vs 33%, respectively). Personal burdens related to increased fear and uncertainty, fear of bringing the virus home, and a sense of collective grief while professional burdens included exhaustion, work-life balance challenges, personal experiences with infected colleagues, and considerations of leaving healthcare altogether. Furthermore, personal benefits included lessons-learned, an evolving sense of what matters, and improved work-life balance while professional benefits included opportunities for professional development and a sense of professional purpose.	The authors describe the perception of pediatric palliative medicine clinicians of the impact of the COVID-19 pandemic on their personal and professional well-being. The clinicians reported more personal and professional burdens than they did benefits. The authors suggest that these insights are important to assist pediatric palliative care clinicians in their personal and professional growth during the COVID-19 pandemic, and may be indicative of well-being challenges to all health care professionals.	Rosenberg AR, Weaver MS, Fry A, et.al. Exploring the Impact of the Coronavirus Pandemic on Pediatric Palliative Care Clinician Personal and Professional Well-Being: a qualitative analysis of U.S. Survey Data. J Pain Symptom Manage. 2020 Sep 30:S0885-3924(20)30788-0. doi: 10.1016/j.jpainsymman.2020.09.037. Epub. PMID: 33010337; PMCID: PMC7525352.
PIMS-TS, United Kingdom, infliximab treatment	30-Sep-20	Paediatric Inflammatory Multisystem Syndrome temporally associated with SARS-CoV-2 (PIMS-TS) in a patient receiving Infliximab therapy for Inflammatory Bowel Disease	Journal of Crohn's and Colitis	Case Report	This article reports the first case of PIMS-TS in a child on established anti-Tumor Necrosis Factor-alpha (anti-TNF- α) therapy: a 10-year-old girl with ulcerative colitis treated with infliximab. The patient presented with 6 weeks of daily fever accompanied by mucocutaneous, gastro-intestinal, renal and hematologic involvement, as well as biomarkers for hyper-inflammation. The condition was refractory to treatment with intravenous immunoglobulin but improved within 24hrs of high dose methylprednisolone; Infliximab treatment followed and the patient has remained well at follow up. The patient experienced a milder presentation of PIMS-TS without cardiac involvement, shock, or organ failure. The authors postulate that prior anti-TNF- α therapy may have attenuated the disease course. They suggest that given the uncertainty around treatments for PIMS-TS, this case supports the need for further investigations on Infliximab as a treatment option for PIMS-TS.	This article reviews the case presentation of PIMS-TS in a patient receiving infliximab for inflammatory bowel disease. The patient's less severe disease course suggests that infliximab may be a possible treatment route for PIMS-TS.	Meredith J, Khedim CA, Henderson P, et al. Paediatric Inflammatory Multisystem Syndrome temporally associated with SARS-CoV-2 (PIMS-TS) in a patient receiving Infliximab therapy for Inflammatory Bowel Disease. J Crohns Colitis. 2020 Sep 30. doi: 10.1093/ecco-jcc/jjaa201.

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Maternal mental, perinatal anxiety, perinatal depression, United States	30-Sep-20	Perinatal Anxiety and Depression During Covid-19	The Journal of Nurse Practitioners	Original Article	The COVID-19 pandemic places perinatal women at higher risk of developing anxiety and depression. To optimize the quality of perinatal care during the pandemic, appropriate mental health interventions must be implemented to prevent and alleviate perinatal anxiety and depression and improve maternal and infant outcomes. The authors support the use of group prenatal and postpartum care via telehealth to provide social interaction, networking, and reduce mild perinatal anxiety and depression symptoms. Interventions to address perinatal mental health may include increased screening frequency, pharmacologic and nonpharmacologic treatments, and use of telehealth as a treatment delivery modality. Existing screening tools are self-administered questionnaires that are freely accessible through the internet or provided as part of routine prenatal care services. Mindfulness-based cognitive group therapy, face-to-face cognitive behavior therapy programs, internet-delivered cognitive behavioral programs, and combined pharmacologic-psychological programs are all treatments to improve anxiety and depression symptoms in perinatal women.	To optimize the quality of perinatal care during the pandemic, appropriate mental health interventions must be implemented to prevent and alleviate perinatal anxiety and depression. Methods include increased screening, non-pharmacologic and/or pharmacologic interventions, and the use of telehealth for care delivery.	Chen H, Selix N, Nosek M. Perinatal Anxiety and Depression During Covid-19 [published online 2020 Sep 30]. J Nurse Pract. 2020. doi:10.1016/j.nurpra.2020.09.014
Children, computerized tomography, chest CT, epidemiology, systematic review	30-Sep-20	Chest computed tomography (CT) features in children with reverse transcription-polymerase chain reaction (RT-PCR)-confirmed COVID-19: A systematic review	Journal of Medical Imaging and Radiation Oncology	Review	This review aimed to describe the chest CT features reported in children with confirmed COVID-19 infection. A systematic review of literature written in English was completed on PubMed, Embase, and Scopus databases on June 1st, 2020. The extracted data were compared with those reported in the adult population. A total of 9 articles were included in the final analysis. Original articles describing chest CT features in children with COVID-19 are limited to small populations of Chinese children. The average age of patients in the studies ranged from 2.6 to 10 years. Children with symptoms ranged from 20% to 100%. A normal CT was reported in up to 50% of the cases (0–77%). Unilateral involvement ranged from 25% to 42.9%, while bilateral involvement ranged from 57.1% to 75% in five studies. Ground-grass opacities (GGOs) are the most commonly described abnormalities (12.5–100% of cases), closely followed by a combination of GGO and consolidation (14%–87.5% of cases), which is not usual in adults. Children tend to have a more variable involvement than the subpleural and posterior and basal topography described in adults. Interlobular thickening and air bronchogram found in adults with COVID-19 are not frequent in children, and pulmonary embolism (reported in up to 30% of adults) has not been reported in children. Chest CT imaging features are very diverse across the selected studies and globally different from those reported in adults.	This systematic review shows that chest CT features of COVID-19 infection in children differ from those in adults and can be diverse. Ground-grass opacities (GGOs) are the most commonly described abnormality in children, closely followed by a combination of GGO and consolidation, not typically seen in adults.	Simoni P, Bazzocchi A, Boitsios G, et al. Chest computed tomography (CT) features in children with reverse transcription-polymerase chain reaction (RT-PCR)-confirmed COVID-19: A systematic review. J Med Imaging Radiat Oncol. 2020 Sep 30. doi: 10.1111/1754-9485.13098. Epub ahead of print.

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Child, infant, newborn, vertical transmission, clinical symptoms, prognosis	30-Sep-20	Clinical manifestations and outcomes of COVID-19 in the paediatric population: a systematic review	Hong Kong Medical Journal	Review	This systematic literature review identified papers published between 1 December 2019 - 9 April 2020 and reported the distribution of cases, prevalence, and clinical, radiological, and laboratory signs and outcomes of COVID-19 in pediatric patients (0-19 years), as well as neonatal clinical outcomes. 27 scientific papers and letters were included. The median age of patients with COVID-19 varied from 1 to 11 years around different regions. Infected children were either asymptomatic or reported symptoms like fever and dry cough as the most common symptoms. In terms of radiological findings, most of the patients presented with abnormalities, such as multiple bilateral, peripheral ground-glass opacities, and consolidation. In children, the peripheral white blood cell count and absolute lymphocyte count are usually normal or slightly reduced. Inflammatory markers like C-reactive protein and erythrocyte sedimentation rate were normal or transiently elevated. There is little evidence of vertical transmission. Although most studies showed low risk of SARS-COV-2 in neonates and excellent outcomes for those who did become infected, a few studies revealed that neonates born to COVID-19-positive mothers could develop other complications that lead to poor outcomes. Despite better prognosis and low mortality in children in comparison to adults, the disease can progress to severe pneumonia in some cases, especially in the presence of co-morbidities. Children are likely to become a hidden source of infection because of their atypical presentation, giving them a significant role in community transmission.	This systematic review reported the distribution of cases, prevalence, and clinical, radiological, and laboratory signs and outcomes of COVID-19 in pediatric patients (0-19 years), as well as neonatal clinical outcomes.	Jahangir M, Nawaz M, Nanjiani D, et al. Clinical manifestations and outcomes of COVID-19 in the paediatric population: a systematic review. Hong Kong Med J. 2020 Sep 30. doi: 10.12809/hkmj208646. Epub ahead of print.
Children, parents, guardians, influenza vaccination, intentions, USA	30-Sep-20	COVID-19 and Parent Intention to Vaccinate Their Children Against Influenza	Pediatrics	Original Article	This study aimed to evaluate if the COVID-19 pandemic influences parents' intentions to have their children receive the 2020-2021 seasonal influenza vaccination. In May 2020, the authors recruited 2164 US parents and guardians of children aged 6 months to 5 years to complete a brief online survey. Changes in vaccination intentions significantly differed between parents whose children received the 2019-2020 influenza vaccine compared to those whose children did not ($p < 0.001$). Among parents whose children did not receive the 2019-2020 vaccine, 34% (95%CI: 30-37%) reported that the pandemic made them less likely to have their child receive the 2020-2021 vaccine. Among those whose children had received the 2019-2020 vaccine, this figure was just 24% (95%CI: 22-27%). Conversely, only 21% (95%CI: 18-24%) of parents whose children did not receive the 2019-2020 vaccine reported that the pandemic made them more likely to have their child receive the 2020-2021 vaccine, compared to 39% (95%CI: 36-41%) of parents whose children did receive the 2019-2020 vaccine. Parents reported	This survey investigated if the COVID-19 pandemic influenced US parents' intentions to have their children receive the 2020-2021 seasonal influenza vaccination. The pandemic alone does not appear sufficient to encourage the uptake of pediatric seasonal influenza vaccination; instead, it may exacerbate polarity in vaccination uptake.	Sokol RL, Grummon AH. COVID-19 and parent intention to vaccinate their children against influenza. Pediatrics. 2020; doi: 10.1542/peds.2020-022871

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					polarized intentions: those whose children had previously received the influenza vaccination reported a higher likelihood of future vaccination as a result of the pandemic, while those whose children had not received the vaccination reported a decreased likelihood.		
Extremely low birth weight, very low birth weight, lockdown, historical data, live births, Ireland	30-Sep-20	Unprecedented Reduction in Births of Very Low Birthweight (VLBW) and Extremely Low Birthweight (ELBW) Infants During the COVID-19 Lockdown in Ireland: A 'natural experiment' Allowing Analysis of Data from the Prior Two Decades	BMJ Global Health	Original Research	The authors analyzed the demographic and epidemiological trends of very low birth weight (VLBW), and extremely low birth weight (ELBW) live births at the University Maternity Hospital Limerick (UMHL), Ireland, during the COVID-19 lockdown. They compared the observed VLBW and ELBW rates for January to April 2020 at UMHL to historical data from January to April 2001-2019. The results showed that the region's historical VLBW rate per 1000 live births for January to April 2001-2019 was 8.18. However, from January to April 2020, an unusually low VLBW rate of 2.17 per 1000 live births was observed, representing a 73% reduction of VLBW during the first 4 months of 2020 compared with the same period for the preceding two decades. Furthermore, the ELBW rate per 1000 live births for January to April using aggregated data from 2001 to 2019 was 3.0. However, there were no ELBW live births recorded for the health region from January to April 2020.	The authors observed an unprecedented reduction in regional births of VLBW and ELBW infants in Ireland, coinciding with the COVID-19 lockdown, compared with the preceding 20 years. They suggest that these findings could redefine the antecedents that trigger the yet poorly understood pathways leading to VLBW and ELBW births.	Philip RK, Purtil H, Reidy E, et al. Unprecedented reduction in births of very low birthweight (VLBW) and extremely low birthweight (ELBW) infants during the COVID-19 lockdown in Ireland: a 'natural experiment' allowing analysis of data from the prior two decades. <i>BMJ Glob Health.</i> 2020;5(9):e003075. doi:10.1136/bmjgh-2020-003075
Pregnancy, risks, public health, pandemic, ethical concerns	30-Sep-20	Delaying Pregnancy during a Public Health Crisis - Examining Public Health Recommendations for Covid-19 and Beyond	The New England Journal of Medicine (NEJM)	Perspective	The COVID-19 pandemic has raised questions of whether women should postpone pregnancy due to virus-related risks. Clinicians and public health departments had the same discussion, fraught with ethical considerations, during the HIV, H1N1, and Zika virus outbreaks. According to a recent study, pregnant women with COVID-19 have 1.5 times the risk of being admitted to an intensive care unit and 1.7 times the risk of requiring mechanical ventilation compared to non-pregnant women of childbearing age with COVID-19; however, they are not at increased risk for death. The authors believe that strong justification is necessary to make public health recommendations regarding pregnancy avoidance, and that several criteria should be met before advising against pregnancy. First, the pregnancy-related risks associated with the pandemic should be well understood. Second, pregnancy-related risk should be above the risks associated with other common pregnancy-related conditions. Third, pregnancy-related risks cannot be reasonably minimized. During the H1N1 and Zika outbreaks, women could mitigate the risks by avoiding exposure and receiving prophylaxis. The authors do not believe that the risks associated with COVID-19 meet the above criteria. Effective contraception and adequate information	Strong justification is necessary for public health recommendations regarding pregnancy avoidance during the COVID-19 pandemic. Adequate information and support to women are crucial to help them make an informed decision regarding pregnancy.	Rasmussen SA, Lyerly AD, Jamieson DJ. Delaying Pregnancy during a Public Health Crisis - Examining Public Health Recommendations for Covid-19 and Beyond. <i>N Engl J Med.</i> 2020 Sep 30. doi: 10.1056/NEJMp2027940. Epub ahead of print. PMID: 32997931.

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					and support should be available to help women make an informed decision regarding pregnancy.		
COVID-19, SARS-CoV-2, ALTE, pediatric COVID-19	30-Sep-20	Severe Apparent Life-threatening Event (ALTE) in an Infant with SARS-CoV 2 Infection	Japanese Journal of Infectious Diseases	Case Report	The authors describe a case wherein an infant presented with a severe episode of an apparent life-threatening event (ALTE) in Japan. An 8-month old, otherwise healthy, infant was taken to the hospital due to a cardiopulmonary arrest, with severe acidosis noted on arrival. She was resuscitated with intra-osseous infusion of adrenaline and sodium bicarbonate. Her blood tests revealed no inflammatory response despite the acidosis. No congenital heart disease or cardiac myopathy was detected using echocardiography, and no significant arrhythmia were observed. CT scans showed weak consolidations in the upper right lung and atelectasis in the lower left lung. SARS-Cov-2 RNA was detected in both her tracheal aspirate and urine sample. The authors suggested rapidly progressive comorbidities due to SARS-CoV-2 may be one of the candidates for the mechanism underlying the infant's cardiopulmonary arrest. The authors also suggest the role of SARS-CoV-2 infection as being one of the underlying factors in the pathophysiology of ALTE and sudden infant death syndrome.	The authors describe a case of an 8-month old infant presenting with the severe apparent life-threatening event (ALTE) of cardiopulmonary arrest. The authors suggest the role of SARS-CoV-2 infection in the rapidly progressive co-morbidities associated with this case, as well as those in ALTEs and sudden infant death syndrome.	Sano F, Yagasaki H, Kojika S, et al. Severe Apparent Life-threatening Event (ALTE) in an Infant with SARS-CoV 2 Infection. Jpn J Infect Dis. 2020 Sep 30. doi: 10.7883/yoken.JIID.2020.572. Epub ahead of print. PMID: 32999184.
COVID-19; obstetric anesthetic services; United Kingdom	29-Sep-20	COVID-19 and obstetric anaesthetic services in a tertiary maternity care unit	International Journal of Obstetric Anesthesia	Correspondence	The authors assessed the impact of the COVID-19 pandemic on obstetric anesthetic services in a tertiary maternity care unit in the UK. They analyzed retrospective data obtained from the anesthesia dashboard and cases register to compare provision of services in the pre-COVID-19 period (1 October-31 December 2019) vs. during the pandemic (12 March-11 June 2020) [patient demographic data not provided]. There was no significant difference between the number of labor epidural analgesia techniques performed before and during the pandemic (n=518 vs. n=489 [no p-values provided]). An epidural response time of <30 min occurred in >90% of cases during both periods, which conforms to the National Institute for Health and Care Excellence guidelines and Royal College of Anesthetists (RCOA) audit standards. There was an overall reduction in the emergency general anesthetic rate (4.2% vs. 9.1%), as was recommended in the guidelines during the pandemic. There was a slight increase in the proportion of general anesthesia for elective C-section (2.3% vs. 1.1%), primarily because of patient indications that precluded provision of neuraxial anesthesia. <5% of elective C-sections and <15% of emergencies were performed under general anesthesia, in accordance with RCOA audit standards. The findings indicate that the pandemic did not cause any significant disruption or diminution in the obstetric anesthetic case load or service provision in the maternity unit.	The authors assessed the impact of the COVID-19 pandemic on obstetric anesthetic services in a tertiary maternity care unit in the UK. The findings indicate that the pandemic did not cause any significant disruption or diminution in the obstetric anesthetic case load or service provision in the maternity unit.	Patkar-Kattimani C, Athod R, Sangtani D. COVID-19 and obstetric anaesthetic services in a tertiary maternity care unit. Int J Obstet Anesth. 2021;45:152-153. doi:10.1016/j.ijoa.2020.09.004.
Peer education; COVID-19	29-Sep-20	Peer Education Intervention on	Psychiatry Danubina	Original Article	This study evaluated the combination of "Model 328" (a Chinese exercise model) and peer education to intervene in the anxiety,	This study evaluated the combination of "Model	Ding X, Yao J. Peer Education Intervention on Adolescents'

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pandemic; anxiety; sleep disorder; depression		Adolescents' Anxiety, Depression, and Sleep Disorder during the COVID-19 Pandemic			depression, and sleep problems of adolescents during the COVID-19 pandemic. From February-April 2020, the authors first administered an online survey to 1,200 adolescents (12-18 years old) in China, and then conducted a randomized control trial of 141 middle school students with self-rated anxiety scores >50 points (indicating anxiety above normal range) to either receive the control (n=71; mean 15.3 years) or intervention (n=70; mean 15.2 years). The intervention group involved peer education and Model 328 aerobic exercise. The authors conveyed health knowledge and behaviors concerning COVID-19 to students through group discussion, role-playing, and games. Then, students were asked to educate their peers by communicating with them about COVID-19. The exercise program consisted of 10 minutes of moderate intensity aerobic exercises 2 times a day for 3 days/week. After the intervention, the self-rating anxiety scale scores of the intervention group were better than those of the control group (P<0.001). Moreover, the self-rating depression scale scores of both groups were reduced, but the effect was more significant in the intervention group (P<0.001) than the control group. Finally, the total Pittsburgh Sleep Quality Index scores of both groups were reduced (indicating better sleep), but the effect was more significant in the intervention group (P<0.001). The authors concluded that Model 328 with peer education can significantly reduce the level of anxiety and depression in adolescents and improve their sleep quality.	328" exercise and peer education to intervene in the anxiety, depression, and sleep problems of adolescents during the COVID-19 pandemic. The authors concluded that Model 328 with peer education can significantly reduce the level of anxiety and depression in adolescents and improve their sleep quality.	Anxiety, Depression, and Sleep Disorder during the COVID-19 Pandemic. <i>Psychiatr Danub.</i> 2020;32(3-4):527-535. doi:10.24869/psyd.2020.527
SARS-COV-2, Novel coronavirus disease 2019, Fulminant hepatic failure, Transplant	29-Sep-20	Fulminant hepatic failure: A rare and devastating manifestation of Coronavirus disease 2019 in an 11-year-old boy	Archives de Pédiatrie	Case Study	This case report describes the fatal progression of fulminant hepatic failure associated with COVID-19 in an 11-year-old male pediatric patient in Iran. Upon emergency room admission, the patient was diagnosed with fulminant hepatic failure and transferred to a pediatric referral hospital for liver transplantation, where his disease progressed from stage 2 to stage 3 or 4. Under admission to the pediatric referral hospital, the patient's score on the Glasgow Coma Scale (GCS) was 7-8 with active gastro-intestinal and nasal bleeding, so his medical team immediately transferred him to the ICU for mechanical ventilation. Nasopharyngeal swab test for SARS-CoV-2 was positive, and other probable causes of fulminant hepatitis were ruled out. Hydroxychloroquine, Kaletra (lopinavir and ritonavir), vancomycin, and ceftazidime were administered. In the ICU, the patient's GCS was 4-5 and decreased further on the following day. Norepinephrine and epinephrine were added, but the patient's condition progressed to hepatorenal syndrome, and he underwent dialysis. Unfortunately, he passed away after 3 days despite medical and supportive measures. The authors assert that SARS-CoV-2 infection can have unusual and varied	This case report describes the fatal progression of fulminant hepatic failure associated with COVID-19 in an 11-year-old male pediatric patient in Iran. The authors assert that SARS-CoV-2 infection can have unusual and varied manifestations in children, and healthcare providers must rule it out as a causative agent of disease to better treat their pediatric patients.	Haji Esmaeil Memar E, Mamishi S, Sharifzadeh Ekbatani M, et al. Fulminant hepatic failure: A rare and devastating manifestation of Coronavirus disease 2019 in an 11-year-old boy. <i>Arch Pediatr.</i> 2020; 27(8): 502-505. doi:10.1016/j.arcped.2020.09.009

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					manifestations in children, and healthcare providers must rule it out as a causative agent of disease to better treat their pediatric patients.		
COVID-19 children, acute appendicitis, multisystem inflammatory syndrome	29-Sep-20	A Case of Multisystem Inflammatory Syndrome in Children Mimicking Acute Appendicitis in a COVID-19 Pandemic Area	Cureus	Case Report	The authors present the case of a 9-year-old female with a two-day history of fever and a one-day history of vomiting, who was admitted to the hospital for acute appendicitis in USA. She tested negative for active SARS-CoV-2 infection via PCR but was positive for SARS-CoV-2 IgG antibodies. She subsequently underwent an open appendectomy and segmental resection of the small bowel with re-anastomosis. On post-op day 1, she developed a high-grade fever and hypotension minimally responsive to fluid resuscitation. A CT abdomen and pelvis with IV contrast showed a phlegmon, and an abdominal ultrasound showed a small amount of free fluid and inflammatory changes in the right lower quadrant. She also had an elevated C-reactive protein level and lactate dehydrogenase levels. The patient was therefore transferred to the PICU due to suspicion for MIS-C. However, she developed respiratory distress after receiving IV immunoglobulin, leading to termination of this treatment. Her symptoms subsequently resolved after she received BiPAP, IV methylprednisolone, and aspirin, and she was discharged on post-op day 8. Of note, histopathologic findings showed necrotizing lymphadenitis and vasculitis, which was discordant with appendicitis and more consistent with a systemic hyper-inflammatory disorder.	The authors describe a case of MIS-C with gastrointestinal manifestations mimicking acute appendicitis in a child presenting from an area with high COVID-19 infection rates.	Jackson RJ, Chavarria HD, Hacking SM. A Case of Multisystem Inflammatory Syndrome in Children Mimicking Acute Appendicitis in a COVID-19 Pandemic Area. Cureus. 2020;12(9):e10722. Published 2020 Sep 29. doi:10.7759/cureus.10722
Antibodies, case report, newborn, pregnancy, vertical transmission, France	29-Sep-20	Case Series of COVID-19 Asymptomatic Newborns With Possible Intrapartum Transmission of SARS-CoV-2	Frontiers in Pediatrics	Case series	The authors report on four mothers and their infants, two with a possible maternofetal transmission, and two with negative testing at birth. Information was collected from patient records at a university hospital in France from March 24 -June 10, 2020. One mother exhibited infection signs 10 days before uncomplicated delivery, with negative PCR and antibody detection. Another mother exhibited infection 6 weeks pre-delivery, confirmed by positive PCR and antibody detection. Both newborns were asymptomatic but tested positive for nasopharyngeal and stool PCR at 1 and 3 days of age for the first one and 1 day of age for the second one. The two additional infants were tested at birth because their mothers had symptomatic infections, with positive PCR results, at 28 and 31 days before delivery, respectively. The third and the fourth infants were asymptomatic and negative for PCR, and both mothers were negative for antibody detection. The authors concluded that antibody detection in COVID-19 infected	The authors report on four infants born from mothers with a remote history of COVID-19. They recommend that all infants be tested within the first days of life, regardless of their mothers' immunologic status.	Hascoët JM, Jellimann JM, Hartard C, Wittwer A, Jeulin H, Franck P, Morel O. Case Series of COVID-19 Asymptomatic Newborns With Possible Intrapartum Transmission of SARS-CoV-2. Front Pediatr. 2020 Sep 29;8:568979. doi: 10.3389/fped.2020.568979. PMID: 33134230; PMCID: PMC7550713.

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					pregnant women is unreliable, and infants born from mothers with a remote history of COVID-19 should be tested within the first days of life regardless of their mother immunologic status.		
Nephrology, pediatric kidney disease, renin-angiotensin-aldosterone system (RAAS), children	29-Sep-20	2020 update on the renin-angiotensin-aldosterone system in pediatric kidney disease and its interactions with coronavirus	Pediatric Nephrology	Educational Review	In this review, the authors characterize the two renin-angiotensin-aldosterone system (RAAS) axes and the role of their components in pediatric kidney diseases, including current evidence, tables, and diagrams for educational purposes. They also present recent findings on potential interactions between SARS-CoV-2 and components of the RAAS, as well as potential implications of COVID-19 for pediatric kidney diseases. The various manifestations of COVID-19 in pediatric patients may be a result of multifactorial defense mechanisms involving the dynamism of the RAAS throughout life and a naïve immune system, which is not fully developed in these patients and may provide an unexpected protection in the context of COVID-19. Pediatric symptomatology supports the hypothesis of RAAS imbalance, as systemic complications have frequently been reported, including sore throat, vomiting, diarrhea, and abdominal pain. Lower infectivity of COVID-19 in the pediatric group may be explained by age-dependent expression of ACE2 in nasal epithelium, which was relatively low in children <10 years old and progressively increased until adulthood.	In this educational review, the authors present recent findings on potential interactions between SARS-CoV-2 and components of the renin-angiotensin-aldosterone system, as well as potential implications of COVID-19 for pediatric kidney diseases.	Simões E Silva AC, Lanza K, Palmeira VA, et al. 2020 update on the renin-angiotensin-aldosterone system in pediatric kidney disease and its interactions with coronavirus. <i>Pediatr Nephrol</i> . 2020 Sep 29:1–20. doi: 10.1007/s00467-020-04759-1. Epub ahead of print. PMID: 32995920; PMCID: PMC7524035.
Epidemiology, clinical patterns, C-reactive protein, children, pediatric, Turkey	29-Sep-20	Evaluation of the novel coronavirus disease in Turkish children: Preliminary outcomes	Pediatric Pulmonology	Original Article	This study aimed to investigate the disease features of pediatric COVID-19 in Turkey. Children diagnosed by PCR at a university hospital between April and June 2020, were evaluated. 105 pediatric patients with a mean age of 108.64 ± 65.61 months were enrolled in this study (age range 0-18 years). The most common cause of transmission in pediatric patients was contacting a family member diagnosed with COVID-19 (n= 91, 86.7%). The most common admission complaints were dry cough (n= 17, 16.2%), fever (n= 16, 15.2%), and lassitude and fatigue (n= 14, 13.3%). More than 95% of the children with COVID-19 were asymptomatic, mild, or moderate cases. C-reactive protein was the only independent factor associated with a long duration of hospitalization (p<0.001). Pulmonary ground-glass opacities (n = 11, 10.4%) were the most common finding in chest CT. Sore throat and cough were found significantly more often in the older age group (10-18 years) while the rate of contact history in infants (<1 year) was significantly lower. Drugs used in the treatment of our patients included azithromycin (n = 42, 40%), hydroxychloroquine (n = 21, 20%), empirical antibiotics (n = 10,	This study in Turkey summarizes the epidemiological and clinical patterns of COVID-19 in pediatric patients. C-reactive protein was the only independent factor associated with a long duration of hospitalization.	Yılmaz K, Gozupirinççioğlu A, Aktar F, et al. Evaluation of the novel coronavirus disease in Turkish children: Preliminary outcomes. <i>Pediatr Pulmonol</i> . 2020 Sep 29 doi: 10.1002/ppul.25095.

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					9.5%), oseltamivir (n = 8, 7.6%), lopinavir-ritonavir (n = 4, 3.8%), and favipiravir (n = 1, 0.9%). The authors recommend treatment by medication(s) be reserved for patients with severe pneumonia or for mild cases with risk factors.		
Pregnancy, RT-PCR, molecular testing, CT, symptoms	29-Sep-20	Clinical Properties and Diagnostic Methods of COVID-19 Infection in Pregnancies: Meta-Analysis	Biomed Research International	Meta-analysis	The goal of this meta-analysis was to examine detection of SARS-CoV-2 in pregnant women using molecular (RT-PCR) and CT imaging methods, the frequency of occurrence of clinical features, and the detection correction of the methods used in diagnosis. MEDLINE, PubMed, Scopus, ISI Web of Science, ClinicalKey, and CINAHL databases were searched [date range not specified] and 12 articles were included for a total of 181 patients. The incidence of positive SARS-CoV-2 RT-PCR was 91.8% (95% CI: 76.7-99.9%), and the incidence of abnormal computer tomography (CT) was 97.9% (95% CI: 94.2-99.9%). The most common symptoms were fever (38.1%) and cough (22%), and the less common symptoms were dyspnea (3.3%), myalgia and/or fatigue (3%), diarrhea (0.4%), and sore throat (0.2%). No clinical signs of vomiting were found in any of the studies. Based on these results, the authors conclude that the incidence of characteristic findings on CT is higher than that of a positive RT-PCR in the diagnosis of COVID-19 with a narrower confidence interval.	The authors conducted a meta-analysis of 12 studies including 181 pregnant women with SARS-CoV-2. The most common symptoms were fever and cough, and there was a higher incidence of abnormal findings on CT than the incidence of positive RT-PCR tests, indicating CT is a helpful diagnostic tool.	Uygun-Can B, Acar-Bolat B. Clinical Properties and Diagnostic Methods of COVID-19 Infection in Pregnancies: Meta-Analysis. Biomed Res Int. 2020;2020:1708267. Published 2020 Sep 29. doi:10.1155/2020/1708267
Lung ultrasound, follow-up, 4 months, outcomes, children, Italy	29-Sep-20	Sequelae of COVID-19 in Hospitalized Children: A 4-Months Follow-Up	The Pediatric Infectious Disease Journal	Brief Report	The authors present the outcomes at 4 months post-discharge of 25 children hospitalized with COVID-19 between March 1 to June 1, 2020, in Italy. They performed blood analysis, nasal swab, lung ultrasound, and medical evaluation for each patient, on average, 35 days post-discharge (interquartile range: 19–46 days). Of the 25 patients analyzed, 28% were previously admitted for mild COVID-19, 56% for moderate disease, and 16% for severe disease. Also, 13 patients had lung ultrasound pathology on admission, of which 62% had a diffuse interstitial pattern, and 38% had multiple subpleural consolidations and diffuse interstitial pattern. However, at the follow-up examination, the authors observed a persistent mild interstitial pattern on lung ultrasound in 3 patients and multiple subpleural consolidations in 2 cases. Also, at six weeks post-discharge, all children showed normal blood analysis and inflammatory markers. Of note, all children had SARS-CoV-2 positive nasal swabs on admission, but their nasal swabs were negative at follow up. Furthermore, 83% (20/24) of children had detectable SARS-CoV-2-specific IgG levels at follow up.	Findings from this study on the outcomes at follow-up of children previously hospitalized with COVID-19 showed that all patients had clinical and complete laboratory recovery about one month after discharge, without manifestation of any COVID-19-related sequelae four months later. Although an extended follow-up period is necessary, the authors predict a good prognosis in the pediatric population given these findings.	Denina M, Pruccoli G, Scolfaro C, et al. Sequelae of COVID-19 in Hospitalized Children: A 4-Months Follow-Up. Pediatr Infect Dis J. 2020 Sep 29. doi: 10.1097/INF.0000000000002937. Epub. PMID: 33003103.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
Pediatric otorhinolaryngology, ENT, telemedicine consultations	29-Sep-20	Telemedicine in pediatric otorhinolaryngology: Lessons learnt from remote encounters during the Covid19 pandemic and implications for future practice	International Journal of Pediatric Otorhinolaryngology	Original Article	During the COVID-19 pandemic, patient-facing pediatric otorhinolaryngology (ENT) appointments were replaced with telemedicine consultations. The authors performed a prospective analysis of the outcomes following telephone consultations with patient's parents. They also described their experiences of remote consulting during a pandemic and the possibilities for future applications of telemedicine in pediatric ENT. 215 patients were referred to the pediatric ENT clinic, and 65% of these patients were suitable for remote telephone consultation. Following a telephone call, 50% did not need further ENT clinic management, most commonly due to being listed for surgery (20%) or discharged (18%). The treating consultant assessed 81% of phone consultations as being effective. When given the choice, patients reported that 29% would choose a telephone consultation, while 43% preferred face-to-face consultation. Areas of pediatric ENT can be streamlined effectively by substituting face-to-face consultations with telephone consultations. However, telephone consultations should not be used indiscriminately. A combination of the two and the formation of individualized treatment plans will likely be most effective.	The authors describe the preferences of patient's parents undergoing telemedicine consultation for pediatric otorhinolaryngology (ENT) services during the COVID-19 pandemic. A combination of face to face consultations and telemedicine consultation will likely be effective after vetting referrals, individualizing treatment plans, and giving patients a choice.	Sharma S, Daniel M. Telemedicine in paediatric otorhinolaryngology: Lessons learnt from remote encounters during the Covid19 pandemic and implications for future practice. Int J Pediatr Otorhinolaryngol. 2020 Sep 29;139:110411. doi: 10.1016/j.ijporl.2020.110411. Epub ahead of print. PMID: 33022557.
Pregnancy, outcomes, guidelines, management	29-Sep-20	SARS-CoV-2 and Pregnancy: A Review of the Facts	The Brazilian Journal of Gynecology and Obstetrics	Review article	In this review, the authors evaluate the evidence available on SARS-CoV-2 in pregnancy including viral characteristics, association with pregnancy, and current management guidelines. They searched PubMed and Google Scholar databases daily from March 29 to May 2, 2020 as well as guidelines focusing on pregnancy from major societies and institutions (e.g. from USA, UK). Topics covered in this review include pathophysiology, presentation, diagnosis, epidemiology, physiological predisposition to infection in pregnancy, experience with previous coronaviruses during pregnancy, SARS-CoV-2 impacts on pregnancy, current instructions on obstetric management from guidelines, impacts of possible treatments in pregnancy, and impacts on mental health.	In this review, the authors provide a comprehensive summary of the evidence related to SARS-CoV-2 and pregnancy from March to May, 2020.	Czeresnia RM, Trad ATA, Britto ISW, Negrini R, Nomura ML, Pires P, Costa FDS, Nomura RMY, Ruano R. SARS-CoV-2 and Pregnancy: A Review of the Facts. Rev Bras Ginecol Obstet. 2020 Sep;42(9):562-568. English. doi: 10.1055/s-0040-1715137. Epub 2020 Sep 29. PMID: 32992359.
Outpatient, care prenatal care, pregnancy, practice guidelines, Brazil	29-Sep-20	Outpatient care for pregnant and puerperal women during the COVID-19 pandemic	The Brazilian Journal of Gynecology and Obstetrics (Revista Brasileira de Ginecologia e Obstetrícia)	Practice Guideline	In this guideline, the authors discuss the structuring of outpatient services for pregnant and postpartum women in Brazil during the COVID-19 pandemic, balancing the risks of viral exposures with the need for monitoring of pregnancy and high-risk conditions. They recommend the implementation of several changes to outpatient care, including screening, social distancing, use of PPE, combining labs and imaging with scheduled appointments, and reinforcing influenza vaccination. They also discuss use of betamethasone and aspirin in pregnancy during the pandemic given the implications for use in COVID-19 and provide recommendations for universal testing and mental health care.	The authors highlight the importance of maintaining outpatient care for pregnant and postpartum women during the COVID-19 pandemic, and present recommendations for changes in care to minimize viral exposure.	Surita FGC, Luz AG, Hsu LPR, Carvalho FHC, Brock MF, Nakamura MU. Outpatient care for pregnant and puerperal women during the COVID-19 pandemic. Rev Bras Ginecol Obstet. 2020 Sep;42(9):588-592. doi: 10.1055/s-0040-1718473. Epub 2020 Sep 29. PMID: 32992361.

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Maternal health, sleep, anxiety, insomnia, children, Israel	29-Sep-20	Maternal perceptions of sleep problems among children and mothers during the coronavirus disease 2019 (COVID-19) pandemic in Israel	Journal of Sleep Research	Original Research	During the COVID-19 pandemic, stressful circumstances, major changes to daily routines, higher levels of anxiety, decrease in daylight exposure, increased blue light exposure, changes in diet, and reduced physical activity may all have negative implications for sleep quality. This online web-based survey of mothers of 264 children (6 months to 72 months of age) in Israel from April 20-30, 2020 explored whether (a) mothers experienced a change in their own insomnia symptoms and child's sleep during the current crisis compared to pre-crisis; (b) assessed maternal levels of acute COVID-19 anxiety; and (c) explored the associations between child's sleep, maternal insomnia, and maternal acute COVID-19 anxiety. Results revealed a high frequency of maternal clinical insomnia during the COVID-19 pandemic: 23% during the pandemic, compared to 11% before the pandemic. About 80% of mothers reported mild-to-high levels of current COVID-19 anxiety. Most mothers reported no change in their child's sleep quality, duration, and sleeping arrangement. However, about 30% reported a negative change while 12% reported a positive change. These findings suggest that the changes in sleep patterns during the COVID-19 pandemic are varied, and mothers of young children are experiencing substantial negative psychosocial changes during the COVID-19 crisis.	This study evaluated the impact of the COVID-19 pandemic on maternal anxiety, maternal sleep, and the sleep of children in Israel. Maternal anxiety was reportedly high with higher rates of insomnia than prior to the pandemic, while the impact on sleep of children was varied.	Zreik G, Asraf K, Haimov I, Tikotzky L. Maternal perceptions of sleep problems among children and mothers during the coronavirus disease 2019 (COVID-19) pandemic in Israel. J Sleep Res. 2020 Sep 29:e13201. doi: 10.1111/jsr.13201. PMID: 32996188; PMCID: PMC7536915.
Maternal mental health, perinatal anxiety, perinatal mental health, pregnancy, United States	29-Sep-20	Pregnancy-related anxiety during COVID-19: a nationwide survey of 2740 pregnant women	Archives of Women's Mental Health	Original Article	The authors conducted a cross-sectional study of 2,740 pregnant women in the USA from April 3-24, 2020 using the pregnancy-related anxiety scale to determine the impact of the COVID-19 pandemic on anxiety. The factors most strongly associated with greater changes in perceived pregnancy-related anxiety included COVID-19-related issues, such as lack of face-to-face prenatal visits and changed birth plan away from delivering in a hospital, fear of food running out, increased tension/conflict in the home, or fear of getting infected. In addition, self or family member being an essential worker or living in a location with a large number of COVID-19 cases were also significant drivers of greater changes in pregnancy-related anxiety scores. Those who reported higher agreement with COVID-19-related stressors had greater changes in pre- to post-COVID-19 pregnancy-related anxiety. The authors determined that factors independent of pregnancy appeared to be driving changes in pregnancy-specific anxiety.	The authors conducted a study of 2,740 pregnant women in the USA to determine the impact of the COVID-19 pandemic on anxiety. The factors most strongly associated with greater changes in perceived pregnancy-related anxiety included COVID-19-related issues, fear of food running out, increased tension/conflict in the home, or fear of getting infected.	Moyer CA, Compton SD, Kaselitz E, Muzik M. Pregnancy-related anxiety during COVID-19: a nationwide survey of 2740 pregnant women [published online ahead of print, 2020 Sep 29]. Arch Womens Ment Health. 2020;1-9. doi:10.1007/s00737-020-01073-5
Eculizumab, multisystem inflammatory syndrome in children, Thrombotic microangiopathy,	29-Sep-20	COVID-19 and Acute Kidney Injury in Pediatric Subjects: Is There a Place for	Journal of Nephrology	Editorial	The authors review an article by Mahajan et al. discussing the successful use of a C5 inhibitor, Eculizumab, in the treatment of a child with COVID-19, MIS-C, and thrombotic microangiopathy (TMA). They then compare this case to two patients with acute kidney injury (AKI) treated with Eculizumab to describe how this medication may decrease the activated alternative complement system and subsequently decrease the coagulation cascade often	The authors review the successful report of the use of a C5 inhibitor, Eculizumab, in the treatment of a 14-year-old child with COVID-19, MIS-C, and thrombotic	Trimarchi, H., Coppo, R. COVID-19 and acute kidney injury in pediatric subjects: is there a place for eculizumab treatment?. J Nephrol (2020). https://doi.org/10.1007/s40620-020-00859-1

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acute kidney injury, complement		Eculizumab Treatment?			seen in severe SARS-CoV2 infections with TMA. The first case is a 14-year old female with SARS-CoV-2 infection, MIS-C, and AKI, who recovered after receiving Eculizumab. The authors describe the second comparison case of a 4-year old child with diffuse proliferative lupus nephritis, complement-mediated TMA, and AKI, who recovered but needed chronic eculizumab treatment for atypical hemolytic uremic syndrome (aHUS). In the third case, a 24-year-old patient, post-kidney transplant for aHUS, developed severe COVID-19 illness and a procoagulant state while on multiple immunosuppressant agents and chronic eculizumab treatment. He subsequently recovered after Eculizumab and belatacept infusions were administered. The authors describe the mechanism of action of Eculizumab and highlight the role of the complement system activation in SARS-COV-2 infection.	microangiopathy (TMA). They then compare this case to two other patients with acute kidney injury and TMA treated with Eculizumabr to demonstrate the mechanism of action as well as the potential role that Eculizumab has in treatment of pediatric SARS-CoV-2 infections complicated by TMA.	
Nutrition, malnutrition, nutrition risk screening, NRS, standard operating procedures, SOPs, nutrition therapy	29-Sep-20	Nutrition Status Affects COVID-19 Patient Outcomes	Journal of Parenteral and Enteral Nutrition	Commentary	A recent study by Zhao et al. showed that two characteristics are present in COVID-19 patients at a disproportionate frequency. In addition to inflammation, patients present with a high incidence of appetite loss during the days preceding their admission. This leads to a significant food intake reduction, as reported with the nutrition risk screening (NRS) score. The NRS score is a useful tool to evaluate patients' nutrition status because it is easy to collect and does not require any laboratory evaluation. The aforementioned study used NRS scores for 371 patients; the mortality rate of the entire cohort was 9%, and in patients with NRS scores ≥ 5 , the mortality rate was 43%. Screening needs to be followed by a systematic feeding strategy. In the same study of 371 patients, 54% of the critically ill patients were not fed, which likely contributed to the mortality rate. The authors reflect that the study outcome may have been better if standard operating procedures (SOPs) had been in place, because SOPs define procedural steps and orient untrained ICU personnel during a crisis. Given that acute underfeeding compromises immune defenses, nutrition SOPs may help reduce devastating consequences, by providing a systematic feeding strategy.	Hospitalized COVID-19 patients' acute underfeeding has a devastating impact on their outcomes. The authors suggest creating standard operating procedures for nutrition therapy, to establish a systematic feeding strategy.	Berger, M.M. (2020), Nutrition Status Affects COVID-19 Patient Outcomes. Journal of Parenteral and Enteral Nutrition, 44: 1166-1167. doi:10.1002/jpen.1954.
Pregnancy, morbidity, hemorrhagic morbidity, quantitative blood loss, Boston, USA	29-Sep-20	Obstetric Hemorrhage Risk Associated with Novel COVID-19 Diagnosis from a Single-Institution Cohort in the United States	American Journal of Perinatology	Original Article	The study aimed to compare the quantitative blood loss (QBL) and hemorrhage-related outcomes of pregnant women with and without a COVID-19 diagnosis. The data of this retrospective cohort study were from all live deliveries at Boston Medical Center (USA) between April 1st and July 22nd, 2020. Of 813 women who delivered a live infant, 53 were diagnosed with COVID-19 on admission. Women with COVID-19 at their time of delivery were significantly more likely to identify as a race other than white ($p=0.01$), to deliver preterm ($p=0.05$), to be diagnosed with pre-eclampsia with severe features ($p<0.01$), and to require general anesthesia ($p<0.01$). Women diagnosed with	This retrospective cohort study in Boston (USA) suggests that mothers with COVID-19 diagnosis were not found to have an increased risk in hemorrhagic morbidity or increased risk of overall maternal morbidity.	Wang MJ, Schapero M, Iverson R, et al. Obstetric Hemorrhage Risk Associated with Novel COVID-19 Diagnosis from a Single-Institution Cohort in the United States. Am J Perinatol. 2020 Sep 29. doi: 10.1055/s-0040-1718403. Epub ahead of print.

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					COVID-19 did not have a significantly higher QBL (p= 0.64). COVID-19 patients had no increased adjusted odds of obstetric hemorrhage (aOR: 0.41, 95%CI: 0.17-1.04) and no increased adjusted odds of the maternal morbidity composite (aOR: 0.98, 95%CI: 0.50-1.93). Pregnant women with COVID-19 did not have an increased risk for obstetric hemorrhage, increased QBL, or risk of maternal morbidity compared with pregnant women without COVID-19.		
Obstetrical population, pregnancy, neonates, follow-up, isolation, symptoms, transmission, asymptomatic, Santiago, Chile, South America	29-Sep-20	Routine screening for SARS CoV-2 in unselected pregnant women at delivery	PLoS One	Original Research	This study aimed to assess the prevalence of SARS-CoV-2 infection in an unselected obstetrical population in Chile and describe their presentation and clinical evolution. A cross-sectional study was conducted among pregnant women admitted at the Obstetrics & Gynecology Department of Clínica Dávila, Santiago, Chile, for labor & delivery, between April 27th and June 7th, 2020. A total of 586 patients were tested for SARS-CoV-2 during the study period. Outcomes were obtained from 583 patients which were included in the study. 37 pregnant women had a positive test for SARS-CoV-2 at admission. The cumulative prevalence of confirmed SARS-CoV-2 infection was 6.35% (37/583) [CI95%: 4.63-8.65]. From confirmed cases, 43.2% (16/37) were asymptomatic. From symptomatic patients, 85.7% (18/21) had mild symptoms and evolved without complications and 14.3% (3/21) presented severe symptoms requiring admission to the ICU. Only 5.4% (2/37) of the neonates born to mothers with a positive test at admission had a positive RT-PCR for SARS-CoV-2. In this study, nearly half of pregnant patients with SARS-CoV-2 were asymptomatic at the time of delivery. Universal screening, in endemic areas, is necessary for adequate patient isolation, prompt neonatal testing and targeted follow-up.	This cross-sectional study in Chile found that the point prevalence of COVID-19 among pregnant women is 6.35%, with nearly 50% being asymptomatic. Universal screening at delivery should be considered to allow protection of health teams, proper patient isolation, prompt neonatal testing, and follow-up.	Díaz-Corvillón P, Mönckeberg M, Barros A, et al. Routine screening for SARS CoV-2 in unselected pregnant women at delivery. PLoS One. 2020 Sep 29;15(9):e0239887. doi: 10.1371/journal.pone.0239887. PMID: 32991621.
Children, hypoxemic respiratory failure, multisystem inflammatory syndrome, MIS, PIMS-TS, Pediatric MIS-Temporally associated with COVID-19, Kawasaki-like disease, pediatric intensive care	29-Sep-20	Caring for Critically Ill Children With Suspected or Proven Coronavirus Disease 2019 Infection: Recommendations by the Scientific Sections' Collaborative of the European Society of	Pediatric Critical Care Medicine	Recommendations	Although children usually experience mild COVID-19 symptoms, they can develop pediatric multisystem inflammatory syndrome (MIS) or pediatric MIS-Temporally associated with COVID-19 (PIMS-TS). The European Society of Pediatric and Neonatal Intensive Care provides recommendations for care of children with suspected or proven SARS-CoV-2 in intensive or intermediate care units. The majority of their recommendations for children with COVID-19 are essentially the same as for other critically ill children, in terms of non-invasive or invasive mechanical ventilation, cardiac failure, pediatric sepsis, and multiple organ failure. The authors provide tables summarizing recommendations for respiratory support, mechanical ventilation, and measures to reduce filter clotting risk during continuous renal replacement therapy. They also share specific treatment algorithms, including detailed laboratory findings and	Although COVID-19 among children is usually mild, some can develop severe hypoxemic failure or a severe multisystem inflammatory syndrome. The authors review the current COVID-19-related clinical knowledge in critically ill children and discuss treatment concepts.	Rimensberger PC, Kneyber MCJ, Deep A, et al. Caring for Critically Ill Children With Suspected or Proven Coronavirus Disease 2019 Infection: Recommendations by the Scientific Sections' Collaborative of the European Society of Pediatric and Neonatal Intensive Care. Pediatr Crit Care Med. 2020 Sep 29. doi: 10.1097/PCC.0000000000002599 . Epub ahead of print. PMID: 33003177.

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		Pediatric and Neonatal Intensive Care			clinical features. The authors emphasize the use of full PPE by the care team and offer additional recommendations to existing transport policies regarding suspected and proven SARS-CoV-2-infected children. As for treatment regimen, the authors suggest compassionate use of anti-bacterial, anti-inflammatory, and anti-viral treatments, given the lack of clinical trials.		
Mental health, children, school closure, lockdown, India	29-Sep-20	COVID-19 lockdown and school closure: Boon or bane for child mental health, results of a telephonic parent survey	Asian Journal of Psychiatry	Letter to the Editor	The authors conducted a cross-sectional telephonic interview-based study of 225 parents in eastern India from June 1-July 8, 2020 to determine the impact of lockdown and school closure caused by COVID-19 on mental well-being, behavior, and screen media use of children diagnosed with psychiatric disorders seeking specialized Child and Adolescent Psychiatry services. Child psychological health was reported by a majority of parents as improved or the same as before the COVID-19 period (>90%). However, some parents reported worsening of child behavior in the domains of anger (30%) and inability to keep the adult uninterrupted (15%). Parents also perceived an increase in screen media use by their children. While 58% of parents reported a need for specialized child psychiatry services for their child during the pandemic, major reasons for not being able to attend a consultation included reported fear of contracting COVID-19 (53%), followed by lockdown (45%). The authors conclude that overall, COVID-19 lockdown and school closure has had mostly a positive effect on children's wellbeing and behaviors, providing a unique opportunity to understand the various factors influencing child mental health.	The authors conducted a cross-sectional telephonic interview-based study of 225 parents in eastern India from June 1-July 8, 2020 to assess the mental health of children with psychiatric disorders. Child psychological health was reported by majority of parents as improved or same as before COVID-19 period (>90%).	Patra S. COVID-19 lockdown and school closure: Boon or bane for child mental health, results of a telephonic parent survey. Asian Journal of Psychiatry. 2020. doi:10.1016/j.ajp.2020.102395.
Unemployment, stress, hardship, child wellbeing, children, care responsibilities, United States	29-Sep-20	Unemployment and child health during COVID-19 in the USA	Lancet Public Health	Correspondence	The author describes how families with children and unemployed parents in the USA have reported especially high rates of hardship due to the COVID-19 pandemic, with potential long-term consequences for child wellbeing and development. Among all mothers between 25-44 years old who lost a job after the onset of the pandemic, 30% reported care responsibilities as their primary reason for not being employed. For mothers with children experiencing distance learning, the share reporting care responsibilities as their primary reason for unemployment was higher (36%) than for mothers whose children attended school in person (29%). Joblessness coupled with inadequate welfare and support increase hardship; unemployed mothers with children report high rates of food insufficiency (24%), skipped or delayed medical appointments (47%), and frequent anxiety (46%). Evidence shows that reduced economic resources and elevated stress affect children's academic achievement and behavior. Moreover, long-term unemployment can have particularly	The author describes the consequences of the COVID-19 pandemic on employment for mothers and child wellbeing and development in the USA. Reduced economic stress, elevated stress, and long-term unemployment impact child development, including academic achievement, behavior, and physical wellbeing.	Parolin Z. Unemployment and child health during COVID-19 in the USA. Lancet Public Health. 2020;5(10):e521-e522. doi:10.1016/S2468-2667(20)30207-3

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					deleterious consequences for a family's poverty status and a child's physical wellbeing.		
Pregnancy, obstetrics, screening, RT-PCR, delivery, Belgium, Italy, Spain, USA	29-Sep-20	Testing of patients and coronavirus disease 2019 (COVID-19) infection before scheduled deliveries [Article not available for free]	Journal of Perinatal Medicine	Letter to the Editor	In this letter, the authors compare data related to SARS-CoV-2 screening of pregnant women admitted for delivery at their hospital in Belgium to findings at other sites. Between March 30 and April 15, 2020, the authors screened 221 pregnant women for symptoms and performed nasopharyngeal swabs to detect SARS-CoV-2 via RT-PCR on admission to the obstetric ward. RT-PCR was negative in 95.5% (211/221) of the women and positive in 4.5% (10/221), of whom 4 (1.8%) presented with cough and 6 (2.7%) were asymptomatic. 60% of pregnant women who tested positive did not present any symptoms of COVID-19, concurring with two cited articles reporting from New York City (USA) hospitals. The lower proportion of pregnant women testing positive for SARS-CoV-2 in this series (4.5%) compared to one of the cited New York City cohorts (15.3%) may be due to variations in the extent of the pandemic in different countries and public health interventions in place. These proportions are notably higher than proportions reported in two studies from hospitals in Spain and Italy. Altogether these data show that the implementation of universal screening of pregnant women presenting for delivery depends on the epidemiology of COVID-19 in that area.	This letter summarizes data related to SARS-CoV-2 screening of pregnant women admitted for delivery at a hospital in Belgium and in comparison with findings at other sites in the US, Italy, and Spain.	Yombi JC, De Greef J, Bernard P, et al. Testing of patients and coronavirus disease 2019 (COVID-19) infection before scheduled deliveries. J Perinat Med. 2020 Sep 29. doi: 10.1515/jpm-2020-0444. Epub ahead of print. PMID: 32990649.
Kawasaki Disease, SARS-CoV-2, children	28-Sep-20	Discovering Associations: Kawasaki Disease and COVID-19	Case Reports in Pediatrics	Case Report	This is the case of a 2-year-old female in the United States who presented with prolonged fever, conjunctivitis, extremity edema, maculopapular rash on distal upper and lower extremities, dry/cracked lips, classic "strawberry tongue" papillitis, fussiness and fatigue, and a notable absence of respiratory symptoms. [Dates of case not stated, although the article was received by the publisher 5 May 2020.] Laboratory examination showed a normal white cell count, normocytic anemia, thrombocytosis, elevated inflammatory markers, hypo-albuminemia, elevated alanine transaminase (ALT), and mild pyuria on urinalysis. Rapid group A streptococcal testing was negative, and chest x-ray showed no significant abnormalities. Kawasaki disease (KD) was diagnosed when the patient met 4 out of 5 clinical criteria. Echocardiogram was normal without evidence of coronary artery dilatation or decreased cardiac function. She was given a single dose of IV immunoglobulin and started on aspirin. SARS-CoV-2 PCR testing was positive. The patient was discharged after a 24-	This is the case of a 2-year-old female in the United States who presented with prolonged fever, conjunctivitis, extremity edema, rash, dry/cracked lips, "strawberry tongue" papillitis, fussiness and fatigue, and a notable absence of respiratory symptoms. She was diagnosed with Kawasaki disease (KD) and had positive SARS-CoV-2 PCR testing. The authors state that this case demonstrates an	Peterson N, Sagdeo K, Tyungu D, et al. Discovering Associations: Kawasaki Disease and COVID-19. Case Rep Pediatr. Published 2020 Sep 28. doi:10.1155/2020/8880242

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					hour resolution of fever, and her family was instructed to quarantine her for 14 days. Prior studies have shown that 42% of children with KD have a positive respiratory viral PCR, suggesting that a respiratory viral infection may trigger KD. The authors state that this case demonstrates an association between KD and SARS-CoV-2, and highlights the value of testing patients for SARS-CoV-2 during KD evaluation.	association between KD and SARS-CoV-2, and highlights the value of testing patients for SARS-CoV-2 during KD evaluation.	
COVID-19; menstrual change; ovarian function; China	28-Sep-20	Analysis of sex hormones and menstruation in COVID-19 women of child-bearing age	Reproductive BioMedicine Online	Original Research	This retrospective, cross-sectional study investigated the effect of SARS-CoV-2 infection on sex hormones and menstruation of women of child-bearing age in China. Clinical and laboratory data from 237 women of child-bearing age diagnosed with COVID-19 in Tongji Hospital from 19 January- 1 April 2020 were retrospectively reviewed. Menstrual data from 177 patients were analyzed. Blood samples from the early follicular phase were tested for sex hormones and anti-Müllerian hormone (AMH). Severely ill patients had more comorbidities than mildly ill patients (34% versus 8%), particularly diabetes, hepatic disease, and malignant tumors. The average sex hormone and AMH concentrations of women of child-bearing age with COVID-19 were not different from age-matched controls (non-ovarian infertility patients who received fertility testing in the early follicular phase from June 2019-March 2010). Of 177 patients with menstrual records, 20% (n=36) had decreased and 5% (n=9) had increased menstrual volume. 127 (72%) patients had no change in their menstrual cycle, 33 (18%) patients had prolonged cycles, 5 (3%) patients had shortened cycles, and 12 (7%) showed cycle disorders. 23 (19%) mildly ill patients had cycles longer than 37 days, while 20 (34%) severely ill patients had cycles longer than 37 days; further statistical analysis showed a significant difference (p=0.001). The majority of the recovered patients had their menstrual cycle return to normal, as determined by phone follow-up 2 months later. These patients' menstruation changes might be the consequence of transient sex hormone changes caused by suppression of ovarian function that quickly normalizes after recovery.	This retrospective, cross-sectional study investigated the effect of SARS-CoV-2 infection on sex hormones and menstruation of women of child-bearing age in China. While there were no changes detected for sex hormones, SARS-CoV-2 infected patients presented with menstruation changes, mainly decreased volume and prolonged cycles. However, these changes quickly normalize after patients' recovery.	Li K, Chen G, Hou H. Analysis of sex hormones and menstruation in COVID-19 women of child-bearing age. <i>Reprod Biomed Online</i> . 2020;42(1):260-7. doi:10.1016/j.rbmo.2020.09.020.
COVID-19; child protection; children at risk; economic crises; mental health; sexual abuse; India	28-Sep-20	Children on the brink: Risks for child protection, sexual abuse, and related mental health problems in the COVID-19 pandemic	Indian Journal of Psychiatry	Review	The authors examine the impact of the COVID-19 pandemic and its socio-economic consequences on children in adversity in India. Social distancing implementation has led 90% of enrolled learners to be out of education, due to school closures. For children with mental health issues, there are serious implications of disruption of school routines which serve as a coping mechanism and an anchor, as well as loss of access to mental health resources provided through schools. Parents are having to work remotely, if at all, while also looking after their children. For low-income families living in (over)crowded homes, keeping their children	The authors examine the impact of the COVID-19 pandemic and its socio-economic consequences on children in adversity in India. The lockdown and ensuing economic issues may exacerbate child mental health problems. It may increase verbal,	Ramaswamy S, Seshadri S. Children on the brink: Risks for child protection, sexual abuse, and related mental health problems in the COVID-19 pandemic. <i>Indian J Psychiatry</i> . 2020;62(Suppl 3):S404-S413. doi:10.4103/psychiatry.IndianJPsychiatry_1032_20.

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					busy and safe is challenging. The economic impact of the pandemic also increases parenting stress, abuse, and violence against children. When primary caregivers lose employment, children are at risk of being engaged in child labor. Children migrating to cities to join the labor force are at higher risk of exploitation and verbal, physical, and sexual abuse. Children may also be vulnerable to sex work, trafficking, and prostitution due to economic crisis. There may also be an increase in child marriage (particularly for girls) as a way to reduce household food consumption and expenses. Using a disaster risk reduction framework, the authors suggest an integrated child protection and psychosocial care response, to help alleviate the adverse impacts of the pandemic.	physical, and sexual abuse towards children at home and in the context of child labor, child sex work and trafficking and child marriage.	
COVID-19; Kawasaki disease; Macrophage activation syndrome; Pandemic; Pediatric rheumatology; Survey	28-Sep-20	How the COVID-19 pandemic has influenced pediatric rheumatology practice: Results of a global, cross-sectional, online survey	Seminars in Arthritis and Rheumatism	Original Research	This is a descriptive study conducted by EMERGE (EMerging Rheumatologists and rEsearchers), a group of Pediatric Rheumatology European Society. They developed an online survey to assess pediatric rheumatology practice changes due to the pandemic in May 2020. The study includes 70 countries; out of 493 pediatric rheumatologists, 67% were female, 54.6% aged ≥45 years, and 80.3% practiced for ≥ 5 years. Around 70% disagreed that the pandemic led to the reduced prescription of nonsteroidal anti-inflammatory drugs, conventional synthetic, and biologic disease-modifying antirheumatic drugs. Almost half were more likely to reduce corticosteroids faster. They also found reports on patients encountering difficulties obtaining hydroxychloroquine and tocilizumab due to shortages, experiencing a flare, or delaying diagnosis/intervention due to postponed appointments. Around half of the respondents shifted towards phone calls or video consultations. Primary changes were due to delays in-clinic appointments, an increase in the use of virtual technologies, and concerns about using immunosuppressive therapies. An increased number of patients with Kawasaki disease/hyperinflammation mentioned by the respondents is noteworthy. Understanding the challenges imposed by the COVID-19 pandemic on pediatric rheumatologists' community will help shape recommendations on the management of pediatric rheumatology patients during the pandemic, school, and social attendance to the needs of routine clinical practice.	This is a descriptive result from an online survey conducted in May 2020 by EMERGE (EMerging Rheumatologists and rEsearchers) to assess pediatric rheumatology practice changes due to the pandemic. The authors found reports on delays in-clinic appointments, concerns about the immunosuppressive effects of antirheumatic therapies, the use of antirheumatic drugs for COVID-19 treatment/prophylaxis, and increased use of virtual technologies to minimize face to face visits.	Batu, E. D., Lamot, L., Sag, E., et al. (2020). How the COVID-19 pandemic has influenced pediatric rheumatology practice: Results of a global, cross-sectional, online survey. <i>Seminars in arthritis and rheumatism</i> , 50(6), 1262–1268. Advance online publication. https://doi.org/10.1016/j.semarthrit.2020.09.008
Family, parenting stress, children, emotional regulation, mental health,	28-Sep-20	Parenting Stress During the COVID-19 Outbreak: Socioeconomic and	Family Process	Original Article	This study in Italy explored risk factors associated with parenting stress and implications for children's emotional regulation in families with different socio-economic risks. Parents of children 2–14 years old completed a survey reporting difficulty experienced due to the lockdown, level of household chaos, parenting stress, parent involvement in the child's daily life, and	This study conducted in Italy provides evidence that challenges imposed on families by the COVID-19 outbreak may affect children's mental health,	Spinelli, M., Lionetti, F., Setti, A. and Fasolo, M. (2020), Parenting Stress During the COVID-19 Outbreak: Socioeconomic and Environmental Risk Factors and Implications for Children Emotion

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socioeconomic risks, Italy		Environmental Risk Factors and Implications for Children Emotion Regulation [Free Access to Abstract Only]			children's emotion regulation competencies. Observed mean levels of parenting stress and children's emotion regulation abilities were not particularly different from those of previous studies. Household chaos predicted higher levels of parenting stress ($r=0.46$), which, in turn, was associated with less effective emotion regulation in children through the mediating role of parental involvement. More stressed parents were less involved in their children's activities, decreasing children's effective emotion regulation ($p<0.001$). Only for socio-economic status (SES) no-risk families, the lockdown constraints increased parenting stress ($p<0.05$). For SES at-risk families, the impact of parenting stress and involvement on children's regulation strategies were stronger, with a protective role played by parental involvement on children's negativity. Clinical interventions should promote high-quality parent-child interactions sharing emotions to help parents support a child's emotion regulation. The authors recommend interventions be focused on at-risk families who may benefit most from the role of parent emotional support.	which is more evident in families with socio-economic risks.	Regulation. Fam. Proc.. doi:10.1111/famp.12601
Pregnancy, anxiety, depression, mental health, maternal health	28-Sep-20	Anxiety, depression, and related factors in pregnant women during the COVID-19 pandemic in Turkey: A web-based cross-sectional study	Perspectives in Psychiatric Care	Original Article	To assess the prevalence of anxiety, depression and related factors in pregnant women during the COVID-19 pandemic, a cross-sectional study was conducted on 403 pregnant women over 18 years of age using a Facebook web-based survey in June and July 2020. The hospital anxiety and depression scale was used to measure anxiety and depression. In total, 68% of the participants reported that they experienced discomfort with visiting the hospital or doctor for their pregnancy follow-up visits, while 79.2% reported that they regularly visited the hospital for their pregnancy follow-up visits during the COVID-19 pandemic. Almost all the pregnant women (95.8%) and healthcare workers (94.3%) reported that they followed the isolation rules during the pregnancy follow-up visits. The prevalence of anxiety and depression was 64.5% and 56.3%, respectively. Working status, physical activity status, discomfort with hospital visits, having information about COVID-19, and being informed by healthcare workers about COVID-19 were factors related to anxiety ($p < .05$). Education level, physical activity status, discomfort with hospital visits, and having information about COVID-19 were factors related to depression ($p < 0.05$).	The authors assessed the prevalence of anxiety and depression in pregnant women during the COVID-19 pandemic using the hospital anxiety and depression scale via a web-based survey. The prevalence of anxiety and depression was 64.5% and 56.3%, respectively.	Kahyaoglu Sut H, Kucukkaya B. Anxiety, depression, and related factors in pregnant women during the COVID-19 pandemic in Turkey: A web-based cross-sectional study. Perspect Psychiatr Care. 2020 Sep 28;10.1111/ppc.12627. doi: 10.1111/ppc.12627. PMID: 32989798; PMCID: PMC7537279.
Children, Spain, hospitalization, epidemiology	28-Sep-20	SARS-CoV-2 infection in children requiring hospitalization:	World Journal of Pediatrics	Original Article	Epidemiological description and case reports will be key to a better recognition and to adequate treatment of pediatric patients with COVID-19. This article describes the clinical characteristics, disease presentation, treatments and outcomes of all pediatric cases (0-15 years) with COVID-19 admitted to the reference hospitals in Navarra, Spain during the first wave of the	This multi-center observational cohort study using data from tertiary reference hospitals in Navarra, Spain between February and May 2020	Moreno-Galarraga L, Urrtavizcaya-Martínez M, Alegría Echaury J, García Howard M, Ruperez García E, Aguilera-Albesa S, Alzina de Aguilar V, Herranz Aguirre M. SARS-CoV-2

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		the experience of Navarra, Spain			COVID-19 outbreak (February-May 2020). The patients' ages ranged from 1 month to 15 years (mean 6.37 ± 5.87 years). Results show a low number of hospitalized cases in infants and children compared to adults, with a hospitalization ratio of 1:180. Of all confirmed COVID-19 pediatric cases, 3.5% (11/309) were hospitalized. Over 80% of infections reported household contacts, and the mother was the known contact in 83% of these cases. 72% of hospitalized cases were previously healthy children. Symptoms were nonspecific, the classic COVID-19-triad (fever, cough and respiratory distress) was present in only 1/3 of the cases, and the most frequent complaints at admission were fever (64%) and digestive symptoms (72%). Lymphopenia was more common in older patients. Chest X-ray was normal in more than half (6/11) of the cases. Atypical clinical presentations seen in children can make diagnosis more challenging, and exposure history and laboratory tests are keys to diagnosing pediatric patients.	describes the clinical characteristics, disease presentation, treatments and outcomes of all pediatric cases (0-15 years) with COVID-19.	infection in children requiring hospitalization: the experience of Navarra, Spain. World J Pediatr. 2020 Sep 28;1–9. doi: 10.1007/s12519-020-00393-x. Epub ahead of print. PMID: 32989666; PMCID: PMC7521568.
Cardiomyopathy, pregnancy, Takotsubo, cardiology, maternal health, India	28-Sep-20	Takotsubo cardiomyopathy in early term pregnancy: a rare cardiac complication of SARS-CoV-2 infection	British Medical Journal Case Reports	Case Report	This case report describes a 32-year-old at 38-weeks gestation who was referred to the cardiology ward in India for inferolateral ST-segment elevation on ECG which was obtained for complaints of New York Heart Association functional class II symptoms with palpitations. Except for a blood pressure of 150/100 mm Hg on presentation, the rest of her physical examination, vital signs and medical history were insignificant. A transthoracic echocardiogram (TTE) demonstrated hypokinetic mid and akinetic apical left ventricular segments and hypercontractile basal segments with prominent apical ballooning typical of takotsubo cardiomyopathy. Labs demonstrated elevated troponin and pro-BNP. Nasopharyngeal swab RT-PCR was positive for SARS-CoV-2 infection. She was started on medical therapy with bisoprolol and enoxaparin and did not require management in the ICU at any stage during her 7-day stay in the COVID-19 ward. On day 8, her RT-PCR test was negative, and she had onset of early labor. Subsequently, she underwent an uneventful C-section delivery under spinal anesthesia for fetal distress and associated cephalopelvic disproportion. Repeat TTE on day 13 showed the normalization of the left ventricle regional wall motion abnormalities. She was discharged from the cardiology ward after full recovery on day 16 with aspirin, atorvastatin and bisoprolol.	The authors describe a case of SARS-CoV-2 infection that occurred in early-term pregnancy complicated by Takotsubo cardiomyopathy.	Bhattacharyya PJ, Attri PK, Farooqui W. Takotsubo cardiomyopathy in early term pregnancy: a rare cardiac complication of SARS-CoV-2 infection. BMJ Case Rep. 2020 Sep 28;13(9):e239104. doi: 10.1136/bcr-2020-239104. PMID: 32988978.
Anxiety, Edinburgh postnatal depression scale, K10 scale,	28-Sep-20	Evaluation of psychological impact, depression, and anxiety among	International Journal of Gynaecology and Obstetrics	Brief Communication	A cross-sectional study of 552 pregnant women in Lahore, Pakistan was conducted from August 6-20, 2020 to determine the impact of COVID-19 on psychological distress, depression, and anxiety. Psychological impact due to the COVID-19 pandemic was measured using the Kessler-10 scale (K-10), and depression and	A cross-sectional study of 552 pregnant women in Pakistan was conducted from August 6-20, 2020 to determine the impact of	Shahid A, Javed A, Rehman S, Tariq R, Ikram M, Suhail M. Evaluation of psychological impact, depression, and anxiety among pregnant women during

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perinatal depression, pregnancy, psychological impact, Pakistan		pregnant women during the COVID-19 pandemic in Lahore, Pakistan			anxiety were measured using the Edinburgh Postnatal Depression Scale (EPDS). From the survey, 64% of pregnant women displayed high levels of awareness of and concerns about the COVID-19 pandemic. Of the 36% of pregnant women who stated that the COVID-19 pandemic had a large impact on their mental health, 27.3% had mild signs (K-10 scores 20-24), 7.2% had moderate signs (K-10 scores 25-29), and 1.5% had severe signs of psychological impact (K-10 scores ≥ 30). Regarding depression and anxiety, 39% of pregnant women stated that the COVID-19 pandemic caused them depression and anxiety, consisting of 33% with possible depression (EPDS scores ≥ 10) and 6% with maximum depression (EPDS score 30). The authors argue that pregnancy was a determinant factor for negative perceptions of the COVID-19 pandemic.	COVID-19 on psychological distress, depression, and anxiety. The COVID-19 pandemic was associated with increased psychological distress (36%), and depression and anxiety (39%) among pregnant women.	the COVID-19 pandemic in Lahore, Pakistan [published online 2020 Sep 28]. Int J Gynaecol Obstet. 2020. doi:10.1002/ijgo.13398
Length of stay, patient flow Pediatric emergency medicine; United States	28-Sep-20	Pediatric emergency department volumes and throughput during the COVID-19 pandemic [Free Access to Abstract Only]	The American Journal of Emergency Medicine	Correspondence	The authors conducted a review of all patients presenting to a pediatric emergency department (PED) from March 16-April 30, 2020 in Ohio USA and compared visit characteristics with those during the same period in 2018 and 2019. 19,722 patients presented to the PED: 3688 patients during the pandemic period and 16,084 patients during the comparison period. The authors hypothesized that early public health interventions and risk assessment regarding healthcare-related exposure to COVID-19 and increased use of telehealth contributed to reduced PED attendance for low-acuity complaints. A larger proportion of referrals and ambulance arrivals occurred during the pandemic period, which the authors argued may reflect higher acuity or changes in referral patterns for local primary care offices, as many were limiting visits for patients with infectious symptoms during the pandemic. Patients were less likely to leave without being seen and were more often admitted. Daily volumes were significantly lower during the pandemic period. All flow parameters, including daily volumes, time to room, provider and disposition, and length of stay, were significantly shorter during the pandemic period.	The authors conducted a review of all patients presenting to a pediatric emergency department (PED) from March 16-April 30, 2020 in USA, and compared visit characteristics with those during the same period in 2018 and 2019. The authors conclude that hesitation to seek care for low-acuity illnesses during the COVID-19 pandemic may have contributed to fewer PED presentations. Patients experienced timelier PED throughput, were less likely to leave without being seen, and were more often admitted.	Even L, Lipshaw MJ, Wilson PM, Dean P, Kerrey BT, Vukovic AA. Pediatric emergency department volumes and throughput during the COVID-19 pandemic [published online 2020 Sep 28]. Am J Emerg Med. 2020;S0735-6757(20)30870-6. doi:10.1016/j.ajem.2020.09.074
Children, milk, homeostasis, immune system	28-Sep-20	Understanding the role of milk in regulating human homeostasis in the context of the COVID-19 global pandemic	Trends in Food Science & Technology	Review	The authors review potential roles of milk in regulating human homeostasis to provide new insight and references for personal care at home and/or in the hospital during the global COVID-19 pandemic. Since children exhibit mild symptoms, the authors argue that children regulate homeostasis in the disease state through a series of mechanisms, which is conducive to alleviation of the disease. Milk plays a very important role in the maintenance of homeostasis. Milk and its nutrients can regulate excessive inflammation, playing a role in immune homeostasis.	The review discusses roles of milk in regulating human homeostasis, especially in the disease state associated with COVID-19. Milk plays an important role in the maintenance of immune, intestinal, and nutritional	Ren G, Cheng G, Wang J. Understanding the role of milk in regulating human homeostasis in the context of the COVID-19 global pandemic [published online ahead of print, 2020 Sep 28]. Trends Food Sci Technol. 2020. doi:10.1016/j.tifs.2020.09.027

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					Milk supports intestinal homeostasis since milk is rich in probiotics, which can reverse the imbalance of gut microbiota and prevent aggravating disease development. Milk helps maintain nutritional homeostasis, by providing essential nutrients for patients to support immune cells against SARS-CoV-2.	homeostasis, and the authors argue can be a source to regulate excessive inflammation.	
Children, cross-reactivity, heterologous immunity, non-specific effects, pertussis vaccine	28-Sep-20	COVID-19 in children: Could pertussis vaccine play the protective role?	Medical Hypotheses	Hypothesis	In this paper, the authors propose that childhood vaccination against pertussis (whooping cough) might play a non-specific protective role against COVID-19 through heterologous adaptive responses. They argue that pertussis shares many similarities with COVID-19, and previous data showed cross-reactivity with unrelated agents of highly divergent groups, such as between bacteria and viruses. The authors build the arguments of this hypothesis on theoretical and previous empirical evidence; they also outline suggested research lines from different fields to test its credibility. The authors highlight some concerns that may arise when considering such an approach as a potential public health preventive intervention against COVID-19. The authors concluded that the difference in COVID-19 frequency, severity, and mortality rates between children and adults might lie in a potential heterologous adaptive effect of childhood pertussis vaccines.	After examining epidemiological, immunological, molecular, and clinical approaches, the authors hypothesize that the difference of COVID-19 frequency, severity, and mortality rates between children and adults may lie in a potential heterologous adaptive effect of childhood pertussis vaccines.	Ismail MB, Omari SA, Rafei R, Dabboussi F, Hamze M. COVID-19 in children: Could pertussis vaccine play the protective role? Med Hypotheses. 2020 Sep 28;145:110305. doi: 10.1016/j.mehy.2020.110305.
Bronchiolitis, hospitalization, infants, lockdown, Brazil	28-Sep-20	Early Impact of social distancing in response to COVID-19 on hospitalizations for acute bronchiolitis in infants in Brazil	Clinical Infectious Diseases	Original Research	This study assessed the early impact of social distancing due to the COVID-19 pandemic in hospital admissions for infants with acute bronchiolitis (AB) in Brazil. Data from hospitalizations of AB in infants < 1 year were obtained from the Department of Informatics of the Brazilian Public Health database between 2016 and 2020. The absolute and relative reduction was calculated by analyzing the yearly subsets of 2016vs2020, 2017vs2020, 2018vs2020, and 2019vs2020. There was a significant reduction in hospital admissions for infants with AB in all comparisons, ranging from -78% [incidence rate ratio (IRR) 0.22 (95% CI: 0.20 to 0.24)] in 2016vs2020 at -85% [IRR 0.15 (95% CI 0.13 to 0.16)] in 2019vs2020. For analyzes by macro-regions, the reduction varied from -58% [IRR 0.41 (95% CI 0.37 to 0.45)] in the Midwest Brazil in 2016vs2020 to -93% [IRR 0.07 (95% CI 0.06 to 0.08)] in the South Brazil in 2019vs2020. The data suggest there was a significant reduction in hospitalization for AB in children < 1 year of age in Brazil and the authors argue that social distancing had an important impact on reducing the transmission of viruses related to AB. Such knowledge may guide strategies for the prevention of viruses spread.	This study found that the social distancing due to the COVID-19 pandemic reduced hospitalizations due to acute bronchiolitis (AB) in infants < 1 year in Brazil, with reductions varying by region.	Friedrich F, Ongaratto R, Scotta MC, et al. Early Impact of social distancing in response to COVID-19 on hospitalizations for acute bronchiolitis in infants in Brazil. Clin Infect Dis. 2020 Sep 28:ciaa1458. doi: 10.1093/cid/ciaa1458. Epub ahead of print.
Breastfeeding, case study, human milk, infant, infant	28-Sep-20	Early Identification of IgA Anti-	Journal of Human Lactation	Case Report	Human milk can contain specific antibodies that could modulate a possible newborn infection by SARS-CoV-2. A 32-year-old pregnant woman, gestational age 37 and 3/7 weeks, was	In this case study, the authors demonstrated the presence of anti-SARS-	Lebrão CW, Cruz MN, Silva MHD, et al. Early Identification of IgA Anti-SARSCoV-2 in Milk of Mother

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care, infant nutrition, pregnancy, vertical transmission		SARSCoV-2 in Milk of Mother With COVID-19 Infection [Free Access to Abstract Only]			admitted to an emergency room in Brazil with a flu-like syndrome caused by COVID-19. The female newborn was appropriate for gestational age. The mother-infant dyad remained in the rooming-in unit during hospitalization, the newborn was exclusively breastfed and WHO's recommendations for contact and airway precautions were followed. On the 3rd day after delivery, two mother's milk samples (3 and 5 mL) were collected by hand expression. The samples were centrifuged for 10 min twice consecutively to separate fat, which was removed, and the remaining material was transferred to another tube to determine anti-SARS-CoV-2 IgA and IgG. Anti-SARS-CoV-2 IgA was detected in the two samples evaluated, which values were 2.5 and 1.9 [no units provided], respectively. No anti-SARS-CoV-2 IgG was detected. The infant continued to be exclusively breastfed and remained well through 45 days of age. The presence of SARS-CoV-2 IgA in the milk of mothers infected with COVID-19 may be related to protection against the transmission and severity of the disease in their infants.	CoV-2 IgA in the breastmilk of a puerperal woman with COVID-19 in Brazil during the first 72 hr after delivery. The infant remained exclusively breastfed and without symptoms related to COVID-19 infection up to 45 days of life.	With COVID-19 Infection. J Hum Lact. 2020 Sep 28 doi: 10.1177/0890334420960433. Epub ahead of print.
Influenza, RSV, southern hemisphere, public health, children, Western Australia	28-Sep-20	The Impact of COVID-19 Public Health Measures on Detections of Influenza and Respiratory Syncytial Virus in Children During the 2020 Australian Winter	Clinical Infectious Diseases	Original Research	The authors compared the weekly detections of pediatric Respiratory Syncytial Virus (RSV) and influenza through winter 2020 in Western Australia to the previous eight seasons in the context of local COVID-19 restrictions. They prospectively collected laboratory data of RSV and influenza cases in children (<16 years of age) as part of routine regional public health surveillance, collated per week, from January 2012 to August 30, 2020. The results showed that for the first 13 weeks of 2020, before local COVID-19 restrictions, RSV (n=29) and influenza (n=24) detections were comparable to the average of previous seasons. Following the initiation of local COVID-19 restrictions in week 14, influenza and RSV activity declined and remained very low relative to previous seasons, even after the relaxation of local COVID-19 restrictions. Furthermore, the total number of RSV and influenza samples tested in 2020 was higher than in previous seasons. However, the percentages of positive test results for RSV (0.28%) and influenza (0.03%) for the period from week 14 to week 35 in 2020 were substantially lower than in previous seasons (2012-2019 range for RSV: 23.3%-30.4%; for influenza: 3.6%-16.4%.)	The authors found 98.0% and 99.4% reductions in RSV and influenza detections respectively in Western Australian children through winter 2020, despite the reopening of schools during the COVID-19 pandemic. These findings suggest that public health measures during the COVID-19 pandemic can potentially impact the transmission of other respiratory viruses.	Yeoh DK, Foley DA, Minney-Smith CA, et al. The impact of COVID-19 public health measures on detections of influenza and respiratory syncytial virus in children during the 2020 Australian winter [published online, 2020 Sep 28]. Clin Infect Dis. 2020;ciaa1475. doi:10.1093/cid/ciaa1475
Children, children emotion regulation, parenting stress, parents, quarantine, SES risk, Italy	28-Sep-20	Parenting Stress During the COVID-19 Outbreak: Socioeconomic and Environmental	Family Process	Original Article	The authors aimed to determine risk factors associated with parenting stress and implications for children's emotion regulation in families with different socio-economic risks during the COVID-19 pandemic in Italy. The authors conducted a survey from April 2-7, 2020 of 810 parents of children aged 2-14 years old, assessing difficulties experienced due to the lockdown, level of household chaos, parenting stress, parent involvement in the	The authors conducted a survey to determine risk factors for parenting stress and the implications for children's emotional regulation in families with different socioeconomic	Spinelli M, Lionetti F, Setti A, Fasolo M. Parenting Stress During the COVID-19 Outbreak: Socioeconomic and Environmental Risk Factors and Implications for Children Emotion Regulation [published online

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		Risk Factors and Implications for Children Emotion Regulation [Free Access to Abstract Only]			child's daily life, and children emotion regulation competences. Household chaos predicted higher levels of parenting stress, which was associated with less effective emotion regulation in children through the mediating role of parental involvement. More stressed parents were less involved in their children's activities, decreasing children's effective emotion regulation. For socio-economic status (SES) at-risk families, the impact of parenting stress on children regulation strategies was stronger, while a protective role of parental involvement was not evident for SES no-risk families. The authors emphasize the importance, particularly in this potentially traumatic situation and in low SES families, of parents' emotional support to children to foster their emotional regulation abilities.	risks during the COVID-19 pandemic. The results suggest that families at lower socio-economic risk could be the most affected by the lockdown.	2020 Sep 28]. Fam Process. 2020. doi:10.1111/famp.12601
Delivery outcomes, pregnancy outcomes, preterm birth, Sweden	27-Sep-20	Characteristics and short-term obstetric outcomes in a case series of 67 women tested positive for SARS-CoV-2 in Stockholm, Sweden	Acta Obstetrica et Gynecologica Scandinavica	Original Research	Sweden's guidelines for the care of COVID-19 positive pregnant women recommend individualized antenatal care, mode of delivery based on obstetric considerations, and no routine separation of mothers and newborns. Breastfeeding is encouraged. This retrospective case series describes clinical characteristics and short-term outcomes of SARS-CoV-2 positive women and their neonates. The study included all PCR-positive women (n=67) who gave birth from 19 March to 26 April 2020 in Stockholm, Sweden. During the study period, some Stockholm hospitals tested all admitted obstetric patients, and some only tested symptomatic patients. Symptoms in this study ranged from asymptomatic to manifest severe COVID-19 disease. The mean age was 32 years (range 19-42 years), 40% (n=27) were nulliparous, and 61% (n=41) were overweight or obese. Further, 15% (n=10) had diabetes and 21% (n=14) had a hypertensive disease. 70% (n=47) of the women had a vaginal birth. Preterm delivery occurred in 19% (n=13) of the women. 9 of the preterm deliveries were medically indicated, including 2 who were delivered preterm due to severe COVID-19 illness. 4 women (6%) were admitted to intensive care unit postpartum. 3 neonates were PCR-positive for SARS-CoV-2 after birth.	In this case series of 67 test-positive women, few women presented with severe COVID-19 illness, and the majority of women had a vaginal birth at term with a healthy neonate that was negative for SARS-CoV-2.	Remaues K, Savchenko J, Brismar Wendel S, Gidlöf SB, Graner S, Jones E, Molin J, Saltvedt S, Wallström T, Pettersson K. Characteristics and short-term obstetric outcomes in a case series of 67 women tested positive for SARS-CoV-2 in Stockholm, Sweden. Acta Obstet Gynecol Scand. 2020 Sep 27. doi: 10.1111/aogs.14006. Epub ahead of print. PMID: 32981033.
COVID-19, SARS-CoV-2, Kawasaki disease, vasculitis, mucocutaneous lymph node syndrome	26-Sep-20	Atypical Case of COVID-19 Associated Kawasaki Disease in an Eight-Year-Old Pakistani Boy	Cureus	Case Report	This is a case report of an 8-year-old boy in Pakistan who presented with fever, lethargy, tachypnea, conjunctivitis, and maculopapular eruptions all over the body. His laboratory examination revealed white blood cell count of 10 x 10 ⁹ /L and an increase in non-specific inflammatory markers. RT-PCR for SARS-CoV-2 was negative. He received supplemental oxygen after his saturation dropped to 85%. Chest X-ray showed a parenchymal opacification in the left upper and middle lung lobes and pleural effusion. The patient had normal echocardiography. His immunoglobulin G (IgG) for SARS-CoV-2 was positive. He was highly suspected of having COVID-19-associated atypical	The authors discuss the case of an 8-year-old boy with reported COVID-19-associated Kawasaki disease (KD) in Pakistan. This case emphasizes the importance of clinical examination and atypical KD presentation awareness during the COVID-19 pandemic.	Khan I, Sarwar A, Ahmed Z. Atypical Case of COVID-19 Associated Kawasaki Disease in an Eight-Year-Old Pakistani Boy. Cureus. 2020;12(9):e10670. Published 2020 Sep 26. doi:10.7759/cureus.10670

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					Kawasaki disease (KD), based on clinical presentation and fever history, after ruling out allergic reaction, scarlet fever, streptococcal infection, measles, and varicella. IV immunoglobulins and aspirin were administered. His condition improved, and he was discharged on day 6. Previous studies have suggested an association between COVID-19 and KD, and an outbreak of severe Kawasaki-like disease at the Italian COVID-19 epicenter has been reported. This case emphasizes the importance of clinical examination and atypical KD presentation awareness during the COVID-19 pandemic.		
COVID-19; Obstetrics; personal protective equipment; staffing; US	26-Sep-20	COVID-19 Testing, Personal Protective Equipment, and Staffing Strategies Vary at Obstetrics Centers across the Country	American Journal of Perinatology	Letter to the editor	In this letter to the editor, the authors summarize data from a survey which was the second survey (Survey II) done to discover rates of universal SARS-CoV-2 testing [method not specified] for obstetric (OB) patients and staff, and the use of N95 respirators in OB wards across the US. Survey II was distributed from May 1-May 22, 2020 to 315 state liaisons across the US, and had 51 responses from 30 states and the District of Columbia; 65% of the responses came from academic institutions. Survey I had been performed from April 7-April 14. Both surveys were small, with wide geographic distribution to community hospitals and academic institutions. The second survey revealed a significant increase in universal testing for SARS-CoV-2 from 20% in Survey I to 78% testing for all women admitted to OB wards for care. By Survey II, 45% of academic institutions and 11% of community hospitals reported >20 cumulative COVID-19 OB cases. The use of N95 respirators for all vaginal deliveries rose slightly from Survey I (24%) to Survey II (31%). 90% of responding hospitals had a surge plan in place by Survey II, and protocols for alternative work for pregnant health care workers. Survey II demonstrated that while COVID-19 is increasing in pregnant patients, there remains a lack of standardization in practices across the US. As of Survey II, universal testing was standard at academic institutions but less so in community hospitals (88% vs. 61% (p=0.04)), which may be due to operating budgets or access to supplies. The authors stress that universal testing should be considered a mainstay, particularly if PPE requirements vary by institution.	The authors summarize the second part of a national survey (Survey II), performed May 1-22, 2020, to compare rates of universal testing for SARS-CoV-2 and PPE use in obstetric wards across the US, compared to Survey I in April 2020. Results indicate universal testing had increased significantly in both community and academic hospitals; however, there remains a lack of standardized N95 respirator use.	Johnson JD, Melvin E, Srinivas SK, et al. COVID-19 Testing, Personal Protective Equipment, and Staffing Strategies Vary at Obstetrics Centers across the Country. <i>Am J Perinatol.</i> 2020;37(14):1482-1484. doi:10.1055/s-0040-1718401
Atypical posterior reversible encephalopathy syndrome, postpartum, seizures	26-Sep-20	Postpartum Atypical Posterior Reversible Encephalopathy Syndrome in a COVID-19 Patient—An	Journal of Stroke and Cerebrovascular Diseases	Case Report	The authors present the case of a COVID-19 positive postpartum female in India who developed acute hypertension followed by development of atypical posterior reversible encephalopathy syndrome (atypical PRES) during the COVID-19 pandemic in 2020. This previously healthy, asymptomatic 25-year-old primigravida with an unremarkable antenatal course and normal admission labs delivered a healthy infant at term by spontaneous, vaginal delivery. Twelve hours after delivery, she developed a fever and	The authors present the first known case of atypical posterior reversible encephalopathy syndrome (PRES) in a postpartum patient with COVID-19.	PV, S., Rai, A., Wadhwa, C. Postpartum Atypical Posterior Reversible Encephalopathy Syndrome in a COVID-19 Patient - An Obstetric Emergency.(2020).29(12);e105357.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
		Obstetric Emergency			cough. Investigation was now notable for leukocytosis, mildly increased transaminases, elevated CRP and D-dimer, as well as the absence of proteinuria. PCR was positive for SARS-CoV-2 and chest CT showed ground glass opacities. She was treated with hydroxychloroquine, oseltamivir, and antibiotics. The next day she developed headaches, hypertension of 190/120 mmHg, and subsequent seizures requiring airway control with mechanical ventilation. She was treated with anti-seizure and blood pressure medications. Non contrast CT of the head showed atypical PRES (with hemorrhage) and CT angio-venograms were normal. By hospital day 4, her lab work improved and additional work up was negative. Brain MRI confirmed atypical PRES. She was extubated, recovered well and was discharged on one antihypertensive agent.		doi.org/10.1016/j.jstrokecerebrovasdis.2020.105357
Neonate, pneumonia, RT-PCR, vertical transmission, India	26-Sep-20	An Assumed Vertical Transmission of SARS-CoV-2 During Pregnancy: A Case Report and Review of Literature	Cureus	Case Report	The authors describe the case of a 30-year-old pregnant woman who under quarantine at 33 weeks gestation, presented with a four-day history of low-grade fever, malaise, and breathing difficulty in India [date not specified]. She underwent testing of nasopharyngeal swab sample by RT-PCR, which was positive for SARS-CoV-2, and was diagnosed with moderate COVID-19 pneumonia along with HELLP syndrome and hypothyroidism. A preterm low birthweight (930 g) boy was delivered by C-section. The infant required resuscitation at birth and was mechanically ventilated for 24 hrs. A tracheal aspirate that was taken at 12 hours of life for the neonate tested positive for SARS-CoV-2, although no symptoms were expressed. However, he showed consistent improvement, was weaned off oxygen, and discharged in a healthy condition. This case suggests that infection may possibly get transmitted vertically to the fetus, although due to lack of logistics, the presence of the virus was not confirmed in body fluids (amniotic fluid, cord blood) or tissue specimens (placental tissue) that might have further clarified the mode of transmission. In addition, COVID-19 antibody testing also could not be performed in the newborn.	The authors describe the case of a possible vertical transmission of SARS-CoV-2 from a mother to fetus.	Mohakud NK, Yerru H Jr, Rajguru M. An Assumed Vertical Transmission of SARS-CoV-2 During Pregnancy: A Case Report and Review of Literature. Cureus. 2020;12(9):e10659. doi: 10.7759/cureus.10659.
Pregnancy, PRES, postpartum, India	26-Sep-20	Postpartum Atypical Posterior Reversible Encephalopathy Syndrome in a COVID-19 Patient - An Obstetric Emergency	Journal of Stroke and Cerebrovascular Disease	Case Report	The authors present a case of post-partum atypical posterior reversible encephalopathy with COVID-19 that resulted in good maternal and fetal outcome in India. A 25-year-old uncomplicated primigravida went into spontaneous labor at term and delivered a healthy infant. 12 hours later she spiked high grade fever and developed a cough. Labs showed a leukocytosis with mildly elevated transaminases, elevated C-reactive protein, and elevated D-dimer. RT-PCR of nasopharyngeal swab for COVID-19 was positive. Chest CT showed ground glass opacities. Hydroxychloroquine, oseltamivir, piperacillin-tazobactam and azithromycin were started. A day later she complained of	The authors present a case of postpartum atypical posterior reversible encephalopathy with COVID-19 that resulted in good maternal and fetal outcome.	P V S, Rai A, Wadhwa C. Postpartum Atypical Posterior Reversible Encephalopathy Syndrome in a COVID-19 Patient - An Obstetric Emergency. J Stroke Cerebrovasc Dis. 2020 Sep 26;29(12):105357. PMID: PMC7519712.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					headache and had blood pressure fluctuations up to 190/120 mmHg. Subsequently, she had a cluster of generalized tonic-clonic seizures, became drowsy, and was placed on mechanical ventilation. She was treated with benzodiazepines, labetalol and levetiracetam with stringent blood pressure control. Non-contrast head CT showed symmetrical parieto-occipital hypodensities, likely vasogenic edema with small hemorrhages noted bilaterally. MRI brain confirmed bilateral posterior predominant subcortical vasogenic edema with bilateral small hemorrhages suggestive of atypical posterior reversible encephalopathy syndrome (PRES). The patient improved and was discharged on day 12. There was no vertical transmission of COVID-19.		
Donation, Infectious agents-viral, Kidney transplantation, Pediatrics, Registry analysis, United States	26-Sep-20	Effects of COVID-19 pandemic on pediatric kidney transplant in the United States	Pediatric Nephrology	Original Article	In March 2020, transplant practices and policies rapidly changed in the US, and many procedures were delayed. This study evaluated changes to pediatric kidney transplantation (KT) in the US during the COVID-19 pandemic. Using data from the Scientific Registry of Transplant Recipients, the authors examined changes in pediatric waitlist registration, waitlist removal or inactivation, and deceased donor and living donor (DDKT/LDKT) events during the start of COVID-19 transmission in the US, compared with the same time the previous year. They found an initial decrease in DDKT and LDKT by 47% and 82% compared with expected events and then a continual increase, with numbers reaching expected pre-pandemic levels by May 2020. In the early phase of the pandemic, waitlist inactivation and removals due to death or deteriorating condition rose above expected values by 152% and 189%, respectively. There was a decrease in new waitlist additions (IRR: 0.49 0.65 0.85) and LDKT (IRR: 0.17 0.38 0.84) in states with high vs. low COVID activity. Transplant recipients during the pandemic were more likely to have received a DDKT, but had similar calculated panel-reactive antibody values, waitlist time, and cause of kidney failure as before the pandemic. The authors concluded that the COVID-19 pandemic initially reduced access to kidney transplantation among pediatric patients in the US but has not had a sustained effect.	By analyzing data from the Scientific Registry of Transplant Recipients, the authors conclude that the COVID-19 pandemic initially reduced access to kidney transplantation among pediatric patients in the US, but has not had a sustained effect.	Charnaya O, Chiang TP, Wang R, Motter JD, Boyarsky BJ, King EA, Werbel WA, Durand CM, Avery RK, Segev DL, Massie AB, Garonzik-Wang JM. Effects of COVID-19 pandemic on pediatric kidney transplant in the United States. <i>Pediatr Nephrol.</i> 2020 Sep 26:1–9. doi: 10.1007/s00467-020-04764-4. Epub ahead of print. PMID: 32980942; PMCID: PMC7519856.
Pediatric, renal failure, thrombotic microangiopathy (TMA), acute kidney injury (AKI),	26-Sep-20	Eculizumab treatment for renal failure in a pediatric patient with COVID-19	Journal of Nephrology	Case Report	The cause of kidney involvement in COVID-19 is complex and may involve complement dysregulation and thrombotic microangiopathy (TMA). There is little known about renal complications of COVID-19 in children. The authors share the case of a 14-year-old female with obesity and asthma, who presented with fever, abdominal pain, diarrhea, vomiting, myalgia, and chest pain. Initial SARS-CoV-2 PCR was negative. The patient became hypotensive and had worsening respiratory distress, requiring intubation. Repeated SARS-CoV-2 PCR was	The authors present a pediatric case of COVID-19 and renal failure due to thrombotic microangiopathy (TMA), successfully treated through complement cascade inhibition using eculizumab.	Mahajan R, Lipton M, Broglie L, Jain NG, Uy NS. Eculizumab treatment for renal failure in a pediatric patient with COVID-19. <i>J Nephrol.</i> 2020 Sep 26:1–4. doi: 10.1007/s40620-020-00858-2. Epub ahead of print.

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complement dysregulation					indeterminate, and IgG antibody testing was positive. Lab results showed elevated inflammatory markers. The patient developed oliguric acute kidney injury (AKI), as well as hemolytic anemia requiring multiple blood transfusions. She was treated with IV steroids for acute myocarditis, and IV immuno-globulin for coronary ectasia. She received anakinra for severe inflammatory response and cytokine storm, and continuous renal replacement therapy (CRRT) was initiated. Given the high suspicion for complement-mediated TMA, she was treated with eculizumab. CRRT was discontinued, and her renal function returned to baseline after 3 weeks. Serum complements normalized, and anemia, hypertension, proteinuria, and hematuria resolved. Further investigations are needed to determine whether complement inhibition is generally efficacious in the treatment of renal disease and other COVID-19 complications.		PMID: 32981025; PMCID: PMC7519698.
Neonate, infant, mortality, Niger, malnutrition	26-Sep-20	A Fatal Case of COVID-19 in an Infant with Severe Acute Malnutrition Admitted to a Paediatric Ward in Niger	Case Reports in Pediatrics	Case Report	While SARS-CoV-2 has been reported in pediatric patients, there have been very few fatal cases. This report describes a fatal case of COVID-19 in an 8-month-old infant in Niger with severe acute malnutrition. The child presented with fever, diarrhea, and difficulty in breathing, and the child's mother had fever and shortness of breath four weeks before the mother died. Physical examination revealed lethargy, dehydration, and severe weight loss with a weight of 5 kg at a height of 78 cm tall. The weight-for-height index was < -3 Z-scores, indicating severe acute malnutrition. Pulmonary examination revealed moderate respiratory distress, and chest X-ray presented features suggestive of pneumonia in the right lung area. Due to the circumstances of the mother's death and the local outbreak of COVID-19, a nasal swab was analyzed and tested positive via RT-PCR. Treatment provided to the child included intranasal oxygen, antibiotics, and a dietary program with therapeutic milk via feeding tube. The child died 48 hours after his admission. Based on this case, the authors recommend screening for infection via RT-PCR in cases of suspected exposure, and further investigation of malnutrition as a potential risk factor for severe COVID-19 and mortality.	This report describes a fatal case of COVID-19 in an 8-month-old infant in Niger with severe acute malnutrition. Based on this case, the authors recommend further investigation of malnutrition as a potential risk factor for severe COVID-19 and mortality.	Soumana A, Samaila A, Moustapha LM, et al. A fatal case of COVID-19 in an infant with severe acute malnutrition admitted to a paediatric ward in Niger. Case Reports in Pediatrics. 2020;2020:8847415. doi: 10.1155/2020/8847415.
reproductive, maternal, and newborn health; health facilities; service delivery; preparedness; COVID-19	25-Sep-20	Reproductive Maternal and Newborn Health providers assessment of facility preparedness and its Determinants	medRxiv	Preprint (not peer-reviewed)	The COVID-19 pandemic may compromise the achievement of global reproductive, maternal, and newborn health (RMNH) targets. This study sought to determine the preparedness of health facilities (HF) for RMNH service delivery during the COVID-19 outbreak, and determine what factors significantly predict preparedness. An anonymous cross-sectional online survey of 256 RMNH providers was conducted from July 1-21, 2020 in Lagos, Nigeria. 35.2% reported that RMNH services were unavailable at some time since March 2020 (consistent with a	This study surveyed providers at reproductive, maternal, and newborn health facilities in Lagos, Nigeria, to assess COVID-19 preparedness and identify factors that significantly predict preparedness.	Ameh CA, Banke-Thomas AA, Balogun M, Makwe CC, Afolabi B. Reproductive maternal and newborn health providers assessment of facility preparedness and its determinants during the COVID-19 pandemic in lagos, nigeria. medRxiv.

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		during the COVID-19 pandemic in Lagos, Nigeria			national telephone survey in April 2020), 39% felt moderate or extreme work-related burnout, and 84% were moderately or extremely concerned about the availability of PPE and related guidelines. About 88% (226) of RMNH care providers did not feel their health facility was sufficiently prepared for COVID-19. Increased satisfaction with communication from HF management and increased concern about the availability of PPE and COVID-19 guidelines were both associated with increased satisfaction with HF COVID-19 preparedness (p<0.001 for both). Based on these results, the authors recommend prioritizing support of RMNH providers in provision of PPE and communicating clear guidelines to ensure HF preparedness.		2020:2020.09.24.20201319. doi: 10.1101/2020.09.24.20201319.
COVID-19; impacts; nurturing care; early childhood development (ECD); maternal; newborn; child health; child growth development; early brain development; vulnerable children and families; Kenya	25-Sep-20	Reorienting Nurturing Care for Early Childhood Development during the COVID-19 Pandemic in Kenya: A Review	International Journal of Environmental Research and Public Health	Review	This review aimed to deepen the understanding of the effects of COVID-19 on nurturing care from conception to 4 years of age in Kenya. 5 key domains were considered: direct health; health and nutrition systems; economic protection; social and child protection; and child development and early learning. The authors examined evidence from previous pandemics and epidemics and emerging evidence from the COVID-19 pandemic. The authors present a conceptual framework that illustrates the direct and indirect impact of COVID-19 on nurturing care, early childhood development (ECD) outcomes and long-term impacts. Additionally, they present policy and program strategies to address the outlined threats to nurturing care during the COVID-19 pandemic. The authors conclude that a number of strategies are required to leverage technology and prioritize a range of ECD interventions during the COVID-19 pandemic to support caregivers so that they can meet the needs of their young children. These include bottom-up community health education, promotion strategies on the current COVID-19 guidelines, cash transfers, mobile health and nutrition services, education and capability enhancement of caregivers. The authors also highlight the need for additional research on the mental health impacts of COVID-19.	This review article presents a conceptual framework that outlines 5 domains of nurturing care for children that are most threatened by COVID-19 in Kenya. The authors also present a number of interventions and strategies from previous pandemics that can be implemented to mitigate the COVID-19 pandemic's direct and indirect impact on Kenyan children.	Shumba, C., Maina, R., Mbutia, G., Kimani, R., Mbugua, S., Shah, S., Abubakar, A., Luchters, S., Shaibu, S., & Ndirangu, E. (2020). Reorienting Nurturing Care for Early Childhood Development during the COVID-19 Pandemic in Kenya: A Review. International journal of environmental research and public health, 17(19), 7028. https://doi.org/10.3390/ijerph17197028
COVID-19; SARS-CoV-2; PIMS-TS; Kawasaki disease; leukocyte; Spain	25-Sep-20	CD64, CD11a and CD18 leukocytes expression in children with SARS-CoV-2 multisystem inflammatory syndrome versus children with Kawasaki	Medicina Clínica	Case Report	In this letter, the authors compare the differences between levels of CD64, CD11a, and CD18 leukocyte expression in three children in Spain with PIMS-TS associated with SARS-CoV-2 to three cases of Kawasaki Disease (KD) from 2018 and 2019. The PIMS-TS group was ages 3, 5, and 3 years old, all female. The KD group was ages 9, 11, and 11 years old, with 2 males and one female. Two of the children with SARS-CoV-2 were RT-PCR confirmed, while one had IgG antibodies. Samples from each participant were analyzed by flow cytometry (FC) to determine cell surface expression on the leukocytes. All PIMS-TS cases received methylprednisolone before FC, while KD cases were studied before immunoglobulin	In this study, the authors aimed to compare differences in CD64, CD11a, and CD18 leukocyte expression in children with SARS-CoV-2 associated PIMS-TS and Kawasaki disease. They noted a marked increase in CD64, CD11a, and CD18 expression on the	García-Salido A, Cuenca-Carcelén S, Castillo-Robleda A. CD64, CD11a and CD18 leukocytes expression in children with SARS-CoV-2 multisystem inflammatory syndrome versus children with Kawasaki disease: Similar but not the same. Med Clin (Barc). 2020 Sep 25;S0025-7753(20)30664-3. English, Spanish. doi: 10.1016/j.medcli.2020.09.002.

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		disease: Similar but not the same			administration. The authors found an upregulation in the expression of CD64, CD18, and CD11a expression compared to KD cases. High CD64 expression is evidence of pro-inflammatory status. The authors believe the non-antimicrobial therapies for COVID-19, which act to downregulate the immune system, can be justified	leukocytes of children with SARS-CoV-2 associated PIMS-TS (n=3) compared to those with Kawasaki Disease (n=3), indicating a dysregulated immune response.	Epub ahead of print. PMID: 33160625.
Pregnancy, ultrasound, imaging, point of care, lung sonography	25-Sep-20	Lung Sonography in Obstetrics during COVID-19	Geburtshilfe Frauenheilkd	Original article	Lung sonography can play an important role in providing additional information on lung pathology for pregnant women with COVID-19 given the guidelines on radiation exposure during pregnancy are particularly restrictive. In this article, the authors propose a systematic approach for obstetricians/gynecologists to carry out lung ultrasound scans in pregnant women with COVID-19 and provide potential applications. Lung sonography can be used to identify artifact-based morphological correlates of the various stages of decreased pleural aeration. Such lung ultrasound findings include multiple focal or confluent B-lines, focal thickening, irregularities and fragmentation of the pleural line, pleural thickening of varying thicknesses (consolidations), and irregular involvement of various adjacent pleural sections alongside (still) normal areas. Sonographic imaging can be used to track the course of disease. The authors conclude that ultrasonography of the lung may offer additional diagnostic benefit when evaluating the lungs of pregnant women with COVID-19.	The authors provide a review of possible findings and benefits of lung ultrasonography for pregnant women with COVID-19.	Recker F, Weber E, Strizek B, Gembruch U, Seibel A. Lung Sonography in Obstetrics during COVID-19. Geburtshilfe Frauenheilkd. 2020 Oct;80(10):1026-1032. doi: 10.1055/a-1228-4242.
Public health, education, WeChat, pediatrics, asthma, patient communication, China	25-Sep-20	A Suggested Approach for Management of Pediatric Asthma During the COVID-19 Pandemic	Frontiers in Pediatrics: Pediatric Pulmonology	Perspective Article	In this perspective article written for pediatricians, the authors discuss the intrinsic nature of asthma and its treatment, COVID-19 protection strategies, asthma maintenance and management, and irregular treatment options. The asthma control rate can reach 83.2% with strict follow-ups for 2 years, significantly reducing pediatric asthma attacks. The COVID-19 pandemic threatens to disrupt children's asthma control management. The authors recommend pediatricians utilize platforms such as WeChat to maintain ongoing communication with their asthmatic patients and ensure treatment adherence. Clinicians can use professional public accounts to publish asthma prevention and treatment education, strengthen asthma awareness, arrange long-term follow-ups, and answer parents' and children's questions. Pediatricians can also use video features to check that patients have mastered the inhalation technique and correct issues promptly. The authors offer pediatricians additional recommendations, including providing parents with information on protecting their asthmatic children from developing COVID-19, other alternatives to in-person care, and virtual appointment techniques.	In this perspective article written for pediatricians, the authors provide specific recommendations on treating pediatric asthma during the COVID-19 pandemic, focusing on utilizing online platforms such as WeChat and educating patients and parents.	Ding B, Lu Y. A Suggested Approach for Management of Pediatric Asthma During the COVID-19 Pandemic. Front Pediatr. 2020; doi: 10.3389/fped.2020.563093. 10.3389/fped.2020.563093

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Pregnancy, maternal outcomes, maternal morbidity, neonatal outcomes, USA	25-Sep-20	Epidemiology of coronavirus disease 2019 in pregnancy: risk factors and associations with adverse maternal and neonatal outcomes	American Journal of Obstetrics and Gynecology	Original Research	This matched case-control study aimed to quantify the associations of COVID-19 with adverse maternal and neonatal outcomes in pregnancy. 61 pregnant patients with confirmed COVID-19 who delivered from March 11 to June 11, 2020 in New Jersey, USA were enrolled and matched to uninfected controls by delivery date (2:1 control to cases). Maternal demographic characteristics, COVID-19 symptoms, laboratory evaluations, obstetrical and neonatal outcomes, and clinical management were assessed. Of the 61 confirmed COVID-19 cases, 54 had mild disease [88.5%]; 6 had severe disease [9.8%]; 1 had critical disease, [1.6%]. The odds of adverse composite maternal outcome were 3.4 times higher among cases than controls (18.0% vs 8.2%; adjusted OR, 3.4; 95% CI 1.2-13.4). The odds of adverse composite neonatal outcome were 1.7 times higher in the case group than to the control group (18.0% vs 13.9%; adjusted OR, 1.7; 95% CI 0.8-4.8). Stratified analyses indicated that the morbidity associated with COVID-19 in pregnancy was largely driven by the severe or critical disease. Major risk factors for morbidity were black and Hispanic race, advanced maternal age, medical comorbidities, and antepartum admissions related to COVID-19.	In this study, COVID-19 during pregnancy was associated with an increased risk of adverse maternal and neonatal outcomes. Black and Hispanic race, obesity, advanced maternal age, medical comorbidities, and antepartum admissions related to COVID-19 were risk factors for associated morbidity.	Brandt JS, Hill J, Reddy A, et al. Epidemiology of coronavirus disease 2019 in pregnancy: risk factors and associations with adverse maternal and neonatal outcomes. Am J Obstet Gynecol. 2020 Sep 25;S0002-9378(20)31134-0. doi: 10.1016/j.ajog.2020.09.043.
Clinical symptoms, laboratory findings, children, fever, cough, Creatinine Kinase, neutropenia	25-Sep-20	Review of clinical characteristics and laboratory findings of COVID-19 in children- Systematic review and Meta-analysis	medRxiv	Preprint (not peer-reviewed)	This systematic review and meta-analysis assessed the prevalence of various clinical symptoms and laboratory findings of COVID-19 in children. PubMed, MEDLINE, and SCOPUS databases were searched to include studies between January 1 and July 15, 2020, which reported data about clinical characteristics and laboratory findings in pediatric patients (<19 years) with lab-confirmed COVID-19. 37 studies with a total of 668 children (mean age ranged from 1 to 11 years old) met the inclusion criteria. The most prevalent symptom of COVID-19 in children was fever (46.17%, 95%CI 39.18-53.33%), followed by cough (40.15%, 95%CI 34.56-46.02%). Less common symptoms were found to be dyspnea, vomiting, nasal congestion/rhinorrhea, diarrhea, sore throat/pharyngeal congestion, headache, and fatigue. The prevalence of asymptomatic infection was 17.19% (95%CI 11.02-25.82%). The most prevalent laboratory findings in COVID-19 children were elevated creatinine kinase (26.86%, 95%CI 16.15-41.19%) and neutropenia (25.76%, 95%CI 13.96-42.58%). These were followed by elevated lactate dehydrogenase, thrombocytosis, lymphocytosis, neutrophilia, elevated D dimer, elevated C-reactive protein, elevated erythrocyte sedimentation rate, leukocytosis, elevated aspartate aminotransferase and leukopenia. There was a low prevalence of elevated alanine transaminase and lymphopenia in children with COVID- 19.	This systematic review and meta-analysis assessed the prevalence of various clinical symptoms and laboratory findings of COVID-19 in children (<19 years; mean ages ranged from 1 to 11 years). The most prevalent symptoms of COVID-19 in children were fever and cough, and the most prevalent laboratory findings were elevated creatinine kinase and neutropenia.	Kharoud HK, Asim R, Siegel L, et al. Review of clinical characteristics and laboratory findings of COVID-19 in children- Systematic review and Meta-analysis. medRxiv [Preprint]. 2020 Sep 25:2020.09.23.20200410. doi: 10.1101/2020.09.23.20200410.

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Asymptomatic, family cluster, fecal viral RNA shedding, China	25-Sep-20	An Asymptomatic SARS-CoV-2-Infected Infant With Persistent Fecal Viral RNA Shedding in a Family Cluster: A Rare Case Report	Frontiers in Medicine	Case Report	This case report details the epidemiological and clinical characteristics of a family cluster with SARS-CoV-2 infection in China. In the family cluster, a 32-year-old male (case 1) and a 53-year-old female (case 2, the mother-in-law of case 1) exhibited clinical symptoms of COVID-19, while case 1's 32-year-old wife (case 3) and their 11-month-old daughter (case 4) were both asymptomatic. Notably, case 4's nasopharyngeal swab samples were negative for nearly 80 days, and her immune system had been boosted for at least 57 days, but the fecal samples still tested positive after 100 days, suggesting SARS-CoV-2 may invade enterocytes and may exist in individuals with low antiviral immunity long-term. The authors suggest that clinicians manage asymptomatic infections with caution and vigilance. The authors also state that SARS-CoV-2 testing of asymptomatic cases requires fecal sample testing in addition to the standardly used nasopharyngeal swab test.	This case report details the epidemiological and clinical characteristics of a family cluster with SARS-CoV-2 infection in China, including an asymptomatic infant with persistent fecal shedding. The authors urge fecal sample testing in asymptomatic cases and suggest clinicians manage asymptomatic infections with caution and vigilance.	Chen S, Si J, Tang W, et al. An Asymptomatic SARS-CoV-2-Infected Infant With Persistent Fecal Viral RNA Shedding in a Family Cluster: A Rare Case Report. <i>Front Med (Lausanne)</i> . 2020;7:562875. doi:10.3389/fmed.2020.562875
Risk factors, maternal, pregnancy characteristics, perinatal mortality, perinatal morbidity, outcome	25-Sep-20	Risk factors associated with adverse fetal outcomes in pregnancies affected by Coronavirus disease 2019 (COVID-19): a secondary analysis of the WAPM study on COVID-19	Journal of Perinatal Medicine	Research Article	The aim of the study is to evaluate the strength of association between maternal and pregnancy characteristics and the risk of adverse perinatal outcomes in pregnancies with laboratory-confirmed COVID-19. The authors did a secondary analysis of a multinational, cohort study on all consecutive pregnant women with COVID-19 from February 1st to April 30th, 2020 at 73 centers from 22 different countries. Mean gestational age at diagnosis was 30.6±9.5 weeks, with 8.0% of women being diagnosed in the first, 22.2% in the second, and 69.8% in the third trimester of pregnancy. There was an overall rate of perinatal death of 4.2% (11/265), thus resulting in 17 cases experiencing and 226 not experiencing the composite adverse fetal outcome. Of the 250 live-born neonates, one (0.4%) was found PCR positive and asymptomatic and had negative PCR after 14 days of life, whose mother was tested positive during the third trimester of pregnancy. The authors concluded, according to the logistic regression analysis, that early gestational age at diagnosis (OR: 0.85, 95% CI 0.8–0.9 per week increase; p<0.001), low birth weight (OR: 1.17, 95% CI 1.09–1.12.7 per 100 g decrease; p=0.012) and maternal ventilatory supports, including either need for oxygen or CPAP (OR: 4.12, 95% CI 2.3–7.9); p=0.001) were the main determinants of adverse perinatal outcomes in fetuses with maternal COVID-19 infection.	This secondary analysis of a multinational, cohort study on pregnant women with COVID-19 concluded that early gestational age at infection, maternal ventilatory supports, and low birth weight are the main determinants of adverse perinatal outcomes in fetuses with maternal COVID-19 infection.	Di Mascio D, Sen C, Saccone G, et al. Risk factors associated with adverse fetal outcomes in pregnancies affected by Coronavirus disease 2019 (COVID-19): a secondary analysis of the WAPM study on COVID-19. <i>J Perinat Med</i> . 2020 Sep 25;://jpm.e.ahead-of-print/jpm-2020-0355/jpm-2020-0355.xml. doi: 10.1515/jpm-2020-0355.
Diabetic ketoacidosis, newly diagnosed diabetes	25-Sep-20	Severe diabetic ketoacidosis and coronavirus disease 2019 (COVID-19) infection in a	Journal of Pediatric Endocrinology & Metabolism: JPEM	Case Report	Patients with diabetes may be at increased risk for COVID-19 infection and complications. At the same time, COVID-19 generally has a mild course in children. These authors discuss a teenage patient with severe diabetic ketoacidosis (DKA) as the first manifestation of his diabetes and COVID-19 infection. The 16-year-old male presented to the hospital with fatigue,	These authors discuss a teenage patient with severe diabetic ketoacidosis (DKA) as the first manifestation of his	Rabizadeh S, Hajmiri M, Rajab A, Emadi Kouchak H, Nakhjavani M. Severe diabetic ketoacidosis and coronavirus disease 2019 (COVID-19) infection in a teenage patient

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		teenage patient with newly diagnosed diabetes			weakness, nausea, polyuria, polydipsia, weight loss, abdominal pain, mild dyspnea, and cough. Despite no personal history of diabetes, lab findings confirmed DKA (blood glucose = 512 mg/dL, venous blood pH = 6.95, bicarbonate = 8 meq/L). The patient was admitted to ICU and received insulin, antibiotics, and IV hydration. Testing for SARS-CoV-2 PCR was positive; the patient was isolated, and hydroxychloroquine and lopinavir/ritonavir were given. He was discharged in stable condition after 10 days of hospitalization. There are no reliable data suggesting that children with well-managed type 1 diabetes are at increased risk of COVID-19 infection. However, poorly controlled diabetes can weaken the immune system and thereby increase the risk of infection. Additionally, infections such as COVID-19 can cause serious complications, including DKA, in people with diabetes.	diabetes and COVID-19 infection.	with newly diagnosed diabetes. J Pediatr Endocrinol Metab. 2020 Sep 25;33(9):1241-1243. doi: 10.1515/jpem-2020-0296. PMID: 32809963.
Adverse maternal outcomes, adverse infant outcomes, case control study, matched case control study	25-Sep-20	Epidemiology of coronavirus disease 2019 in pregnancy: Risk factors and associations with adverse maternal and neonatal outcomes	American Journal of Obstetrics and Gynecology	Original Research	This study examines the epidemiology and risk of adverse maternal and infant outcomes associated with COVID-19 infection in pregnancy. Researchers performed a matched case-control study wherein pregnant controls were matched to pregnant, COVID-19 positive cases by delivery date in a 2:1 fashion, including 61 confirmed COVID-19 positive patients. Research investigated primary outcomes of composite adverse maternal outcomes (pre-eclampsia, venous thrombo-embolism, antepartum admission, maternal intensive care unit admission, need for mechanical ventilation, supplemental oxygen, or maternal death) and composite adverse infant outcomes (respiratory distress syndrome, intraventricular hemorrhage, necrotizing enterocolitis, 5-minute Apgar score of <5, persistent category 2 fetal heart rate tracing despite intra-uterine resuscitation, or neonatal death). The odds of the mother experiencing an adverse outcome was 3.4 times higher among COVID-19 positive patients, as compared to their non-positive counterparts (95% CI: 1.2 - 13.4), while the odds of the infant experiencing an adverse outcome was 1.7 times higher among those born to COVID-19 positive patients, as compared to their non-positive counterparts (95% CI: 0.8 - 4.8). The increase in adverse maternal and infant effects among pregnant women with COVID-19 was primarily driven by those patients who had critical or severe disease course. This study indicates that severe cases of the disease can adversely impact maternal and infant outcomes.	This study examines the epidemiology and risk of adverse maternal and infant outcomes associated with COVID-19 infection in pregnancy. Pregnant women with COVID-19 were 3.4 times as likely to experience an adverse outcome as their non-pregnant counterparts, and the infants of these mothers were 1.7 times more likely to experience adverse outcomes. This study indicates that severe cases of the disease can adversely impact maternal and infant outcomes.	Brandt JS, Hill J, Reddy A, et al. Epidemiology of COVID-19 in Pregnancy: Risk Factors and Associations with Adverse Maternal and Neonatal Outcomes [published online ahead of print, 2020 Sep 25]. Am J Obstet Gynecol. 2020;S0002-9378(20)31134-0. doi:10.1016/j.ajog.2020.09.043
Neonate, infant, vertical transmission, pregnancy, birth, c-section, vaginal delivery	25-Sep-20	Thinking about the neonates born to mothers with COVID-19	Translational Pediatrics	Letter to the Editor	According to published reports, many neonatal pharyngeal swabs tested for SARS-CoV-2 RT-PCR have been negative. In this letter, originally submitted 12 March 2020, the authors state that some of these results could be false negatives due to errors or test limitations. They suggest performing at least one nucleic acid test in the first three days of life, and then repeating the test if the	These authors state that the diagnostic and exclusion criteria for COVID-19 in adults and children may not apply to neonates. They offer	Li ZY, Dang D, Qu YM, Wu H. Thinking about the neonates born to mothers with COVID-19. Transl Pediatr. 2020 Aug;9(4):573-575. doi: 10.21037/tp-20-97. PMID:

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					<p>infant is symptomatic. Samples should be collected, transported, and received in accordance with best practices for SARS-CoV-2 testing. For neonates requiring mechanical ventilation, the testing of lower respiratory tract specimens is recommended. The authors mention that, if transplacental transmission were to occur, pharyngeal testing could be negative for neonates delivered by C-section. Vaginally delivered neonates may be infected with the virus in the birth canal, and their pharyngeal swabs could be positive. In the authors' opinion, then, the high number of negative results from neonatal pharyngeal swabs does not rule out the possibility of vertical transmission. They recommend collecting samples of vaginal secretions, amniotic fluid, placenta, umbilical cord blood, breastmilk, and neonatal blood samples at delivery of COVID-19 positive women, even if the neonatal pharyngeal swabs are negative. In conclusion, the authors state that the diagnostic and exclusion criteria for COVID-19 in adults and children may not apply to neonates. They recommend close monitoring of infants at risk for COVID-19.</p>	<p>suggestions for testing and monitoring neonates at risk for COVID-19 infection.</p>	<p>32953556; PMCID: PMC7475310.</p>
Vitamin D, mortality, clinical severity, disease severity, Iran	25-Sep-20	Vitamin D sufficiency, a serum 25-hydroxyvitamin D at least 30 ng/mL reduced risk for adverse clinical outcomes in patients with COVID-19 infection	PLoS One	Original Research	<p>This cross-sectional analysis of a COVID-19 database in Sina hospital, Tehran, Iran assessed the association between serum 25-hydroxyvitamin D levels and adverse clinical outcomes in 235 adult patients with COVID-19. Total serum 25(OH)D was measured by electrochemiluminescence, and a cutoff point of 30 ng/mL was used for the definition of vitamin D sufficiency. Data were collected until May 1, 2020. Based on CDC criteria, 74% of patients had severe COVID-19 infection. Severe infection was less prevalent in patients with vitamin D sufficiency (63.6% vs. 77.2% p = 0.02), even after adjusting for age, sex, BMI, smoking and history of a chronic medical disorder (p = 0.01). There was a significant association between vitamin D sufficiency and reduction in clinical severity, inpatient mortality, and serum levels of C-reactive protein (CRP). Only 9.7% of patients older than 40 years who were vitamin D sufficient succumbed to the infection compared to 20% who were vitamin D insufficient. The authors conclude that improving vitamin D status in the general population has the potential to reduce morbidity and mortality associated with COVID-19. Therefore, they recommend vitamin D supplementation, along the guidelines recommended by the Endocrine Society to achieve a blood level of 25(OH)D of at least 30/mL, to children and adults to potentially reduce risk of acquiring the infection and for all COVID-19 patients especially those being admitted into the hospital.</p>	<p>In this analysis, Vitamin D insufficiency was associated with greater clinical severity of COVID-19 infection and inpatient mortality, suggesting a role for Vitamin D in reducing morbidity and mortality associated with SARS-CoV-2.</p>	<p>Maghbooli Z, Sahraian MA, Ebrahimi M, et al. Vitamin D sufficiency, a serum 25-hydroxyvitamin D at least 30 ng/mL reduced risk for adverse clinical outcomes in patients with COVID-19 infection. PLoS One. 2020 Sep 25;15(9). doi: 10.1371/journal.pone.0239799. PMID: 32976513.</p>

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Vertical transmission, MERS, intrauterine transmission	25-Sep-20	Characterizing COVID-19 maternal-fetal transmission and placental infection using comprehensive molecular pathology	EBioMedicine	Commentary	The mechanism of transmission of SARS-CoV-2 from mother to infant is important in determining obstetrical management decisions, best practice delivery options, and neonatal care. Previous epidemics of pathogenic viruses such as SARS and MERS had very low transplacental infections, but the detection of COVID-19 in newborns indicates intra-uterine infection as a possible mode of transmission. The authors discuss molecular pathology techniques, which were used during the Ebola and Zika virus outbreaks to assess intra-uterine transplacental viral transmission. Molecular pathologic analysis of the placenta can be used to identify inflammatory cells. Immuno-histochemistry can be used to identify specific proteins and markers of cell activation. The authors discuss the case of a neonate who tested positive for COVID-19 after being born to an infected mother. SARS CoV-2 RNA was identified in the syncytiotrophoblast lining the chorionic villi, demonstrating a pathway for intra-uterine fetal infection. However, additional research is needed to examine the role of receptors (ACE2) and enzymes (TMPRSS2) in the mechanisms and nature of intra-uterine transmission.	The authors comment on the potential transmissibility of COVID-19 to neonates via intra-uterine transplacental transmission. The importance of molecular pathology for placental analysis, such as the examination of inflammatory cells and immune-histochemistry techniques are addressed.	Schwartz DA, Thomas KM. Characterizing COVID-19 maternal-fetal transmission and placental infection using comprehensive molecular pathology. EBioMedicine. 2020;60:102983. doi:10.1016/j.ebiom.2020.102983
Qatar, anxiety, depression, perinatal, pregnancy, stress	25-Sep-20	The impact of the COVID-19 pandemic on the perinatal mental health of women [Free Access to Abstract Only]	Journal of Perinatal Medicine	Short Communication	This article assessed the impact of the COVID-19 pandemic and related restrictions on perinatal mental health among women in Qatar. A cross-sectional survey of women accessing maternity services in Qatar was carried out during June and July 2020 at the local peak of the pandemic. Relevant background information consisting of previous pregnancies, mental health history, and stress-reducing factors were considered along with the results of the Patient Health Questionnaire Anxiety-Depression Scale for depression and anxiety symptomatology (PHQ-ADS). Results revealed a high prevalence of anxiety and depressive symptomatology (34.4 and 39.2% respectively). These rates were much higher than previously reported pre-pandemic prevalence and were not affected by occupation, previous mental health problems or pregnancy complications. The authors state that these findings can be used to inform public health interventions and routine mental health screening of vulnerable groups during major health crises.	This cross-sectional study in Qatar highlighted increased levels of anxiety and depression in women accessing perinatal maternity services during the COVID-19 pandemic. The authors state that the increased rates were not affected by occupation or previous mental health problems but were affected by the pandemic.	Farrell T, Reagu S, Mohan S. The impact of the COVID-19 pandemic on the perinatal mental health of women. J Perinat Med. 2020 Sep 25. doi: 10.1515/jpm-2020-0415.
COVID-19, children, severity	25-Sep-20	Why COVID-19 is less frequent and severe in children: a narrative review	World Journal of Pediatrics	Review Article	In this narrative review, the authors investigated why SARS-CoV-2 infection is often less severe in children compared to adults. They searched Ovid MEDLINE, PubMed, EMBASE databases, and the Cochrane library. Their searches produced 81 relevant articles. The review showed that children accounted for a lower percentage of reported cases, and they also experienced less severe illness courses. Differences between children and adults, with regard to SARS-CoV-2, included the tendency to engage the upper airway, the different expression in both receptors of ACE	The authors performed a narrative review to assess reasons that children have relatively milder SARS-CoV-2 illness courses than adults. The authors discuss the various reasons based on several biological characteristics and social	Sinaei R, Pezeshki S, Parvaresh S, Sinaei R. Why COVID-19 is less frequent and severe in children: a narrative review. World J Pediatr. 2020 Sep 25:1–11. doi: 10.1007/s12519-020-00392-y. Epub ahead of print. PMID: 32978651; PMCID: PMC7518650.

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					and renin-angiotensin system, and a less vigorous immune response. These potential explanations may have protective roles in the immune system-respiratory tract interactions. The authors also discuss why some children might experience a more severe course of illness than others due to previous underlying medical conditions, immunodeficiency, weight extremes, environmental factors, race and ethnicity, and genetic factors. Although the findings suggest that COVID-19 is less common and somewhat milder in children compared to adults, there are some reports of MIS-C following asymptomatic or even mildly symptomatic infections. Further investigations are needed to explore other reasons for less severe SARS-CoV-2 infection in the pediatric population.	behaviors of children. These may include lower levels of angiotensin-converting enzyme and a less vigorous immune response in children.	
Children, infection, reopen	25-Sep-20	It's Time to Put Children and Young People First During the Global COVID-19 Pandemic	JAMA Pediatrics	Editorial	Children have been largely spared from the effects of the COVID-19 pandemic. However, the exact reason for this is unknown and there is significant uncertainty regarding children and young people's ability to catch, transmit, and spread the virus. With no immediate vaccine or cure available, the only effective public health response has been widespread lockdown. This has included school closures, now approaching more than half of the calendar year at considerable detriment to the long-term education and mental health of an entire generation. While it does appear that children overall are less susceptible to becoming infected and have less severe infection, how infectious children are once they have acquired the SARS-CoV-2 virus remains unclear. The authors explain that further politicization regarding the decision of individual governments on how and when to open schools must be avoided. Schools cannot be opened with impunity in the setting of moderate to high community transmission, nor can they be kept closed indefinitely. The public has borne the huge cost of the pandemic without extreme panic, in part because children and young people are not dying or becoming severely ill in large numbers. The education and well-being of the current generation of children and young people should be the highest priority in any national strategy to reopen society.	The authors of this editorial explain the importance of focusing on the education and well-being of children and young people during the COVID-19 pandemic. As national reopening strategies are developed, ensuring the proper support and education of children through schooling is essential.	Faust SN, Munro APS. It's Time to Put Children and Young People First During the Global COVID-19 Pandemic. JAMA Pediatr. 2020 Sep 25. doi: 10.1001/jamapediatrics.2020.4582. Epub ahead of print. PMID: 32975576.
Epidemiology, oral hygiene, sleep disorders, Brazil, Portugal	25-Sep-20	Can children's oral hygiene and sleep routines be compromised during the COVID-19 pandemic?	International Journal of Pediatric Dentistry	Original Research	This study aimed to evaluate sleep disorders among children (3-15 years old) during the social distancing of the COVID-19 pandemic in Portugal and Brazil, and its association with parental perception of child's oral hygiene. Parents/caregivers of children answered an online questionnaire from April 24th-26th, 2020, evaluating sociodemographic characteristics, child's school activities online, sleep quality, oral hygiene quality, and routine changes during social distancing. Parents/caregivers answered 5 domains of the Portuguese-language version of the Sleep	This study evaluated sleep disturbances in children (3-15 years old) in Portugal and Brazil, finding that sleep disorders were associated with caregivers' perception of poor oral hygiene during the social	Baptista AS, Prado IM, Perazzo MF, Pinho TM, Paiva SM, Pordeus IA, Serra-Negra JM. Can children's oral hygiene and sleep routines be compromised during the COVID-19 pandemic? Int J Paediatr Dent. 2020 Sep 25. doi: 10.1111/ipd.12732. Epub ahead of print.

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					Disturbances Scale for Children, evaluating sleep-breathing disorders, disorders of arousal, sleep-wake transition disorders, disorders of excessive somnolence, and sleep hyperhidrosis. 253 parents/caregivers participated in the study, 50.2% from Brazil. Most parents (72.2%) reported changes in children's routine during social distancing. Sleep-breathing disorders (P=0.019), sleep-wake transition disorders (P=0.022), and disorders of excessive somnolence (P<0.001) were associated with poor oral hygiene during social distancing.	distancing period of the COVID-19 pandemic.	
Hospital attendance, equity, infectious diseases, children, England	25-Sep-20	Equity in Paediatric Emergency Departments during COVID-19	medRxiv	Preprint (not peer-reviewed)	Children's attendances in pediatric emergency departments have fallen significantly in North East England and elsewhere during the COVID-19 pandemic. The authors analyzed hospital data on each child (0-18 years) from 3 hospitals between January and April 2019 and the same period in 2020 to understand which children were not being brought during the COVID-19 lockdown. There were 16,154 attendances from 1 January to 30 April 2019 across all three units. Attendances fell to 11,975 in the same period in 2020. During April 2020 the impact was uniform across deprivation levels, ethnicities, and genders, but there was a slight overrepresentation of younger children (0-5 years). Across all three sites, the proportion of children presenting with infectious diseases in April 2020 was 14.7% compared with 28.4% in April 2019 (difference 13.7%; 95%CI 8.1-19.2%; p<0.001). There is no evidence of a disproportionate impact on children belonging to vulnerable sociodemographic groups and no obvious change in illness acuity among those children still attending. A marked reduction in infectious disease presentations was noted, which might reflect one positive impact of enhanced social distancing on child health.	This study showed that pediatric emergency department attendance dropped sharply across the 3 hospitals examined in North East England during the COVID-19 pandemic. The impact was uniform across deprivation levels, ethnicities, and genders, but there was a slight over-representation of younger children (0-5 years) in April 2020.	Sophie Thorne, Sunil Bhopal, Christian Harkensee, et al. Equity in Paediatric Emergency Departments during COVID-19. medRxiv 2020.09.25.20201533; doi: https://doi.org/10.1101/2020.09.25.20201533
Adverse maternal outcomes, adverse neonatal outcomes, case-control study, coronavirus disease in pregnancy, epidemiology, morbidity, pregnancy, risk factors, Canada	25-Sep-20	Epidemiology of COVID-19 in Pregnancy: Risk Factors and Associations with Adverse Maternal and Neonatal Outcomes	American Journal of Obstetrics and Gynecology	Original Research	This study aimed to quantify the associations of COVID-19 with adverse maternal and neonatal outcomes in pregnancy and to characterize the epidemiology and risk factors. The authors performed a matched case-control study at a hospital in New Brunswick, Canada of pregnant patients with confirmed COVID-19 who delivered between 16 and 41 weeks' gestation from March 11-June 11, 2020. Uninfected pregnant women were matched to COVID-19 cases on a 2:1 ratio based on the delivery date. 61 confirmed cases were enrolled during the study period (mild disease [88.5%], severe disease [9.8%], and critical disease [1.6%]). The odds of adverse composite maternal outcome were 3.4 times higher among cases compared to controls (18.0% versus 8.2%, aOR 3.4, 95%CI 1.2-13.4). The odds of adverse composite neonatal outcome were 1.7 times higher in the case group compared to the control group (18.0% versus 13.9%, aOR 1.7, 95%CI 0.8-4.8). Stratified analyses by disease severity	This case-control study of pregnant women in Canada found that COVID-19 during pregnancy is associated with increased risk for adverse maternal and neonatal outcomes. Major risk factors for associated morbidity were Black and Hispanic race, obesity, advanced maternal age, medical comorbidities, and antepartum admissions related to COVID-19.	Brandt JS, Hill J, Reddy A, et al. Epidemiology of COVID-19 in Pregnancy: Risk Factors and Associations with Adverse Maternal and Neonatal Outcomes. Am J Obstet Gynecol. 2020 Sep 25:S0002-9378(20)31134-0. doi: 10.1016/j.ajog.2020.09.043 . Epub ahead of print.

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					indicated that the morbidity associated with COVID-19 in pregnancy was largely driven by the severe/critical disease phenotype. Major risk factors for associated morbidity were Black and Hispanic race, obesity, advanced maternal age, medical comorbidities, and antepartum admissions related to COVID-19. COVID-19 during pregnancy is associated with increased risk for adverse maternal and neonatal outcomes, an association that is primarily driven by morbidity associated with severe/critical COVID-19.		
Infected mother, newborn, vertical transmission, India	25-Sep-20	Vertical Transmission of SARS-CoV-2 from an Asymptomatic Pregnant Woman in India	Journal of Tropical Pediatrics	Research Letter	The authors report a case of vertical transmission of SARS CoV-2 from a 25-year-old asymptomatic pregnant woman (38 week gestation) to her newborn (female) who had a completely asymptomatic course in India. The woman was diagnosed with SARS-CoV-2 infection on 11 May 2020 before admission with unknown source of contact. Based on concerns about maternal infection, she underwent C-section on 12 May 2020. She did not need any respiratory support at delivery. The neonate was separated immediately after birth and received thorough cleaning and routine care. She was clinically and hemodynamically stable and started on formula feeds. RT-PCR testing of the neonate's nasopharyngeal swab at 24 hours gave a positive result for SARS-CoV-2. She was kept under observation and showed normal heart rate, no dyspnoea, maintaining SpO2 saturation at room air and no edema or rash. At 10 days of life, RT-PCR test result was negative. Considering the mother was completely asymptomatic before C-section, the infant was never in contact with maternal vaginal secretions, intact membranes before birth, no skin-to-skin contact with the mother, and immediate separation following delivery, this case suggests the rare phenomenon of vertical transmission of COVID-19.	The authors report a case of vertical transmission of SARS CoV-2 from a 25-year-old asymptomatic pregnant woman (38 week gestation) to her newborn (female) who had a completely asymptomatic course in India.	Singh MV, Shrivastava A, Maurya M. Vertical Transmission of SARS-CoV-2 from an Asymptomatic Pregnant Woman in India. J Trop Pediatr. 2020;fmaa048. doi: https://doi.org/10.1093/tropej/fmaa048
Maternal infection. neonate COVID-19, pregnancy	25-Sep-20	IS VERTICAL TRANSMISSION OF SARS-CoV-2 INFECTION POSSIBLE IN PRETERM TRIPLET PREGNANCY? A CASE SERIE	The Pediatric Infectious Disease Journal	Case Report	The authors present the first case report of vertical transmission in a preterm trichorionic triamniotic triplet pregnancy. All neonates tested positive for SARS-CoV-2 from swabs taken at both 20 hours and day 5 of life. The maternal timeline of infection suggested that COVID-19 triggered preterm labor. The triplets were born vigorous at 32 weeks and 5 days of gestational age. Triplet 1 was a boy with birth weight (BW) of 1910g, triplet 2 was a girl with BW 1390g, and triplet 3, was a boy with a BW of 1630g. Triplet 2 required respiratory support for 3 days, while triplets 1 and 3 did not require any respiratory support. All triplets did not show any temperature fluctuations or COVID-19-like symptoms and were discharged after 3 weeks. Of the possibilities of acquisition of infection, the authors cite the low probability of postnatal infection and false positive tests. The authors speculate the swallowing of amniotic fluid as being a	In this case report, the authors report SARS-CoV-2 vertical transmission in a trichorionic triamniotic pregnancy. All three neonates tested positive for COVID-19, but displayed milder symptomology and were discharged after a 3-week stay. Amniotic fluid ingestion may be a port of entry for SARS-CoV-2.	Alwardi TH, Ramdas V, Al Yahmadi M, et al. IS VERTICAL TRANSMISSION OF SARS-CoV-2 INFECTION POSSIBLE IN PRETERM TRIPLET PREGNANCY? A CASE SERIES. Pediatr Infect Dis J. 2020 Sep 25. doi: 10.1097/INF.0000000000002926 . Epub ahead of print. PMID: 33006879.

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					point of entry in fetal infections. The authors conclude by emphasizing the need to collect biological samples in a timely manner to differentiate in-utero vertical transmission from peri- and post-natal transmission. The authors also describe an urgent need for a standardized definition and classification of vertical transmission for better prognosis, communication, and case detection of SARS-CoV-2 in pregnancy and neonates.		
Neurodevelopment, infant, preterm, Italy, telemedicine	25-Sep-20	Challenges and opportunities for early intervention and neurodevelopmental follow-up in preterm infants during COVID-19 Pandemic	Child: Care, Health and Development	Letter to the Editor	In accordance with the Italian Society of Neonatology guidelines, to reduce spread of COVID-19, many neonatal intensive care units (NICUs) are reducing access to the unit, allowing fewer visitors, and limiting the time they can stay. The authors share their experience ensuring parental presence and active engagement in the NICU environment, encouraging breastfeeding and skin-to-skin contact, and facilitating physical and emotional closeness between parents and their newborns amidst the COVID-19 pandemic. The authors also detail the neurodevelopmental follow-up programs implemented after NICU discharge through telemedicine, and describe the benefits of telemedicine for families of preterm children: facilitating communication between parents and staff, involving parents in the decision-making process, and serving as a channel for exchanging clinical and developmental information about the infant.	The authors describe their experience implementing neurodevelopmental follow-up programs after NICU discharge in Italy during the COVID-19 pandemic and explain the benefits of telemedicine for families of preterm children.	Caporali C, Pisoni C, Naboni C, Provenzi L, Orcesi S. Challenges and opportunities for early intervention and neurodevelopmental follow-up in preterm infants during COVID-19 Pandemic [published online 2020 Sep 25]. Child Care Health Dev. 2020. doi:10.1111/cch.12812
Kawa-COVID-19, Kawasaki disease, women, multisystem inflammatory syndrome, United States	25-Sep-20	Correspondence on 'Paediatric multisystem inflammatory syndrome temporally associated with SARS-CoV-2 mimicking Kawasaki disease (Kawa-COVID-19): a multicenter cohort' by Pouletty et al	Annals of the Rheumatic Diseases	Letter to the Editor	Severe cases of children with Kawasaki Disease-like (KD-like) symptoms related to COVID-19 are increasingly being reported, but few adults with KD-like cases have been reported. A previous study by Pouletty et al reported 16 pediatric patients presenting with "Kawa-COVID-19", an inflammatory syndrome similar to Kawasaki disease (KD) associated with SARS-CoV-2 infection (also named MIS-C in the USA). In this case report, the authors describe an adult who presented with KD-like illness similar to children in the Kawa-COVID-19 cohort 4 weeks following a documented SARS-CoV-2 infection. A 38-year-old Hispanic woman in the USA developed fever, dyspnea, cough, anosmia, myalgias and poly-arthritis of the hands, wrists, elbows and knees 4 weeks prior to admission. At that time, nasopharyngeal SARS-CoV-2 PCR was positive. On admission, chest CT showed right upper lobe ground glass opacities, septal and bronchial wall thickening, and bilateral pleural effusions. The patient met diagnostic criteria for both KD and MIS-C with the exception of age. The authors describe a timeline of a symptomatic COVID-19 infection followed by complete symptom resolution prior to the onset of a KD-like illness.	The authors present the case of a 38-year-old Hispanic woman in the USA with a Kawasaki Disease-like presentation following a SARS-CoV-2 infection, similar to the Kawa-COVID-19 cohort of children described by Pouletty et al. Few adults with KD-like cases have been reported.	Ventura MJ, Guajardo E, Clark EH, et al. Correspondence on 'Paediatric multisystem inflammatory syndrome temporally associated with SARS-CoV-2 mimicking Kawasaki disease (Kawa-COVID-19): a multicenter cohort' by Pouletty et al [published online 2020 Sep 25]. Ann Rheum Dis. 2020. doi:10.1136/annrheumdis-2020-218959

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MIS-C, cardiac disease, pediatrics	25-Sep-20	Cardiac Findings in Pediatric Patients With Multisystem Inflammatory Syndrome in Children Associated With COVID-19	Clinical Pediatrics	Original Research	This retrospective cohort study investigated cardiac complications in pediatric MIS-C patients (n=33, median age=2.8 years, IQR=1.4-9 years, 19 m/14 f) at 2 hospitals in New York City, USA, from March 1-June 8, 2020. SARS-CoV-2 RT-PCR testing was positive in 11 (33%) patients, and of the 23 patients who underwent serological testing, 14 (61%) were IgG positive. 24 (73%) patients had at least 1 abnormality in cardiac testing: abnormal electrocardiogram (48%), elevated brain natriuretic peptide (BNP) (43%), abnormal echocardiogram (30%), and/or elevated troponin (21%). All electrocardiogram and echocardiogram abnormalities resolved by the 2-week outpatient follow-up cardiology visit. A C-reactive protein (CRP) >50 mg/L and BNP >100 pg/mL were shown to have a statistical association with abnormal echocardiogram findings, suggesting that routinely checking CRP and BNP in patients with suspected MIS-C may aid in identifying patients with cardiac dysfunction, coronary changes, and/or evidence of valvulitis. The authors recommend that clinicians perform cardiac screening tests in all patients with suspected or diagnosed MIS-C.	This retrospective cohort study found that 73% of MIS-C patients in New York City had at least 1 abnormality in cardiac testing. A CRP >50 mg/L and BNP >100 pg/mL were shown to have a statistical association with abnormal echocardiogram findings. The authors suggest performing cardiac screening in all MIS-C patients.	Minocha PK, Phoon CKL, Verma S, et al. Cardiac Findings in Pediatric Patients With Multisystem Inflammatory Syndrome in Children Associated With COVID-19. Clin Pediatr (Phila). 2020. doi:10.1177/0009922820961771
Household food insecurity, pregnancy, Sri Lanka, measurement, validity	25-Sep-20	Self-applied ELCSA is valid for rapid tracking of household food insecurity among pregnant women during the COVID-19 pandemic	medRxiv	Preprint (not peer-reviewed)	Rapid household food insecurity (HFI) tracking has become a priority during the COVID-19 pandemic. This study tested the validity of a self-administered and culturally adapted version of the Latin American and Caribbean Food Security Scale (Escala Latino-americana y Caribena de Seguridad Alimentaria - ELCSA), among pregnant women in a low-/middle-income country (LMIC). The 8-item English version of ELCSA was translated into Sinhala and Tamil. Cognitive validation of the adapted tool (ELCSA-pregnancy in Sri Lanka [ELCSA-P-SL]) was performed, and the questionnaire was then answered by 269 pregnant women attending prenatal clinics in Sri Lanka in February 2020. Participants' psychological distress was simultaneously assessed using the General Health Questionnaire 12 (GHQ 12). The ELCSA-P-SL had strong cognitive, psychometric, and concurrent validity. The ELCSA-P-SL scores indicated that lack of dietary diversity is commonly the first problem encountered with HFI, and that food intake reduction or hunger is the most severe manifestation of HFI. The authors concluded that the self-administered ELCSA-P-SL is a valid and feasible tool to track HFI among pregnant women in LMICs during the COVID-19 pandemic and its aftermath, in which social distancing is a major concern.	This study tested an adapted version of the Latin American and Caribbean Food Security Scale (Escala Latino-americana y Caribena de Seguridad Alimentaria - ELCSA). The authors concluded that the adapted tool is valid and feasible for tracking food insecurity among pregnant women in low-/middle-income countries during the COVID-19 pandemic, in which social distancing is a major concern.	Agampodi TC, Hromi-Fiedler A, Agampodi SB, et al. Self-applied ELCSA is valid for rapid tracking of household food insecurity among pregnant women during the COVID-19 pandemic. medRxiv 2020.09.22.20199380; doi: https://doi.org/10.1101/2020.09.22.20199380
Children, shelter-in-place orders, appendicitis, Queens, New York, USA	25-Sep-20	New York's COVID-19 shelter-in-place and acute	Journal of Pediatric Surgery	Correspondence	On March 20th, 2020, New York City and State (USA) went into shelter-in-place in response to the COVID-19 pandemic and a surge in cases. The authors describe how they experienced a flood of adult cases in their emergency department in a hospital in Queens. On the other hand, pediatric emergency department	The authors of this correspondence describe the decrease in pediatric appendicitis cases in their community-based hospital	Hassoun A, Kadenhe-Chiweshe A, Sharma M. New York's COVID-19 shelter-in-place and acute appendicitis in children. J Pediatr Surg. 2020 Sep 5:S0022-

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		appendicitis in children			(PED) visits were reduced to 13%. After reading Kvasnovsky et al describing an unchanged number of pediatric appendicitis cases at their pediatric referral center during the COVID-19 pandemic, the authors of this correspondence note their different experience at a community-based hospital. The effects of New York's shelter-in-place orders on the incidence of disease are complex. Several questions are posed by the authors in response to their observation of a marked decrease in pediatric appendicitis cases presenting to their PED in Queens, New York. These include the impact of environmental or social factors as well as parental fear in seeking care during the pandemic.	in Queens, New York. They question the possibility of social factors as well as parental concerns of seeking care during the pandemic.	3468(20)30611-4. doi: 10.1016/j.jpedsurg.2020.08.027. Epub ahead of print. PMID: 32981660.
COVID-19, home confinement, physical activity, diet, children, health	24-Sep-20	Changes in lifestyle behaviours during the COVID-19 confinement in Spanish children: A longitudinal analysis from the MUGI project	Pediatric Obesity	Original Research	Home confinement during the COVID-19 pandemic could have affected lifestyle behaviors of children, however evidence about it is scarce. This study examined the effects of the COVID-19 confinement on lifestyle behaviors among children in Spain and assessed the influence of social vulnerabilities on changes in lifestyle behaviors. Physical activity (PA), screen time, sleep time, adherence to the Mediterranean diet (KIDMED) and sociodemographic information were longitudinally assessed before, September–December 2019, (291 children, mean age 12.1 ± 2.4 years) and during the COVID-19 confinement, March–April 2020, (113 children, mean age 12.0 ± 2.6 years). During the COVID-19 confinement, PA decreased (-91 ± 55 min/d, p<0.001) and screen time increased (±2.6 hours/day, p<0.001), whereas the KIDMED score improved (0.5 ± 2.2 points, p<0.02), indicating greater adherence to the Mediterranean diet. The decrease of PA was higher in children with a mother of non-Spanish origin (-1.8 ± 0.2 vs -1.5 ± 0.1 hours/day, p<0.04) or with non-university studies (-1.7 ± 0.1 vs -1.3 ± 0.1 hours/day, p<0.005) in comparison to their counterparts. This study evidenced the negative impact of the COVID-19 confinement on PA levels and sedentary behaviors of Spanish children. These findings should be considered to design and implement public health strategies for preserving children's health during and after the pandemic, particularly, in children with social vulnerabilities.	This study examined the effects of COVID-19 confinement on lifestyle behaviors on children in Spain and assessed the influence of social vulnerabilities on changes in lifestyle behaviors. This study evidenced the negative impact of the COVID-19 confinement on physical activity levels and sedentary behaviors of Spanish children.	Medrano M, Cadenas-Sanchez C, Osés M, et al. Changes in lifestyle behaviours during the COVID-19 confinement in Spanish children: A longitudinal analysis from the MUGI project [published online ahead of print, 2020 Sep 24]. <i>Pediatr Obes.</i> 2020;e12731. doi:10.1111/ijpo.12731
telemedicine survey, otolaryngology, virtual clinic, COVID-19	24-Sep-20	The impact of the coronavirus (COVID-19) pandemic on elective paediatric otolaryngology outpatient services – An analysis of virtual	International Journal of Pediatric Otorhinolaryngology	Original Research	Virtual outpatient clinics (VOPCs) have been integrated into both pediatric and based adult outpatient services due to increased demand, technological advances, and rising morbidity secondary to ageing populations. This UK study evaluated the impact of the COVID-19 pandemic on pediatric otolaryngology outpatient services whilst collecting patient feedback to determine long-term sustainability post COVID-19. A retrospective analysis of VOPCs was undertaken at a tertiary pediatric referral center 17 March – 17 June, 2020. Data and results are displayed in 6 figures and tables that detail population characteristics, disease, survey,	This UK study evaluated the impact of the COVID-19 pandemic on pediatric otolaryngology outpatient services whilst collecting patient feedback to determine long-term sustainability post COVID-19. Non-attendance rates were reduced when	Darr A, Senior A, Argyriou K, et al. The impact of the coronavirus (COVID-19) pandemic on elective paediatric otolaryngology outpatient services - An analysis of virtual outpatient clinics in a tertiary referral centre using the modified paediatric otolaryngology telemedicine satisfaction survey (POTSS). <i>Int J</i>

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		outpatient clinics in a tertiary referral centre using the modified paediatric otolaryngology telemedicine satisfaction survey (POTSS) [Free Access to Abstract Only]			and consultation results. Data from 200 patients were analyzed; the mean age at consultation was 6.4yrs (range: 0.3–15yrs). The most common mode of consultation was telephone (92.5%, n=185). Non-attendance rates were reduced when compared to face-to-face clinics during an equivalent period prior to the COVID-19 pandemic (9% compared to 15% pre-VOPC). A significant proportion of patients (29% compared to 26% pre-VOPC) were discharged to primary care. 9% were listed for surgery compared to 19% pre-VOPC. VOPCs can offer potential integration for pediatric otolaryngology services; however, the authors caution that in-person visits are preferable for new consultations or pediatric cases in which a doctor-parent relationship has yet to be established so that doctors can assess non-verbal cues that may signal potential safety issues.	compared to face-to-face clinics during an equivalent period prior to the COVID-19 pandemic.	<i>Pediatr Otorhinolaryngol.</i> 2020;138:110383. doi:10.1016/j.ijporl.2020.110383
COVID-19; pediatric otolaryngology; telemedicine	24-Sep-20	Telemedicine in pediatric otolaryngology: Ready for prime time?	International Journal of Pediatric Otorhinolaryngology	Review	In this review, the authors summarize telemedicine implementation in otolaryngology during the COVID-19 pandemic and potential long-term applications. Unlike other specialties, otolaryngology has been slow to adopt telemedicine into practice due to the need for specialized physical examinations for ear-nose-throat diagnoses. However, the authors state that otolaryngology is well-suited for telemedicine, and this technology is viewed favorably by both patients and physicians, although it cannot be generalized to such a wide-ranging specialty. Specifically, there is evidence that telemedicine can be successfully used for surgical consultation and planning. Furthermore, otology visits seem to be more suitable for telemedicine than visits pertaining to other anatomical sites, such as the larynx. This is especially important for pediatric practices, which generally have a high prevalence of otitis media. “Store and forward” technology, in which a consulting provider reviews a case and offers recommendations without an actual patient appointment, has been traditionally used to provide care to remote and under-served populations. Both the “store and forward” approach and synchronous technology could limit unnecessary in-person visits—ultimately keeping patients and providers safe as social distancing continues.	In this review, the authors summarize telemedicine implementation in otolaryngology during the COVID-19 pandemic and potential long-term applications. Otolaryngology is well-suited for telemedicine, and this technology is viewed favorably by both patients and physicians, particularly in surgical consultation and planning and otology visits. Both “store and forward” technology and synchronous technology could reduce avoidable in-person contact during the pandemic.	Schafer A, Hudson S, Elmaraghy CA. Telemedicine in pediatric otolaryngology: Ready for prime time? <i>Int J Pediatr Otorhinolaryngol.</i> 2020;138:110399. doi:10.1016/j.ijporl.2020.110399.
Food security, food systems, school lunch programs, children, USA	24-Sep-20	Emergency Food Provision for Children and Families during the COVID-19 Pandemic: Examples from Five U.S. Cities	Applied Economic Perspectives and Policy	Featured Article	As lockdown and school closure policies were implemented in response to the COVID-19 pandemic, the US federal government provided funding and relaxed its rules to support emergency food provision but did not provide guidance on best practices for effectiveness. Accordingly, cities developed a diverse patchwork of emergency feeding programs. This article uses qualitative data to provide insight into emergency food provision developed in 5 US cities to serve school-aged children and families: Albany, NY; Austin, TX; Cleveland, OH; Denver, CO; and Flint, MI. Results from	This article uses qualitative data to analyze the effectiveness of emergency food provision in 5 US cities to serve school-aged children in response to the COVID-19 crisis. Results indicate the effectiveness of local	Jablonski BBR, Casnovsky J, Clark JK, et al. Emergency food provision for children and families during the COVID-19 pandemic: Examples from five U.S. cities. <i>Applied Economic Perspectives and Policy.</i> 2020;n/a:e13096. doi: 10.1002/aep.13096.

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					semi-structured interviews and focus groups from June 15 - July 1, 2020 with key informants indicate the effectiveness of local approaches depended on: (i) cross-sector collaboration, (ii) supply chains, and (iii) addressing gaps in service to increased risk populations. At least 3 of the cities' schools started with a specific feeding plan before changing course, indicating that their initial strategies were not effectively meeting the needs of children and families. The authors agree that the heterogeneity of needs and food environments across the US necessitates a decentralized approach; however, they call for more direct guidance from the federal government on best practices to support the system of emergency food service provision.	approaches depended on: (i) cross-sector collaboration, (ii) supply chains, and (iii) addressing gaps in service to increased risk populations.	
Confinement, children adjustment, family adjustment, specific parenting, psychological impact, Spain	24-Sep-20	Testing the Effects of COVID-19 Confinement in Spanish Children: The Role of Parents' Distress, Emotional Problems and Specific Parenting	International Journal of Environmental Research and Public Health	Original Research	The present study aimed to examine the effects of confinement caused by the COVID-19 crisis on children and their families in Spain, accounting for children's age. A range of child negative (e.g., conduct problems) and positive outcomes (e.g., routine maintenance) were examined, along with a set of parent-related variables, including resilience, perceived distress, emotional problems, parenting distress, and specific parenting practices (e.g., structured or avoidant parenting). Data were collected in April 2020, with information for the present study provided by 940 (89.6%) mothers, 102 (9.7%) fathers and 7 (0.7%) different caregivers, who informed on 1049 Spanish children (50.4% girls) aged 3 to 12 years (Mean= 7.29; SD= 2.39). The results suggested that, according to parents' information, most children did not show important changes in behavior, although some increasing rates were observed for both negative and positive outcomes. Child adjustment was influenced by a chain of effects, derived from parents' perceived distress and emotional response to the COVID-19 crisis, via parenting distress and specific parenting practices. While parenting distress in particular triggered child negative outcomes, specific parenting practices (i.e., focused, soothing, structured and avoidant parenting) were more closely related to positive outcomes in children.	This study conducted in Spain shows that the COVID-19 confinement negatively affected the emotional and behavioral patterns of children (aged 3-12 years), while also allowing some positive adaptations to flourish. Results suggest the psychological impact on children is closely linked to the impact on parents.	Romero, E.; López-Romero, L.; Domínguez-Álvarez, B.; Villar, P.; Gómez-Fraguela, J.A. Testing the Effects of COVID-19 Confinement in Spanish Children: The Role of Parents' Distress, Emotional Problems and Specific Parenting. Int. J. Environ. Res. Public Health 2020, 17, 6975.
Pregnancy, women, autonomy	24-Sep-20	Who safeguards pregnant women's autonomy during the COVID-19 pandemic?	Sexual and Reproductive Healthcare	Editorial	Given the short time from detection until the global spread of SARS-CoV-2, health services such as antenatal care and maternity clinics implemented drastic changes to secure organizational functioning. In this editorial, the authors question if these implemented changes benefited the health of pregnant women and their families. Considering childbirth as a physical, social, cultural, and emotional life event, it is of uttermost importance that the planned care takes all of these factors into consideration. Pregnant women and women giving birth need different levels of maternity care. During a pandemic, the concept of community-centered care is required in a well-developed healthcare system.	The authors of this editorial explain the impacts that COVID-19 has had on the overall health and autonomy of pregnant women. They subsequently argue that pregnant women's autonomy must be emphasized moving forward. They recommend	Linden K, Maimburg RD. Who safeguards pregnant women's autonomy during the COVID-19 pandemic? Sex Reprod Healthc. 2020 Sep 24;26:100556. doi: 10.1016/j.srhc.2020.100556. Epub ahead of print. PMID: 33010666; PMCID: PMC7513889.

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					Hospital care should be limited to those at high-risk to decrease the risk of virus transmission, optimize hospital capacity, and to protect patients and healthcare workers. The authors describe various ways in which pregnant women's autonomy and overall health are being affected by the COVID-19 pandemic. Moving forward, they note that new steps are needed to ensure that pregnant women's autonomy in pregnancy and childbirth is respected. The COVID-19 pandemic is still ongoing, and the lack of planning and involvement of women have now become evident. In the future, the perspective should change from only securing the functionality of the organization to including a broader perspective of the health of pregnant women and their families in both the short and long-term.	that women be involved in the design of antenatal and maternity care and the diversity of services in the future.	
Pediatric, acute lymphoblastic leukemia (ALL), hydroxychloroquine, chemotherapy	24-Sep-20	Comment on: Acute lymphoblastic leukemia onset in a 3-year-old child with COVID-19	Pediatric Blood & Cancer	Letter to the Editor	These writers are responding to a previously published letter by Marcia et al. They share the case of a 3-year-old male who presented with fevers, night sweats, fatigue, lymphadenopathy, and bone pain. His mother had previously tested positive for COVID-19. The boy's lab tests showed pan-cytopenia, peripheral blasts, and elevated inflammatory markers. COVID-19 testing was positive. Bone marrow findings led to an acute lympho-blastic leukemia (ALL) diagnosis. Given the mildness of the child's COVID-19 symptoms, no COVID-19 treatment was initiated. Chemotherapy was started promptly with methylprednisolone, vincristine, and asparaginase. Fevers, bone pain, peripheral blasts, and inflammatory markers resolved quickly following the steroid prophase. The patient was discharged on day 13 of chemotherapy. Nasopharyngeal swabs were negative on days 21, 23, and 38 following COVID-19 diagnosis. In contrast to Marcia et al, these authors suggest treating children with newly diagnosed ALL and COVID-19, without chemo-therapy delay, nor specific COVID-19 treatments. They recommend following chemo-therapy protocols, based on the curable nature of most pediatric malignancies and the milder COVID-19 infections observed in children. They also urge caution in using COVID-19-specific antiviral treatment in non-critically ill children, given the lack of evidence for use in this population. They state that decisions to initiate or delay cancer therapy need to be individualized.	These writers are responding to a previously published letter by Marcia et al. In contrast to the earlier letter, these authors suggest treating children with newly diagnosed acute lympho-blastic leukemia (ALL) and COVID-19, without chemotherapy delay, nor specific COVID-19 treatments.	Colaiacovo ML, Dakhallah N, Jimenez-Cortes C, Souza A, Ah-Yan C, Bernier P, Bittencourt H, Laverdière C, Leclerc JM, Tran TH. Comment on: Acute lymphoblastic leukemia onset in a 3-year-old child with COVID-19. <i>Pediatr Blood Cancer</i> . 2020 Sep 24:e28727. doi: 10.1002/pbc.28727. Epub ahead of print. PMID: 32970927; PMCID: PMC7537033.
Pregnancy, non-pharmacologic modalities, stress, depression	24-Sep-20	Effects of psychological stress on adverse pregnancy outcomes and non-pharmacologic approaches for	American Journal of Obstetrics and Gynecology MFM	Review article	External stressors such as major weather events and other global phenomena (e.g., the COVID-19 pandemic) may contribute to significant stress during pregnancy. This review investigates recent literature published about the use of non-pharmacologic modalities for stress relief in pregnancy and examines the interplay between psychiatric diagnoses and stressors. Mindfulness meditation and biofeedback have shown effectiveness in improving mental health such as depressive	Given the increased maternal stress during the COVID-19 pandemic, the authors review non-pharmacologic modalities for stress relief in pregnancy.	Traylor CS, Johnson J, Kimmel MC, Manuck TA. Effects of psychological stress on adverse pregnancy outcomes and non-pharmacologic approaches for reduction: an expert review. <i>Am J Obstet Gynecol MFM</i> . 2020 Sep 24:100229. doi:

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		reduction: an expert review			symptoms and anxiety. Exercise, including yoga, may improve both depressive symptoms and birth outcomes. Expressive writing has successfully been applied post-partum and in response to pregnancy challenges. Though some of these non-pharmacologic interventions can be convenient and low cost, there is inconsistent implementation of these modalities. The authors propose that future investigations should focus on methods to increase ease of uptake, ensure each option is available at home, and a standardized way to evaluate combinations of different interventions.		10.1016/j.ajogmf.2020.100229. Epub ahead of print. PMID: 32995736; PMCID: PMC7513755.
Pregnancy, physiology, maternal outcomes, clinical trials, women	24-Sep-20	Pregnancy and COVID-19	Physiologic Reviews	Review Article	In this comprehensive review, the authors evaluate the evidence of the effects of SARS-CoV-2 infection throughout pregnancy. The authors conducted a literature search to identify all articles relating to COVID-19 in pregnancy up until August 17th, 2020 in Medline, Embase, Cochrane, Web of Science and Cinahl (more than 150 articles included). They examine the physiological adaptations to pregnancy and the implications for COVID-19, discuss the impact of COVID-19 on pregnancy outcomes, and consider areas of uncertainty where more research is needed. Overall, they conclude that most women will experience mild or asymptomatic disease, however some centers have seen increased rates of ICU admission and need for mechanical ventilation in pregnant women. Of note, despite concerns about increased vulnerability of pregnant women to COVID-19, the authors report that in over 300 clinical trials trialing potential therapeutic options, pregnant women were almost universally excluded. They urge researchers to consider inclusion of pregnant women and other underrepresented groups to create a balanced and informed evidence base.	This article provides a comprehensive review of the physiologic effects of COVID-19 on pregnancy and pregnancy-related outcomes. It highlights areas where evidence is lacking especially regarding clinical trials of therapeutic options.	Wastnedge EA, Reynolds RM, van Boeckel SR, Stock SJ, Denison F, Maybin JA, Critchley HO. Pregnancy and COVID-19. <i>Physiol Rev.</i> 2020 Sep 24. doi: 10.1152/physrev.00024.2020. PMID: 32969772.
Food insecurity, health policy, nutrition, screening	24-Sep-20	Perspective: The Convergence of Coronavirus Disease 2019 (COVID-19) and Food Insecurity in the United States	Advances in Nutrition	Editorial	This editorial explores COVID-19's effects on food insecurity and offers suggestions to address them. Food insecurity in the United States has doubled overall and tripled in households with children. School closures have placed additional financial pressure on low-income families of over 30 million children who rely on the National School Lunch Program and School Breakfast Program, which fulfills up to 2/3 of children's daily nutritional needs. Parents may also not be able to work and generate income while providing childcare for their children during school closures, potentially exacerbating food insecurity. The authors offer several recommendations for healthcare providers and policymakers. Providers should screen for food insecurity at each clinical visit during the pandemic and provide referrals and support for community food distribution plans, Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and	In this editorial, the authors advocate for policy and clinical changes to fight COVID-19's exacerbating effects on food insecurity. The authors provide recommendations for lawmakers and healthcare providers and explain why action to mitigate food insecurity is necessary.	Nagata JM, Seligman HK, Weiser SD. Perspective: The Convergence of Coronavirus Disease 2019 (COVID-19) and Food Insecurity in the United States. <i>Adv Nutr.</i> 2020;nmaa126. doi:10.1093/advances/nmaa126

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					Children (WIC) if a clinical response is triggered. Policymakers should expand SNAP support by raising the maximum SNAP benefit by 15%. Congress should support H.R. 6726, which would increase the cash value of WIC's fruit and vegetable vouchers to \$35, and lawmakers should allow WIC participants to purchase groceries online. The authors argue that these clinical and policy changes will mitigate exacerbated food insecurity caused by the pandemic, which will ultimately reduce low-income families' risk factors for developing COVID-19 complications.		
Pregnant, postpartum, behavioral changes, alcohol-consumption, healthcare access, mental health, United States	24-Sep-20	Concerns of women regarding pregnancy and childbirth during the COVID-19 pandemic	Patient Education and Counseling	Original Research	The authors report the case of a 4-year-old child with acute lymphoblastic leukemia and severe COVID-19 associated pneumonia. The patient presented with febrile neutropenia to the Super Specialty Pediatric Hospital & Post Graduate Teaching Institute in Delhi, India. There was no history of contact with COVID-19 suspect or confirmed patients. The patient was initially asymptomatic and oxygen saturation was maintained >98 % in room air. On day 5 of the illness, respiratory rate increased with bilateral wheeze and severe hypoxia (oxygen saturation in room air was 60%). X-ray chest was suggestive of bilateral fluffy opacities with no effusion evidence. The patient had raised C-reactive protein, D-dimer, ferritin, and procalcitonin, suggesting the possibility of COVID-19 infection. Intravenous Immunoglobulin (IVIG) infusion was given over the first three days of admission, given a low IgG level. COVID antibodies (IgM) were initially negative, RT-PCR was repeated using a different kit, which was positive. Steroids were initially introduced as hydrocortisone and later switched to dexamethasone. She received COVID convalescent plasma on Days 8 and 9 of illness. Transfusion was derived from different COVID recovered donors and was uneventful. The patient improved remarkably by day 10 and she was discharged after remaining asymptomatic for 5 days and he remained well on follow up	In this case report, the authors present the results of the use of convalescent plasma along with steroids and Intravenous Immunoglobulin (IVIG) in a 4-year-old child with acute lymphoblastic leukemia and severe COVID-19 associated pneumonia. They reported marked improvement without the need for any further specific treatment. The authors described this case study as one of the earliest reporting using convalescent plasma in a child and the first-ever in a child with underlying malignancy.	Ahlers-Schmidt CR, Hervey AM, Neil T, Kuhlmann S, Kuhlmann Z. Concerns of women regarding pregnancy and childbirth during the COVID-19 pandemic. Patient Educ Couns. 2020;doi:10.1016/j.pec.2020.09.031
Convalescent plasma, leukemia, child, IVIG, malignancy, India	24-Sep-20	Convalescent plasma to aid in recovery of COVID-19 pneumonia in a child with acute lymphoblastic leukemia	Transfusion and Apheresis Science	Case Report	The authors report the case of a 4-year-old child with acute lymphoblastic leukemia and severe COVID-19 associated pneumonia. The patient presented with febrile neutropenia to the Super Specialty Pediatric Hospital & Post Graduate Teaching Institute in Delhi, India. There was no history of contact with COVID-19 suspect or confirmed patients. The patient was initially asymptomatic and oxygen saturation was maintained >98 % in room air. On day 5 of the illness, respiratory rate increased with bilateral wheeze and severe hypoxia (oxygen saturation in room air was 60%). X-ray chest was suggestive of bilateral fluffy opacities with no effusion evidence. The patient had raised C-reactive protein, D-dimer, ferritin, and procalcitonin, suggesting the possibility of COVID-19 infection. Intravenous	In this case report, the authors present the results of the use of convalescent plasma along with steroids and Intravenous Immunoglobulin (IVIG) in a 4-year-old child with acute lymphoblastic leukemia and severe COVID-19 associated pneumonia. They reported marked improvement without the need for any further	Shankar R, Radhakrishnan N, Dua S, Arora S, Rana M, Sahu DK, Rai S, Gupta DK. Convalescent plasma to aid in recovery of COVID-19 pneumonia in a child with acute lymphoblastic leukemia. Transfus Apher Sci. 2020 Sep 24:102956. doi: 10.1016/j.transci.2020.102956.

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					Immunoglobulin (IVIG) infusion was given over the first three days of admission, given a low IgG level. COVID antibodies (IgM) were initially negative, RT-PCR was repeated using a different kit, which was positive. Steroids were initially introduced as hydrocortisone and later switched to dexamethasone. She received COVID convalescent plasma on Days 8 and 9 of illness. Transfusion was derived from different COVID recovered donors and was uneventful. The patient improved remarkably by day 10 and. She was discharged after remaining asymptomatic for 5 days and he remained well on follow up	specific treatment. The authors described this case study as one of the earliest reporting using convalescent plasma in a child and the first-ever in a child with underlying malignancy.	
Food insecurity, advocacy, HEROES Act, SNAP	24-Sep-20	Food Insecurity During COVID-19: An Acute Crisis With Long-Term Health Implications	American Journal of Public Health	Editorial	This editorial details COVID-19-associated food insecurity in the United States and discusses its long-term implications. As of March and April 2020, national food insecurity estimates increased from 11-12% to 38%. 44% of households with incomes less than 250% of the 2020 federal poverty level were food insecure in March 2020, including 48% of Black households surveyed, 52% of Hispanic households surveyed, and 54% of surveyed households with children. Among children, food insecurity is associated with harmful physical and mental health outcomes, adverse behavior, and poor academic performance. Supplemental Nutrition Assistance Program (SNAP) flexibilities enacted earlier in the pandemic by Congress and the USDA have expired or will expire soon, resulting in many low-income children and households losing critical SNAP benefits as the pandemic continues. The authors advocate for the HEROES Act, which would provide a 15% increase in SNAP benefits, an increase they say helped improve food security during the Great Recession and would stimulate struggling local economies. The authors assert that failure to implement robust social safety-net programs will exacerbate food insecurity during the pandemic and years of economic recovery afterward.	This editorial discusses COVID-19's effects on food insecurity in low-income households and communities of color. The authors advocate for anti-hunger policy changes, such as the HEROES Act, which would increase Supplemental Nutrition Assistance Program benefits by 15%.	Wolfson JA, Leung CW. Food Insecurity During COVID-19: An Acute Crisis With Long-Term Health Implications. Am J Public Health. 2020;e1-e3. doi:10.2105/AJPH.2020.305953
Children, antivirals, immunomodulant treatment, antibiotics, supportive care, consensus	24-Sep-20	Treatment of children with COVID-19: position paper of the Italian Society of Pediatric Infectious Disease	Italian Journal of Pediatrics	Review	Although many guidelines have been issued for the adult population, guidance from expert groups is still needed on the management of COVID-19 in children. In response, the Italian Society of Pediatric Infectious Diseases steering, and scientific committee developed a consensus statement on treatment of children with COVID-19 upon reviewing the current literature and providing indications based on the available data. Treatment recommendations are made according to disease severity (mild, moderate, severe, and critical illness) and include best practices for supportive care (antipyretics, inhalation therapy, venous thrombo-embolism prophylaxis), antiviral therapy (lopinavir, remdesivir, hydroxychloroquine, favipiravir, ivermectin), immunomodulant treatment (steroids, anakinra, tocilizumab), and antibiotic therapy (azithromycin). Current evidence on	This review of available literature on pediatric treatment strategies for COVID-19 provides treatment recommendations according to disease severity. Current evidence specific to children is provided for supportive care, antiviral therapy, immunomodulant treatment, and antibiotic therapy with regard to	Venturini E, Montagnani C, Garazzino S, et al. Treatment of children with COVID-19: position paper of the Italian Society of Pediatric Infectious Disease. Ital J Pediatr. 2020 Sep 24;46(1):139. doi: 10.1186/s13052-020-00900-w. PMID: 32972435; PMCID: PMC7512208.

Key Terms	Date Published	Title	Journal / Source	Type of Publication	Summary & Key Points	Specific Observations	Full Citation
					dosage, efficacy, and drug interactions is provided, with reference to ongoing studies.	dosage, efficacy, and drug interactions.	
Appendicitis, pediatric, perforation, outcomes, New York, USA	24-Sep-20	Increase in Pediatric Perforated Appendicitis in the New York City Metropolitan Region at the Epicenter of the COVID-19 Outbreak [Free Access to Abstract Only]	Annals of Surgery	Original Article	The authors aimed to determine whether perforated appendicitis rates in children were influenced by the COVID-19 surge. They analyzed the characteristics and outcomes of all children presenting to 3 hospital sites with acute appendicitis between March 1 and May 7, 2020, corresponding with the peak COVID-19 outbreak in New York City, USA. They also collected control variables from the same institutions for the preceding 5 years, and the primary outcome measured was appendiceal perforation. 55 children presented with acute appendicitis over 10 weeks and were included in the analysis. The authors observed a higher perforation rate (45% vs 27%, odds ratio 2.23, 95% CI 1.29–3.85, P = 0.005) and longer mean duration of symptoms in children with perforations (71 ± 39 vs 47 ± 27 h, P = 0.001) during the COVID-19 period, compared to a 5-year control cohort of 1291 patients. Furthermore, there were no significant differences in perforation rates (55% vs 59%, P = 0.99) or median length of stay (1.0 vs 3.0 days, P = 0.58) between children screening positive or negative for SARS-CoV-2.	The authors observed that children in the epicenter of the COVID-19 outbreak in New York, USA demonstrated higher rates of perforated appendicitis than historical controls. Also, pre-operative detection of SARS-CoV-2 was not associated with inferior outcomes.	Fisher JC, Tomita SS, Ginsburg HB, Gordon A, Walker D, Kuenzler KA. Increase in Pediatric Perforated Appendicitis in the New York City Metropolitan Region at the Epicenter of the COVID-19 Outbreak. Ann Surg. 2020 Sep 24. doi: 10.1097/SLA.0000000000004426. Epub. PMID: 32976285.
Cranial polyneuropathy, children	24-Sep-20	Cranial polyneuropathy as the first manifestation of a severe COVID-19 in a child	Pediatric Blood & Cancer	Letter to the Editor	Typical symptoms in children with COVID-19 include fever, tachypnea, productive cough, expectoration, nausea/vomiting, diarrhea, and asthenia. These symptoms are reported to be milder in children than in adults. The authors report a novel neurological presentation associated with COVID-19 in a 6-year-old patient. The patient presented with sickle cell anemia complicated by cerebral vasculopathy. She underwent a hematopoietic stem cell transplantation. This case is the first description of a cranial polyneuropathy in a child infected with SARS-CoV-2. The authors concluded that peripheral nerve involvement is rarely described in COVID-19, however this report shows that children can display peripheral neuropathy. Neurological symptoms may precede or follow detection of virus replication, and cranial nerve involvement may predict an aggressive disease course in immunocompromised patients.	The authors of this letter describe a case of cranial polyneuropathy in a 6-year-old child presenting with COVID-19. This indicates that children can display peripheral neuropathy with concomitant SARS-CoV-2 infection.	Roussel A, Germanaud D, Bouchoucha Y, Ouldali N, Vedrenne-Cloquet M, Castelle M, Baruchel A. Cranial polyneuropathy as the first manifestation of a severe COVID-19 in a child. Pediatr Blood Cancer. 2020 Sep 24:e28707. doi: 10.1002/pbc.28707. Epub ahead of print. PMID: 32970376.
Schools, children, adolescents, contact tracing, infection control, screening	24-Sep-20	Practical School Algorithms for Symptomatic or SARS-CoV-2-Exposed Students Are Essential for Returning	The Journal of Pediatrics	Commentary	A growing body of evidence suggests a return to in-person learning can be accomplished safely, particularly for young children. When COVID-19 outbreaks have occurred among school-age children, these have generally reflected a lack of adherence to recommended mitigation strategies. Key recommended elements include daily symptom screening, physical distancing, cohorting, masking for students and staff, enhanced hand hygiene, directed environmental cleaning, increased ventilation, and careful tracking of student locations	To provide support to a local school community in Missouri USA, a group of pediatric infectious diseases experts and pediatric healthcare providers developed 3 algorithms (shared in this paper) to use when	Orscheln RC, Newland JG, Rosen DA. Practical School Algorithms for Symptomatic or SARS-CoV-2-Exposed Students Are Essential for Returning Children to In-Person Learning. J Pediatr. 2020 Sep 24:S0022-3476(20)31252-X. doi: 10.1016/j.jpeds.2020.09.060.

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		Children to In-Person Learning			and contacts to enable contact identification when an infectious case is identified. The ability of individual schools to implement these strategies is likely to vary based on school size, age of students, financial resources, community support, and access to consultation with health experts. To provide support to local school communities in Missouri USA, a group of pediatric infectious diseases experts and pediatric healthcare providers developed 3 algorithms for schools: a symptom decision tree for parents, students, and administrators, an algorithm for school nurses, and protocols for school personnel to assist in contact tracing. The local availability and timeliness of testing will undoubtedly impact the effectiveness of these algorithms.	screening students for COVID-19 and responding to confirmed cases: one for parents, one for school personnel, and one for healthcare providers.	Epub ahead of print. PMID: 32980377; PMCID: PMC7516575.
Race, African American, Black, anxiety, mental health	24-Sep-20	The disproportionate burden of the COVID-19 pandemic among pregnant black women	Psychiatry Research	Original Research	The present study investigated the effect of the COVID-19 pandemic on maternal mental health in Philadelphia, USA. During a two-week, stay at home order in Philadelphia, the researchers solicited responses to an online survey among 913 pregnant women, 216 of whom were black, 571 of whom were white, and 126 of whom identified as a race of "other." Researchers examined anxiety in general and as related to pregnancy and COVID-19. They found that Black women were significantly more likely to worry about the financial burden of the pandemic and its effect on their employment. They also reported greater concerns regarding receiving good ante-natal care, having a good birth experience, and access to food, medication, and baby care items after the birth. Black women reported higher levels of anxiety and depression overall, but this is consistent with prior reporting and does not seem to be affected by COVID-19. Black women reported more resilience measures than white women, including higher levels of self-reliance and emotional regulation. The COVID-19 pandemic is affecting the mental health of pregnant women in the United States, and its effects are more significant among racial minorities.	The COVID-19 pandemic is affecting anxiety and depression among pregnant women in the United States. These effects are more pronounced among racial and ethnic minorities.	Gur RE, White LK, Waller R, et al. The Disproportionate Burden of the COVID-19 Pandemic Among Pregnant Black Women. Psychiatry Res. 2020 Sep 24;293:113475. doi: 10.1016/j.psychres.2020.113475. Epub ahead of print. PMID: 33007683; PMCID: PMC7513921.
Sub-Saharan Africa, children, prevention	24-Sep-20	Things must not fall apart: the ripple effects of the COVID-19 pandemic on children in sub-Saharan Africa	Pediatric Research	Review Article	This article focuses on the impact of the COVID-19 pandemic on child health in sub-Saharan Africa, specifically disease prevention and control. The COVID-19 pandemic introduced new challenges to public health programs, including those targeting child undernutrition, vaccine-preventable pneumonia and diarrhea, and various other infectious diseases. The authors review diseases' epidemiology and, referencing modeling projections, discuss the pandemic's short and long-term impact on major disease control. They also expand and hypothesize on the potential complications of SARS-CoV-2 co-infections and comorbidities and highlight specific approaches and interventions that may mitigate the pandemic's further effects. The authors stress that sub-Saharan children bear a disproportionate burden	This article highlights the COVID-19 pandemic's effect on pediatric disease control and prevention efforts in sub-Saharan Africa. The authors stress that it is imperative to gather and assess as much data as possible to mitigate the pandemic's ripple effects on the pediatric population.	Coker M, Folayan MO, Michelow IC. Things must not fall apart: the ripple effects of the COVID-19 pandemic on children in sub-Saharan Africa. Pediatr Res. 2020 Sep 24. doi: 10.1038/s41390-020-01174-y.

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					of communicable and non-communicable diseases globally. Hence, they highlight the importance of gathering as much detail and information about the current COVID-19 pandemic as possible to mitigate the pandemic's ripple effects on the pediatric population.		
Seroprevalence, blood sample, antibody, pregnancy, epidemiology, Estonia	24-Sep-20	Seroprevalence of SARS-CoV-2 antibodies among pregnant women in Estonia: a call for epidemiological studies	Acta Obstetrica et Gynecologica Scandinavica	Letter to Editor	Zaigham and Andersson concluded in their paper published on April 7th, 2020 that careful monitoring of pregnancies with COVID-19 was warranted to assess the impact of COVID-19 on pregnancy and perinatal outcomes. In this letter, the authors from Estonia emphasized the method of conducting epidemiological studies among pregnant women. They started to collect blood samples of all pregnant women from non-invasive prenatal screening test since March 13th, 2020. The authors concluded that serologic methods can be more informative of the disease burden than case-based viral nucleic acid testing from nasopharyngeal swabs using PCR and provide a more standardized way to compare the burden of infection among different countries.	The authors from Estonia emphasized the method of conducting epidemiological studies among pregnant women, which could not only be useful in following the trajectory of the COVID-19 epidemic within a country, but also provide a more standardized way to compare the burden of infection among different countries.	Veerus P, Salumets A, Naaber P, et al. Seroprevalence of SARS-CoV-2 antibodies among pregnant women in Estonia: a call for epidemiological studies. Acta Obstet Gynecol Scand. 2020 Sep 24. doi: 10.1111/aogs.13995.
Turkey, coronaviruses, SARS, MERS, SARS-CoV-2	24-Sep-20	Maternal and fetal outcomes of COVID-19, SARS, and MERS: a narrative review on the current knowledge	European Review for Medical and Pharmacological Sciences	Review	This review investigates the relationship between coronaviruses and pregnancy. Researchers included all articles, reviews, and case series which appeared in the PubMed database between January 1, 2020, and May 15, 2020, pertaining to pregnancy and SARS-CoV-2, SARS, and MERS. Pregnancy-related immune suppression can make women more susceptible to viral infection, and decreased lung capacity during pregnancy can make women more susceptible to viral pneumonia. This review included 126 papers pertaining to COVID-19 in pregnancy, and results were inconsistent. Some studies report little effects of COVID-19 on pregnancy, while others report a high morbidity and mortality burden from the disease. It is important to note that while some women may present as asymptomatic, their condition can quickly worsen, and they thus require close surveillance. While there are fewer reports regarding SARS and pregnancy, it seems to lead to higher mortality among pregnant women than their non-pregnant counterparts and higher rates of spontaneous abortion. The study reported on 11 cases of women with MERS during pregnancy, of whom 3 (27%) died, which is significantly higher mortality than their non-pregnant counterparts. Coronaviruses of SARS-CoV-2, SARS, and MERS can have significantly detrimental effects on pregnancy.	This review investigates the relationship between coronaviruses and pregnancy. Coronaviruses of SARS-CoV-2, SARS, and MERS can have significantly detrimental effects on pregnancy.	Simsek Y, Ciplak B, Songur S, et al. Maternal and fetal outcomes of COVID-19, SARS, and MERS: a narrative review on the current knowledge. Eur Rev Med Pharmacol Sci. 2020 Sep;24(18):9748-9752. doi: 10.26355/eurrev_202009_23068. PMID: 33015821.

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child mortality, infant mortality, LMICs, COVID-19, policy, data, surveillance	23-Sep-20	Lessons from COVID-19 pandemic for the child survival agenda	Journal of Global Health	Article	The authors argue that if public action is proportionate to the number of deaths caused by any given crisis, there should be more attention paid to the rate of child deaths since they have far outpaced the number of deaths due to COVID-19. For example, an average of 103,684 children <5 years old died per week in 2018 globally, which is much higher than the death toll of 52,531 people who died during the deadliest week of the COVID-19 pandemic (April 13-19, 2020). Furthermore, although 87% of COVID-19 deaths April 13-19, 2020 occurred in high-income countries (vs. 2% in low-income countries), 90% of child deaths in 2018 occurred in low- and middle-income countries (LMICs). While data collection related to child mortality in LMICs is often outdated, the COVID-19 pandemic has resulted in consistently reported, real-time data to inform policy and drive public health priorities. The authors argue that systems and networks rapidly developed for reporting COVID-19 statistics can be adapted for reporting child deaths daily, weekly, or monthly. This timely tracking can help monitor and evaluate policies to mitigate child mortality in real-time and increase accountability among policymakers and practitioners. While the authors point out that data can be responsive to media attention, media attention may, in turn, be stimulated by real-time data tracking.	This article proposes that systems and networks developed for reporting COVID-19 statistics can be adapted for reporting child deaths in real-time to help monitor and evaluate policies to mitigate child mortality and increase accountability among policymakers and practitioners.	Subramanian SV, Chatterjee P, Karlsson O. Lessons from COVID-19 pandemic for the child survival agenda. J Glob Health. 2020;10(2):020357. doi:10.7189/jogh.10.020357
fever; fever of unknown origin; pediatric fevers of unknown origin; pyrexia; pyrexia of unknown origin; United States of America	23-Sep-20	Fever of Unknown Origin in a 17-Year-Old Girl	Cureus	Case Report	This is a case report of a 17-year-old girl in the US who presented with fever of unknown origin (FUO) during the COVID-19 pandemic [date not specified]. She was admitted with fever, sore throat, headache, watery diarrhea, dizziness, and anorexia for the past 3 weeks, with left knee pain 3 months prior. Vital signs showed fever (102.7°F), tachycardia, and hypotension. During the next two weeks, she continued to have a high fever up to 104°F. All testing for common and atypical infections, including SARS-CoV-2, were negative. The authors present laboratory trends in tables and graphs. Differential diagnosis included COVID-19 with a cytokine storm (possible MIS-C) and secondary hemophagocytic lympho-histiocytosis (SHLH)/Macrophage Activation Syndrome (MAS). Further workup revealed positive anti-nuclear antibodies (ANA) with anti-Smith (anti-Sm) and anti-ribonucleoprotein (anti-RNP) antibodies, and a kidney biopsy showed signs of membranous glomerulo-nephropathy. Based on these results, the patient was diagnosed with systemic lupus erythematosus (SLE) with type V lupus nephritis (membranous nephropathy) and received pulsed IV solumedrol and enalapril. Her fever subsided within 24 hours after starting steroids, and she was discharged. A significant clinical overlap between MAS secondary to SLE and MIS-C is possible, thus complicating the differential diagnosis. Careful examination of serology such as anti-Sm and anti-RNP	This is a case report of a 17-year-old girl in the US who presented with clinical manifestations similar to MIS-C during the COVID-19 pandemic. Careful examinations revealed the final diagnosis of Macrophage Activation Syndrome secondary to Systemic Lupus Erythematosus (SLE).	Okuducu YK, Nwosu A, Awad A, et al. Fever of Unknown Origin in a 17-Year-Old Girl. Cureus. 2020;12(9):e10607. Published 2020 Sep 23. doi:10.7759/cureus.10607

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					antibodies and a renal biopsy can help determine the final diagnosis in such cases.		
SARS-CoV-2, age distribution, children, endemic, cross-immunity, France	23-Sep-20	Temporal and age distributions of SARS-CoV-2 and other coronaviruses, southeastern France	International Journal of Infectious Diseases	Article	This study compared the age and weekly distributions of 5 human coronaviruses, including SARS-CoV-2, that circulated in south-eastern France between September 2013 and May 2020. Among 10,026 patients tested for SARS-CoV-2 and endemic coronaviruses in 2020, children <15 years represented a significantly lower proportion of all positive cases for SARS-CoV-2 than for endemic coronaviruses [2.2% (24/1,067) vs. 33.5% (149/445), respectively; $p < 0.001$]. SARS-CoV-2-positive children <15 years of age represented 3.4% (228/6,735) of all positive cases, which is also significantly less than for endemic coronaviruses (46.1%; 533/1,156; $p < 0.001$). Although the temporal distribution of SARS-CoV-2 resembles that of endemic coronaviruses, the age distribution of endemic coronaviruses differs significantly compared to that of SARS-CoV-2, which was the only virus to relatively spare children. The authors note that children are the most exposed to endemic coronaviruses, and therefore argue that differences in age distribution of SARS-CoV-2 and evidence of immune responses against SARS-CoV-2 before the epidemic support the hypothesis of cross-immunity between endemic coronaviruses and SARS-CoV-2.	In this study of age and weekly distributions of 5 human coronaviruses in south-eastern France, the authors observed that SARS-CoV-2 has a temporal distribution resembling that of endemic coronaviruses but an age distribution that relatively spares children under 15 years old. The authors suggest this phenomenon may be explained by cross-immunity in the pediatric population.	Colson P, Esteves-Vieira V, Giraud-Gatineau A, Zandotti C, Filosa V, Chaudet H, Lagier JC, Raoult D. Temporal and age distributions of SARS-CoV-2 and other coronaviruses, southeastern France. Int J Infect Dis. 2020 Sep 23;101:121-125. doi: 10.1016/j.ijid.2020.09.1417. Epub ahead of print. PMID: 32976991; PMCID: PMC7511210.
Children developmental disability, telemedicine, adaptations, behavior, Milan, Italy	23-Sep-20	Facing the real time challenges of the COVID-19 emergency for child neuropsychology service in Milan	Research in Developmental Disabilities	Original article	In this article, the authors present the adaptation of their Child Neurology and Developmental Neuropsychology Service in Milan, Italy in response to the COVID-19 pandemic. In particular, they describe the introduction of telehealth in clinical practice and provide qualitative and quantitative data regarding the feasibility of telemedicine and families' level of satisfaction. Patients admitted on an inpatient basis were limited to mandatory, non-deferrable cases (neuro-oncological and surgical cases); all patients underwent pre-admission screening to exclude COVID-19 infection. Child neurologists and psychologists switched outpatient visits to telemedicine sessions, despite little or no previous experience in telemedicine. Families' response to the proposal of video-sessions has been positive, with 93% of families accepting it. The main barriers to tele-sessions access were socio-economic and linguistic disadvantage (10%), together with familiar health issues (10%). To overcome the socio-economic and linguistic barriers, it may be useful to develop simple connection procedures for caregivers with written instructions	This study in Milan, Italy, describes the introduction of telehealth and adjustments to clinical practice in a children's developmental neurology unit, and provides data regarding the feasibility of telemedicine and families' level of satisfaction.	Matilde Taddei, Sara Bulgheroni, Facing the real time challenges of the COVID-19 emergency for child neuropsychology service in Milan, Research in Developmental Disabilities, https://doi.org/10.1016/j.ridd.2020.103786 .

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					available in different languages. Technical problems may be overcome by improving financial funding of fast internet connectivity and providing appropriate devices to health services and families with socio-economic disadvantage.		
Children, multisystem inflammatory syndrome in children, MIS-C, appendicitis,	23-Sep-20	Multisystem inflammatory syndrome in SARS-CoV-2 infection mimicking acute appendicitis in children	Pediatrics and Neonatology	Letter	The authors report the case of a 7-year-old boy who had low-grade fever and conjunctivitis and developed gastro-enteritis-like symptoms and hyper-pyrexia with asthenia and anorexia 2 days before his visit on 19 April 2020. The patient complained of abdominal pain, and a physical examination revealed a tense abdomen and micro-petechial eruptions on his limbs. The lab revealed elevated CRP (347mg/L), procalcitonin (49ng/ml), D-dimer (6031), and fibrinogen (708mg/dl). Upon admission, the patient tested negative for SARS-CoV-2 RT-PCR. During the first night, the patient experienced sudden hypoxia and hypotension. An ECG revealed heart enlargement with pericardial effusion, which was indicative of inflammatory vasculitis with pre-congestive heart failure. MIS-C was suspected, and the patient was started on a steroid treatment. Although two subsequent SARS-CoV-2 RT-PCR tests were negative, the patient tested positive for SARS-CoV-2 IgG. Abdominal ultrasounds revealed a thickened appendiceal wall and diffuse thickening of the terminal ileum and colon. Gastro-intestinal involvement in COVID-19 may appear similar to acute appendicitis. However, elevated CRP, as seen in this patient, is rare in acute appendicitis. Routine serological tests for SARS-CoV-2 should be performed in infants with unusual abdominal pain and elevated inflammatory markers, to facilitate early detection and treatment.	Gastro-intestinal involvement is very common in children with COVID-19. Routine serological tests for SARS-CoV-2 should be performed in infants with unusual abdominal pain and elevated inflammatory markers for early detection and treatment.	Guanà R, Pagliara C, Delmonaco AG, Scottoni F, Bordese R, Prucoli G, Gennari F. Multisystem inflammatory syndrome in SARS-CoV-2 infection mimicking acute appendicitis in children. <i>Pediatr Neonatol.</i> 2020 Sep 23:S1875-9572(20)30147-9. doi: 10.1016/j.pedneo.2020.09.007. Epub ahead of print. PMID: 33036934; PMCID: PMC7510411.
Pregnancy, universal testing, asymptomatic carriers, India	23-Sep-20	Universal screening identifies asymptomatic carriers of SARS-CoV-2 among pregnant women in India	European Journal of Obstetrics & Gynecology and Reproductive Biology	Letter to the Editor	In this letter to the editor, the authors discuss outcomes of universal testing for SARS-CoV-2 in pregnant women in Maharashtra, India from April 25 - May 20, 2020. Data were collected from 15 participating hospitals using the PregCovid registry network. 141/1140 pregnant women tested positive for SARS-CoV-2 resulting in a prevalence of 12.3% (Mean 9.4, 95% CI 6.6 – 12.1). The prevalence of SARS-CoV-2 infection in women varied (0-40%) across the different hospitals. To assess rates of asymptomatic carriers, data were pooled with data from Topiwala National Medical College (TNMC) & BYL Nair Hospital TNMC Mumbai. Of the 321 SARS-CoV-2 positive women only 37 were symptomatic. The overall prevalence of symptomatic pregnant women was 11.5% (mean 6.8, 95% CI 2.4-11.2) while that of asymptomatic pregnant women was 88.5% (mean 79.8, 95% CI 75.7- 83.9). The authors advocate for universal screening	The authors describe the results of universal testing for SARS-CoV-2 in pregnant women in Maharashtra, India. 12.3% of women tested positive for COVID-19 with most women asymptomatic.	Waghmare R, Gajbhiye R, Mahajan N, et al. Universal screening identifies asymptomatic carriers of SARS-CoV-2 among pregnant women in India. <i>European Journal of Obstetrics, Gynecology, and Reproductive Biology.</i> 2020 Sep 23.

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Pregnancy, obstetrics, vertical transmission, breastfeeding	23-Sep-20	Impact of COVID-19 on pregnancy and delivery – current knowledge	Ginekologia Polska	Review Article	This article summarizes several changes that occur to the immune system during pregnancy, current reports on the course of COVID-19 in pregnant women, and data regarding vertical transmission of SARS-CoV-2. The authors also include recommendations and suggestions for antenatal and perinatal care of pregnant women during the pandemic period. Based on the current research, the authors conclude that while pregnant patients with confirmed COVID-19 do not present significant differences in clinical symptoms or the course of the disease in relation to the general women’s population, they are at risk of preterm delivery, premature rupture of membranes, or intra-uterine infection during pregnancy. They also conclude that vertical transmission is rare or unlikely, it is not recommended to routinely isolate healthy newborns from their suspected or COVID-19 positive mothers, and skin-to-skin contact and breastfeeding are possible if proper precautions are taken.	The authors summarize current literature on COVID-19 in pregnancy, concluding that there are obstetric risks associated (preterm delivery, intra-uterine infection) but that vertical transmission is not frequently observed and breastfeeding and skin-to-skin contact are possible with the proper precautions.	Krupa A, Schmidt M, Zborowska K, Jorg D, Czajkowska M, Skrzypulec-Plinta V. Impact of COVID-19 on pregnancy and delivery - current knowledge. Ginekol Pol. 2020;91(9):564-568. doi: 10.5603/GP.a2020.0127. PMID: 33030740.
Gastrointestinal symptoms, children, adolescents, liver damage, liver enzymes	23-Sep-20	Gastrointestinal Manifestations and Dynamics of Liver Enzymes in Children and Adolescents with COVID-19 Infection: A Systematic Review and Meta-Analysis	Iranian Journal of Pediatrics	Systematic Review	Comprehending the gastro-intestinal manifestations of COVID-19 in this age group is important for a better identification of children and adolescents with possible COVID-19 infection and for a better therapeutic management as these manifestations can prolong hospital stay and lead to treatment complications. This systematic review and meta-analysis analyzed the prevalence of gastro-intestinal symptoms (diarrhea, vomiting or nausea) and the dynamics of liver enzymes in children with COVID-19 published up to May 2020. Results show an overall prevalence of 26% (95% CI: 0.18 - 0.35) for all gastro-intestinal symptoms. The pooled prevalence of diarrhea and nausea/vomiting was 12% (95% CI: 0.08 - 0.16) with no heterogeneity (P = 0.19; I ² = 23.53%) and 11% (95% CI: 0.05 - 0.17), respectively. The pooled prevalence of elevated liver enzymes aminotransferase (ALT) and aspartate transaminase (AST) and lactate dehydrogenase (LDH) was 12% (95% CI: 0.07 - 0.17), 14% (95% CI: 0.10 - 0.18) and 33% (95% CI: 0.12 - 0.54), respectively. These findings indicate liver dysfunction; however, no mechanisms have been identified linking COVID-19 and liver damage. The authors propose liver dysfunction is related to the viral infection of liver cells, systemic inflammation and/or drug toxicity.	This systematic review and meta-analysis found that 26% of children and adolescents diagnosed with COVID-19 presented with gastro-intestinal symptoms. Elevated liver enzymes are indicative of liver dysfunction associated with pediatric COVID-19; however, the underlying mechanism remains unclear.	Puli S, Baig M, Walayat S. Gastrointestinal Symptoms and Elevation in Liver Enzymes in COVID-19 Infection: A Systematic Review and Meta-Analysis. Cureus. 2020;12(8):e9999. Published 2020 Aug 24. doi:10.7759/cureus.9999

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Child maltreatment, family violence, health professions education, online learning, Canada	23-Sep-20	Child maltreatment online education for healthcare and social service providers: Implications for the COVID-19 context and beyond	Child Abuse and Neglect	Commentary	Although healthcare and social service providers (HSSPs) are instrumental in preventing child maltreatment and its negative impacts, evidence indicates that they receive inadequate education on recognizing and responding to child maltreatment. This topic is especially important during the COVID-19 pandemic, given the emerging literature on increases in risk factors for child maltreatment, such as household financial stress and caregiver burnout. Online educational interventions enable HSSPs to continue receiving child maltreatment training throughout the COVID-19 pandemic. This commentary provides an overview of: (a) educational interventions for HSSPs related to recognizing and responding to child maltreatment; (b) the development of VEGA (Violence, Evidence, Guidance, Action), which is an online platform of educational resources to support Canadian HSSPs in recognizing and responding to child maltreatment; and (c) the RISE (Researching the Impact of Service provider Education) project, which is an ongoing multi-province evaluation of VEGA in Canada. The virtual implementation of VEGA and the RISE Project is advancing education about child maltreatment for the COVID-19 pandemic era and beyond.	During the COVID-19 pandemic, online education can help healthcare and social service providers recognize and respond to child maltreatment. The authors particularly highlight Canada's VEGA (Violence, Evidence, Guidance, Action) program and RISE (Researching the Impact of Service provider Education) project.	Kimber M, McTavish JR, Vanstone M, Stewart DE, MacMillan HL. Child maltreatment online education for healthcare and social service providers: Implications for the COVID-19 context and beyond. Child Abuse Negl. 2020 Sep 23:104743. doi: 10.1016/j.chiabu.2020.104743. Epub ahead of print. PMID: 32980151; PMCID: PMC7513691.
Children, mental health, pandemics, stress, growth and development	23-Sep-20	The potential impact of the COVID-19 pandemic on child growth and development: a systematic review	Jornal de Pediatria	Review Article	In this systematic review, the authors examine the impacts of isolation, environmental restriction, and social distancing on general child health and development during pandemics. The PubMed, World Health Organization (WHO) COVID-19 and SciELO databases were searched on March 15 and April 25, 2020 and nine studies of children 0-18 years of age were included. Some of the risks identified to healthy growth and development among children included an increase in parental stress, the suspension of classroom activities, social isolation measures, nutritional risks, children's exposure to toxic stress (especially in previously unstructured homes), and a lack of physical activities. The authors discuss in detail how each of these impacts children and can be related to adverse childhood experiences and elevated risk of toxic stress, which can increase the risk of developmental delays and health problems in adulthood. They highlight the urgent need for psychosocial support, especially for families that had already displayed risk factors for healthy child development prior to the pandemic.	This review examines the impacts of pandemics on child health and development, especially in the context of the COVID-19 pandemic. Risks to child health include: an increase in parental stress, suspension of classroom activities, social isolation measures, nutritional risks, children's exposure to toxic stress, and a lack of physical activities.	Araújo LA, Veloso CF, Souza MC, Azevedo JMC, Tarro G. The potential impact of the COVID-19 pandemic on child growth and development: a systematic review [published 2020 Sep 23]. J Pediatr (Rio J). 2020; doi:10.1016/j.jpmed.2020.08.008
Kawasaki Disease, mucocutaneous, MIS-C, pediatrics	23-Sep-20	A Dermatologic Perspective on Multisystem Inflammatory Syndrome in Children	Clinics in Dermatology	Review	This systematic review explores the clinical features of MIS-C, with a focus on its muco-cutaneous manifestations. The authors analyzed 13 case series of MIS-C patients from the UK, USA, France and Italy (mean ages ranged from 6-12 years). Common muco-cutaneous symptoms of MIS-C included conjunctivitis (present in 27%-93% of patients), oral mucosal changes (present in 25%-87% of patients), hand and feet edema (present in 27%-	In this systematic review, the authors analyze 13 case series for information on the muco-cutaneous manifestations of MIS-C. The authors also include a discussion comparing and	Naka F, Melnick L, Gorelik M, et al. A Dermatologic Perspective on Multisystem Inflammatory Syndrome in Children. Clin Dermatol. 2020; doi: 10.1016/j.clindermatol.2020.09.003

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					68% of patients), and rash (present in 47%-81% of patients). In case series describing skin findings for MIS-C, studies used terms like “conjunctivitis,” “eruption,” “red/cracked lips,” “oral cavity changes,” “cheilitis,” “hand/feet edema,” “poly-morphous,” “skin desquamation,” and “diffuse.” 87% of children between 0-5 years old had muco-cutaneous findings, compared to only 61.5% of those 13-20 years old. The authors also include a brief discussion of similarities and differences between Kawasaki Disease (KD) and MIS-C, noting that MIS-C occurs in older children, affects different racial groups, and presents with both similar and distinct symptoms when compared to KD. The authors conclude that most MIS-C cases present with muco-cutaneous manifestations and that while these muco-cutaneous findings may resemble KD, the two conditions are separate.	contrasting MIS-C and Kawasaki Disease, ultimately concluding that despite similarities in muco-cutaneous symptoms, the two conditions are separate.	
Pediatric, coinfection, influenza, respiratory syncytial virus, RVP, IRP, United States	23-Sep-20	Characterizing Coinfection in Children with COVID-19: a Dual Center Retrospective Analysis	Infection Control and Hospital Epidemiology	Original Research	This study examined the prevalence of co-infections in pediatric COVID-19 patients. The authors reviewed health records of all pediatric patients with SARS-CoV-2 RT-PCR testing from 9 March through 30 April 2020, at two US medical centers. They reviewed all respiratory viral panel (RVP) and influenza/respiratory syncytial virus panel (IRP) tests obtained within 7 days of a SARS-CoV-2 test. They also reviewed antibiotic prescriptions and indications within 7 days of a positive SARS-CoV-2 result. 862 of 3669 study specimens (23.4%) tested positive for SARS-CoV-2. 767 specimens (20.9%) also had a RVP or IRP performed. Of these paired specimens, 101 (13.2%) were positive for SARS-CoV-2. The average age of the aggregate pediatric COVID-19 cohort and co-infected group was 17.1 years (SD+5.79) and 17.0 years (SD+5.11), respectively. [The authors did not note the age range of patients.] Of specimens that were co-tested, SARS-CoV-2 positive specimens were less likely to have a positive RVP than SARS-CoV-2 negative specimens (p=0.036). Antibiotics were prescribed for 4% (35/862) of SARS-CoV-2 positive patients; the authors say this is lower than in other COVID-19 literature. The authors state that this study demonstrates a lower prevalence of viral and bacterial co-infection in children with COVID-19 than has been reported elsewhere.	In this US retrospective study, the authors found a lower prevalence of viral and bacterial co-infection in children with COVID-19 than has been reported elsewhere.	Zhang D, Acree ME, Ridgway JP, Shah N, Hazra A, Ravichandran U, Kumar M. Characterizing Coinfection in Children with COVID-19: a Dual Center Retrospective Analysis. Infect Control Hosp Epidemiol. 2020 Sep 23:1-7. doi: 10.1017/ice.2020.1221. Epub ahead of print. PMID: 32962785.
Pregnancy outcomes, matched comparators, preeclampsia, induction, Sweden	23-Sep-20	Association of SARS-CoV-2 Test Status and Pregnancy Outcomes	Journal of the American Medical Association (JAMA)	Research Letter	The authors compared the outcomes of SARS-CoV-2 positive pregnant women in labor with those uninfected. All women presenting in labor to the Karolinska University Hospital in Stockholm, Sweden, from March 25 to July 24, 2020, were tested for SARS-CoV-2 by RT-PCR nasopharyngeal studies. Women who tested positive for SARS-CoV-2 during pregnancy but negative during labor were considered exposed. Among 2682 patients presenting in labor, 156 (5.8%) were SARS-CoV-2 positive (142 at admission, and 14 during pregnancy). The authors matched 155	Findings from this study showed that SARS-CoV-2 test positivity in pregnant women in labor was associated with a higher prevalence of pre-eclampsia and lower prevalence of labor induction. However, there	Ahlberg M, Neovius M, Saltvedt S, Söderling J, Pettersson K, Brandkvist C, Stephansson O. Association of SARS-CoV-2 Test Status and Pregnancy Outcomes. JAMA. 2020 Sep 23. doi: 10.1001/jama.2020.19124. Epub ahead of print. PMID: 32965467.

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					SARS-CoV-2 positive patients to 604 patients who tested negative. Patients testing positive were matched to those testing negative on multiple pregnancies and a propensity score. The results showed that patients who were SARS-CoV-2 positive or exposed were more likely to have pre-eclampsia and less likely to undergo induction of labor. Other maternal outcomes, including mode of delivery, postpartum hemorrhage, and preterm birth, did not significantly differ between the two groups.	were no significant differences in other pregnancy outcomes analyzed in this study.	
SARS-CoV-2, COVID-19, coronavirus, children	23-Sep-20	Coronavirus global pandemic: An overview of current findings among pediatric patients	Pediatric Pulmonology	Review Article	Children experience a significantly lower mortality rate from COVID-19 compared to adults. The authors conducted a literature review of 266 articles written between 1 January 2019 and 15 August 2020, to compare the characteristics of SARS-CoV-2 infection in children with those in adults. They present tables summarizing the current literature on infected children's clinical presentations and the differences between infected adults and children. Infected children are mainly in family clusters. The majority of infected children has mild symptoms, of which cough and fever are the most common. SARS-CoV-2 causes gastro-intestinal symptoms in approximately 10% of infected children. Severe, critically ill, and fatal cases often present with elevated cytokine levels. Emerging reports of Pediatric Inflammatory Multisystem Syndrome temporally associated with SARS-CoV-2 (PIMS-TS) require vigilance because not all patients test positive for COVID-19, and clinical characteristics include cardiac disease requiring intensive care. Since most SARS-CoV-2 symptoms in children mimic non-specific childhood infections, missing the diagnosis may lead to disease transmission. Very little is known about the risk factors for disease severity, disease interaction with underlying medical conditions, and evidence-based treatment.	Pediatric COVID-19 cases occur mainly within family clusters, and children usually present with mild infection and experience a lower mortality rate than adults. Given the increasing cases of multisystem inflammatory syndrome among pediatric patients, further studies are necessary to elucidate the variability of clinical manifestations.	Perikleous E, Tsalkidis A, Bush A, Paraskakis E. Coronavirus global pandemic; An Overview of Current Findings among pediatric patients. <i>Pediatr Pulmonol.</i> 2020 Sep 23. doi: 10.1002/ppul.25087. Epub ahead of print. PMID: 32965785.
Pregnancy, pregnancy outcome, cohort studies, Italy	23-Sep-20	Coronavirus and birth in Italy: results of a national population-based cohort study	Annali Dell'Istituto Superiore di Sanita	Original Article	The Italian Obstetric Surveillance System national population-based cohort study collects information on all COVID-19 positive women who give birth in any Italian hospital. The study aims to provide guidance to decision-makers and clinicians by describing hospital care of women who give birth with SARS-CoV-2 infection. This analysis presents data on such births from 25 February to 22 April 2020. Among an estimated 70,343 births in Italy during the study period, 146 women with SARS-CoV-2 infection were reported to the study, yielding an incidence rate of 2.1 per 1000 births nationally. The incidence rate in the Lombardy Region was 6.9/1000 births. One-third of pregnant women with confirmed COVID-19 developed pneumonia, and 49.7% of positive patients received medication for COVID-19 treatment. The C-section rate was 32.9%, and no mothers nor infants died. 9 (6.1%) of the infants of positive mothers had a positive test within the first 9	The authors report results of a national population-based cohort study that logs all COVID-19 positive women who give birth in any Italian hospital. This article concludes that clinical features and outcomes of COVID-19 in women who give birth are similar to those in the general population.	Maraschini A, Corsi E, Salvatore MA, Donati S; ItOSS COVID-19 Working Group. Coronavirus and birth in Italy: results of a national population-based cohort study. <i>Ann Ist Super Sanita.</i> 2020 Jul-Sep;56(3):378-389. doi: 10.4415/ANN_20_03_17. PMID: 32959805.

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					days of life. The authors conclude that clinical features and outcomes of COVID-19 in women who give birth are similar to those in the general population.		
Obstetrics, outpatient visits, maternal outcomes, prenatal care, pregnancy, Israel	23-Sep-20	Lockdown with a Price: The impact of the COVID-19 Pandemic on Prenatal Care and Perinatal Outcomes in a Tertiary Care Center	Israel Medical Association Journal	Original Article	This cross-sectional study of all registered visits to an obstetrics and gynecology department at a large tertiary referral center in Israel was conducted to assess changes in outpatient clinic visits and compare rates of cesarean and instrumental deliveries between the pre-pandemic study period I (March–April 2019) and COVID-19 pandemic period II (March–April 2020). Additional maternal and neonatal outcomes were also assessed. During the COVID-19 outbreak, visits to obstetric triage, gynecologic triage, high-risk clinic, and ultrasound units decreased by 36.4%, 34.7%, 32.8%, and 18.1%, respectively. The medical center experienced a 17.8% drop in the total number of births (610 births) compared with March and April 2019 (742 births). During the outbreak women were more likely to be nulliparous (33.3% vs. 27.6%, P = 0.02) and present with hypertensive disorders during pregnancy (7.5% vs. 4%, P = 0.005) or gestational diabetes (13% vs. 10%, P = 0.03). More epidural analgesia was used (83.1% vs. 77.1%, P = 0.006) and there were more operative vaginal deliveries (16.7% vs. 6.8%, P = 0.01) during the pandemic period. All other maternal and neonatal outcomes were comparable.	The authors compare pre-pandemic outpatient clinic visits occurring at a tertiary OBGYN department in Israel with those occurring during the COVID-19 pandemic. They assess additional maternal and fetal outcomes compared between the two time periods, including cesarean and instrumental deliveries, hypertensive disorders, and gestational diabetes.	Justman N, Shahak G, Gutzeit O, et al. Lockdown with a Price: The impact of the COVID-19 Pandemic on Prenatal Care and Perinatal Outcomes in a Tertiary Care Center. <i>Isr Med Assoc J.</i> 2020 Sep;9(22):467-471. PMID: 32954690.
Community transmission, children, adolescents, young adults, age distribution, USA	23-Sep-20	Changing Age Distribution of the COVID-19 Pandemic — United States, May–August 2020	Morbidity and Mortality Weekly Report (MMWR)	Report	Early in the pandemic, COVID-19 incidence in the USA was highest among older adults. However, the median age of confirmed COVID-19 cases decreased from 46 years in May 2020 to 37 years in July and 38 years in August. During June–August 2020, COVID-19 incidence was highest in persons aged 20–29 years, who accounted for >20% of all confirmed cases. Between May and August 2020 incidence rates for children 0-9 years old increased from 35 to 89 cases per 100,000, while incidence rates for children 10-19 years old increased from 74 to 246.9 cases per 100,000, constituting the greatest percentage change across age groups. Across the southern USA in June 2020, the increase in SARS-CoV-2 infection among younger adults preceded the increase among older adults by 4–15 days (one to three incubation periods), indicating that younger people may play a significant role in community transmission of COVID-19.	This report summarizes the changing age distribution of COVID-19 across the USA between May and August 2020. The median age of confirmed COVID-19 cases dropped from 46 years to 38 years, and children 10-19 years old exhibited the greatest percentage change in incidence rates across all age groups.	Boehmer TK, DeVies J, Caruso E, et al. Changing Age Distribution of the COVID-19 Pandemic — United States, May–August 2020. <i>MMWR Morb Mortal Wkly Rep.</i> ePub: 23 September 2020. DOI: http://dx.doi.org/10.15585/mmwr.mm6939e1
Child, India, gastrointestinal, acute inflammation	23-Sep-20	COVID Abdomen: SARS-CoV-2 Infection Presenting as 'Acute Abdomen' in a Child	The Indian Journal of Pediatrics	Scientific Letter	The authors describe a 11-year-old boy in India who presented with fever, abdominal pain for 5 days, vomiting, loose stool for 3 days and transient non-itchy, maculopapular rashes on both feet. At admission, he had diffused abdominal tenderness with guarding, and was given IV maintenance fluid and ceftriaxone. Initial blood investigations showed hemoglobin 11.6 g/dl; total leukocyte count 11,500 cells/mm ³ with 90% neutrophils and 9% lymphocytes, Platelets 300,000/mm ³ , C-reactive protein (CRP)	The authors present a pediatric case of acute inflammation associated with COVID-19 in India that appeared as surgical abdomen at onset, persisted through the second week and	Periyakaruppan M, Kumar S, Kandasamy S. COVID Abdomen: SARS-CoV-2 Infection Presenting as 'Acute Abdomen' in a Child. <i>Indian J Pediatr.</i> 2020. doi: https://doi.org/10.1007/s12098-020-03508-4

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					107 mg/L, hypo-albuminemia 2.6 g/dl, INR 1.46, ferritin 666 ng/ml, lactate dehydrogenase 233 U/L with preserved renal function, lactate and transaminases. CT results revealed normal appendix, diffuse mural wall thickening in the terminal ileum and ascending colon with adjacent significant mesenteric lymphadenopathy. COVID-19 RT-PCR from the nasopharyngeal and oropharyngeal samples were negative. On day 3 of hospitalization, the patient developed features of shock, requiring 40 ml/kg crystalloid fluid resuscitation. 2D ECHO was normal, CRP increased to 142 mg/L, D-dimer was high (2.16 mg/L) with negative pro-BNP and Troponin T. The COVID RT-PCR was repeated and found to be positive on the 10th day of illness. He was treated with 2 g/kg of IV immunoglobulin in view of 'acute inflammation associated with COVID' and the child recovered over the next 2 days.	progressed to shock without any respiratory symptoms. This case suggests that the gastrointestinal tract can show varying degrees of severity in relation to SARS-CoV-2 Infection.	
Advocacy, maternal and child health, feminism	23-Sep-20	Unheard, unseen and unprotected: DOHaD council's call for action to protect the younger generation from the long-term effects of COVID-19	Journal of Developmental Origins of Health and Disease	Editorial	In this editorial from the International Society for Developmental Origins of Health and Disease, the authors argue that women and children will face greater social and economic consequences of the COVID-19 pandemic than men, despite being less at risk of complications from SARS-CoV-2 infection. Domestic violence, food insecurity, and poverty, which disproportionately affect women and children, have increased dramatically. The pandemic has also caused job losses in the housekeeping, childcare, and service industries, careers predominantly held by women. Pandemic-related disruptions in children's routines and development may have significant implications for current and future health, wellbeing, and resilience. Individuals born during crises have poorer mental and physical health and lower economic outcomes. Adolescents may experience mental health problems and slowed cognitive maturation due to social isolation, necessitating adequate mental health services for young people both during and after the pandemic. According to the authors, an effective post-COVID-19 recovery response should not only unify the global community but also prioritize mitigating the resulting harm to women and children. The authors also call for collecting evidence for future policy and pandemic preparedness and investing in maternal and child wellbeing.	This editorial argues that women and children will face greater social and economic consequences than men following the COVID-19 pandemic. The authors recommend that a COVID-19 societal recovery plan prioritize women's and children's wellbeing.	Roseboom TJ, Ozanne SE, Godfrey KM, et al. Unheard, unseen and unprotected: DOHaD council's call for action to protect the younger generation from the long-term effects of COVID-19. J Dev Orig Health Dis. 2020;1-3. doi:10.1017/S2040174420000847
Ethiopia, maternal and reproductive health care	23-Sep-20	The impact of COVID-19 infection on maternal and reproductive health care services in governmental	medRxiv	Preprint (not peer-reviewed)	The objective of this cross-sectional study was to assess the impact of COVID-19 on maternal and reproductive health care services at governmental health institutions in Dessie town, North-East Ethiopia. Data were collected via a semi-structured questionnaire and face-to-face interviews conducted from July 1 - 15, 2020. 6% of antenatal care attendees, 18% of delivery care attendees, and nearly half (46.7%) of postnatal care attendees reported inappropriate service delivery due to fear of health care	This study assessed the effects of the COVID-19 pandemic on maternal and reproductive health care services in Dessie-town, Ethiopia. The authors state that the quality and administration of maternal	Assefa KT, Gashu AW, Muluaem TD. The impact of COVID-19 infection on maternal and reproductive health care services in governmental health institutions of Dessie town, North-East Ethiopia, 2020 G.C.

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		health institutions of Dessie town, North-East Ethiopia, 2020 G.C.			providers, shortage of medical supplies, and staff workload. This study also highlighted that utilization of these services was decreased due to the reported fear of going to health institutions during the pandemic. The authors concluded that COVID-19 significantly affects the quality and utilization of maternal and reproductive health care services and they advocate for the ministry of health to continue prioritizing these services as essential.	health care has been severely affected due to COVID-19.	medRxiv. 2020. doi: 10.1101/2020.09.20.20198259.
Food insecurity, community-based approach, sustainability, women, Thailand	23-Sep-20	Management of food insecurity in the COVID-19 pandemic: a model of sustainable community development	Health Care for Women International	Original Research	This descriptive qualitative study used focus group interviews to understand how communities in Thailand engaged in management of food insecurity resulting from COVID-19. Due to the cultural role of women as household food providers, self-help groups were set up by nurses specifically among women at the community level for obtaining sufficient food resources. 20 female stakeholders were recruited for the focus groups from communities with households vulnerable to food insecurity as a result of COVID-19 in Bangkok, Thailand. This included 12 community volunteer food providers, four community leaders, and four health providers. Several themes emerged regarding management strategies of food insecurity, and the authors discuss the ways communities connected through empathy (mitigating fear with trusted resources), emphasized community empowerment (pantry sharing), and engaged in sustainability practices (community gardens). They offer their model in which public health nurses employ community engagement strategies through women's empowerment groups and recommend a community-based approach to ensure food security during the COVID-19 pandemic.	The authors share strategies employed by communities in Thailand to mitigate food insecurity as a result of the COVID-19 pandemic, which included forming women's empowerment groups and leveraging community-based approaches.	Narasri P, Tantiprasoplap S, Mekwiwatanawong C, Sanongdej W, Piaseu N. Management of food insecurity in the COVID-19 pandemic: a model of sustainable community development. Health Care Women Int. 2020 Sep 23:1-7. doi: 10.1080/07399332.2020.1823984. PMID: 32966171.
Pregnancy, vertical transmission, first trimester, placenta, receptors, ACE2, TMPRSS2	23-Sep-20	Vertical transmission of SARS-CoV-2 infection in early pregnancy: what is the evidence? [Free Access to Abstract Only]	Journal of Maternal-Fetal and Neonatal Medicine	Letter to the Editor	In this letter, the authors review data on placental transmission of SARS-CoV-2 from mother to fetus during the first trimester of pregnancy. Placental abnormalities, such as vascular malperfusion and decidual arteriopathy, have been reported for women who had COVID-19 during early pregnancy. Several cases of miscarriage potentially attributable to COVID-19 have also been reported. ACE2, the receptor by which SARS-CoV-2 enters host cells, has been identified in multiple placental cell types and endometrial stroma. However, one study showed very low ACE2 levels in the trophoblast between 6- and 14-weeks gestation. In addition, few cells co-express the TMPRSS2 receptor which the virus also depends on for cellular entry, which may help explain why vertical transmission is seen infrequently. The authors conclude that further research is needed to better understand the pathophysiology of COVID-19 in pregnancy, but that the probability of vertical transmission early in pregnancy is very small.	The authors summarize in this letter some of the evidence regarding vertical transmission of SARS-CoV-2 early in pregnancy. They conclude that while more evidence is needed, the probability is very low.	Di Iorio R, Bianchi P, Bastianelli C, Brosens I, Benagiano G. Vertical transmission of SARS-CoV-2 infection in early pregnancy: what is the evidence? J Matern Fetal Neonatal Med. 2020 Sep 23:1-2. doi: 10.1080/14767058.2020.1825671. PMID: 32967472.

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Iran, anxiety, mental health, pregnancy	23-Sep-20	The relationship among fear and anxiety of COVID-19, pregnancy experience, and mental health disorder in pregnant women: A structural equation model	Brain and Behavior	Original Research	This cross-sectional study sought to assess the relationships between maternal fear and anxiety due to COVID-19, pregnancy experience, and mental health using path analysis. 222 pregnant women over 20 weeks gestation referred to Kamali Hospital in Alborz province, Iran entered the study through convenience sampling from March to April 2020. Data were collected using the Fear of COVID-19 Scale, Anxiety of COVID-19 Scale, Pregnancy Experiences Scales, Depression Anxiety Stress Scale, and a demographic checklist. Anxiety of COVID-19 and concerns during pregnancy were positively and significantly correlated with mental health through a direct path. Anxiety of COVID-19 had the highest positive direct correlation (B = 0.32). Happiness during pregnancy was significantly negatively and directly correlated with mental health disorder (B = 0.29). Additionally, fear of COVID-19 through the mediating concerns of pregnancy experiences was shown to have a significant positive relationship with mental health through an indirect path (B = 0.05). The authors conclude that these results support a need for increased attention on the mental health of pregnant women during the COVID-19 pandemic.	This study assessed the relationship between the mental health of 222 pregnant women in Iran and fear and anxiety caused by the COVID-19 pandemic. The authors concluded there was a positive correlation between mental health, anxiety due to COVID-19, and concerns during pregnancy.	Salehi L, Rahimzadeh M, Molaei E. The relationship among fear and anxiety of COVID-19, pregnancy experience, and mental health disorder in pregnant women: A structural equation model. Brain Behav. 2020 Sep 23. doi: 10.1002/brb3.1835.
Neonatal, infant, vertical transmission, breastfeeding, skin-to-skin care, United States	23-Sep-20	Newborn care during the COVID-19 pandemic must adapt as evidence accumulates	Acta Paediatrica	Editorial	In developing guidelines for newborn care during the COVID-19 pandemic, the provision of high-quality care must be balanced with the prevention of viral transmission. The author discusses the April 2020 interim guidelines from the American Academy of Pediatrics (AAP), which recommended separation of infants from mothers and discouraged breastfeeding and skin-to-skin contact. While acknowledging that these guidelines were not evidence-based, the author states that they balanced major potential risks against potential benefits, in the complete absence of reliable data. He also reports that the guidelines advocated for neonatal rights to a safe and healthy environment, without discrimination. The author states that the AAP's recommendation to avoid direct breastfeeding but to allow the provision of expressed milk, also advocated for the rights of infants to a healthy start to life. Since the AAP guidelines were written, it has been recognized that pediatric and neonatal COVID-19 infection is less common and less severe than in adults, and vertical transmission appears to be rare. The author encourages the provision of breastmilk to infants, and direct breastfeeding if hygienic precautions are taken. He concludes that guidelines for neonatal care must incorporate the best available evidence.	The author discusses newborn care during the COVID-19 pandemic, and specifically the April 2020 interim guidelines from the American Academy of Pediatrics. While acknowledging that these guidelines were not evidence-based, the author states that they balanced potential risks against potential benefits, in the absence of reliable data.	Shinwell ES. Newborn care during the COVID-19 pandemic must adapt as evidence accumulates. Acta Paediatr. 2020 Sep 23. doi: 10.1111/apa.15570. Epub ahead of print. PMID: 32969068.

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Radiology, lung point-of-care ultrasound, pediatric	23-Sep-20	Lung point-of-care (POCUS) ultrasound in a pediatric COVID-19 case	Radiology Case Reports	Case Report	During the COVID-19 pandemic in the USA, one of the public health concerns is the adequacy of resources to treat infected cases. In this case report, the authors describe a case of a previously well, 9-year-old obese boy who presented to the emergency department with shortness of breath, fever, abdominal pain, and cough with chest pain. He was diagnosed with COVID-19 through significant family contact and confirmed by PCR. He was found to be at high risk of venous thromboembolism due to abnormal d-dimer. Lung point-of-care ultrasound (POCUS) in the emergency department observed significant lung pathology, including pleural thickening, consolidation, and B lines. A chest X-ray found bilateral ground glass opacities and interstitial prominences consistent with viral pneumonia. This case suggests that lung POCUS can provide adequate and rapid imaging to assess lung pathology of COVID-19 in a pediatric patient. Since there is limited literature on use of lung POCUS in pediatric patients infected with SARS-CoV-2, the authors emphasize its function as a potentially efficient modality in bedside assessment.	The authors of this case report describe a case of COVID-19 in a 9-year-old obese boy. They detail how lung point-of-care ultrasound in the emergency department can be useful for rapid imaging, diagnosis, and management in pediatric patients with COVID-19.	Allio P, Ebeling-Koning N, Roth K, Desai T. Lung point-of-care (POCUS) ultrasound in a pediatric COVID-19 case. Radiol Case Rep. 2020;15(11):2314-2318. doi:10.1016/j.radcr.2020.09.007
Children, Italy, emergency department, diagnostic testing	23-Sep-20	COVID-19 in 17 Italian Pediatric Emergency Departments	Pediatrics	Review	Variability in presentation of children with COVID-19 is a challenge in Emergency Departments (EDs) in terms of early recognition, which affects disease control and prevention. The authors describe a cohort of 170 children (0-18 years) in 17 Italian pediatric EDs and summarize differences with previously published cohorts. This cohort (median age 45 months, IQR 4 months – 10.7 years) had a high number of patients <1 year with COVID-19. The exposure happened mainly (59%) outside family clusters; 22% had comorbidities. Children were more frequently asymptomatic (17%) or with mild diseases (63%). Common symptoms were cough (43%) and difficulty feeding (35%). Chest CT, chest x-ray, and point-of-care lung ultrasound were used in 2%, 36% and 8% of cases, respectively. 43% of patients were admitted due to their clinical conditions. The minimal use of CT and chest x-ray may have led to a reduced identification of moderate cases which may have been clinically classified as mild cases. For pediatric cases, COVID-19 may have rare but serious and life-threatening presentations but most represent an organizational burden for the ED. Regardless of the predominance of mild presentations, children may represent a significant source of viral transmission. A clinically driven classification, instead of radiological, could be more valuable in predicting patient needs and better allocating resources.	This preliminary report describes the clinical profile of COVID-19 pediatric patients (0-18 years) in 17 Italian pediatric Emergency Departments (EDs). The authors argue that the most fundamental task regarding the management of pediatric COVID-19 patients in the ED is represented by the organizational burden and that pediatric COVID-19 patients may benefit from undergoing fewer diagnostic tests than adult patients.	Parri N, Lenge M, Cantoni B, et al. COVID-19 in 17 Italian Pediatric Emergency Departments. Pediatrics. 2020 Sep 23:e20201235. doi: 10.1542/peds.2020-1235. Epub ahead of print. PMID: 32968031.

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Early pregnancy, ovaries, placenta, testes, sperm	23-Sep-20	Severe Acute Respiratory Syndrome-Corona Virus-2 (SARS-CoV-2) and its Effect on Gametogenesis and Early Pregnancy	American Journal of Reproductive Immunology	Special Issue Article	The authors summarize the available data related to SARS-CoV-2 infection effects on the ovaries, testicles, gametes, and early pregnancy. They also investigate the potential effects of COVID-19 in early pregnancy using published data and outcomes from the SARS-CoV and MERS-CoV pandemics. They searched the PubMed and Embase databases according to the guidelines of Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) for publications from inception to June 4, 2020. Sixty-two articles met inclusion criteria and were included in the analysis. The authors observed that biological plausibility for infection with SARS-CoV-2 exists in testis, ovaries, and placenta as they express ACE2 receptor activity. Also, in males, SARS-CoV-2 infection could lead to functional abnormalities leading to spermatogenic failure and male infertility. Furthermore, in females, an alteration of the ACE2 cascade via SARS-CoV-2 infection could lead to impairment in critical follicular and luteal processes. There is also evidence of significant placental pathology in SARS-CoV-2 infection. However, it is unclear what effects there may be for early pregnancy, though available data suggest less severe effects than other respiratory virus outbreaks.	This study showed that SARS CoV-2 infection and its systemic effects might impact reproductive function and pregnancy outcomes. The authors suggest that clinicians continue to have open conversations with their patients as pre-pregnancy counseling and interventions may change with continued research about SARS-CoV-2 in pregnancy.	Singh B, Gornet M, Sims H, Kisanga E, Knight Z, Segars J. Severe Acute Respiratory Syndrome-Corona Virus-2 (SARS-CoV-2) and its Effect on Gametogenesis and Early Pregnancy. Am J Reprod Immunol. 2020 Sep 23:e13351. doi: 10.1111/aji.13351. Epub. PMID: 32969123.
Breastfeeding, breastfeeding support, formula, lockdown, maternal mental health, United Kingdom	23-Sep-20	Experiences of Breastfeeding During COVID-19: Lessons for Future Practical and Emotional Support	Maternal & Child Nutrition	Original Article	The authors conducted an online survey from May to June 2020 of 1219 breastfeeding mothers in the United Kingdom with neonates aged 0–12 months old to understand the impact of the COVID-19 pandemic on breastfeeding duration, experiences, and support. The results showed that 41.8% of mothers felt that breastfeeding was protected due to the lockdown. However, 27.0% of mothers struggled to get support during the lockdown, with some stopping breastfeeding before they were ready. Furthermore, mothers with lower education, with more challenging living circumstances, and from Black and minority ethnic backgrounds were more likely to find the impact of the lockdown challenging and subsequently stop breastfeeding. Therefore, these findings showed two very different experiences emerging from the COVID-19 lockdown. Some women felt more able to establish and maintain breastfeeding due to the lockdown, while other women felt that the lockdown created and exacerbated breastfeeding issues.	The authors' findings suggest that the COVID-19 lockdown had positive and negative effects on breastfeeding rates in the UK. These findings have important considerations for those working in breastfeeding support and policy, especially regarding disproportionately affected groups.	Brown A, Shenker N. Experiences of breastfeeding during COVID-19: Lessons for future practical and emotional support. Matern Child Nutr. 2020 Sep 23:e13088. doi: 10.1111/mcn.13088. Epub. PMID: 32969184.
IPEX, remdesivir, tocilizumab, COVID-19 convalescent plasma, opportunistic infections,	23-Sep-20	Post Hematopoietic Stem Cell Transplant COVID-19 Infection in a Pediatric Patient	Pediatric Blood and Cancer	Letter to Editor	In this case report, first presented in June of 2020 during the worldwide COVID-19 pandemic, the authors describe the clinical course of an 8-year-old African-American male with immunodysregulation polyendocrinopathy X-linked (IPEX) syndrome at the Children's Hospital of New Orleans, USA, whose stem cell transplant was complicated by SARS-CoV-2 infection. The patient contracted the SARS-CoV2 infection during the peri-engraftment	The authors present the case of an 8-year-old male with IPEX syndrome who died from COVID-19-related complications after undergoing a stem cell transplant. This case	Alicea Marrero MM, Silio M, McQueen-Amaker K, Español M, Velez M, et.al. Posthematopoietic stem cell transplant COVID-19 infection in a pediatric patient with IPEX syndrome. Pediatr Blood

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pediatric, stem cell transplant, New Orleans, USA		with IPEX Syndrome.			period (Day 21). He subsequently developed respiratory failure, multi-organ failure, and multiple opportunistic infections one week following his SARS-CoV-2 infection. Despite aggressive intensive care treatment, including Nitric oxide, Remdesivir, Tocilizumab, and COVID-19 convalescent plasma, the patient's condition worsened, and he died on Day 42 post-transplant.	suggests that immunocompromised patients with COVID-19 are at increased risk for secondary infections and progression to severe disease, despite aggressive treatment with currently available pharmacotherapeutics.	Cancer. 2020 Sep 23:e28578. doi: 10.1002/pbc.28578. Epub. PMID: 32969118.
Children, adolescent, cancer patients, pediatric, risk factors, mortality	23-Sep-20	Guidance regarding COVID-19 for survivors of childhood, adolescent, and young adult cancer: A statement from the International Late Effects of Childhood Cancer Guideline Harmonization Group	Pediatric Blood and Cancer	Special Report	Little is known about the clinical course of COVID-19 in Childhood, Adolescent, and Young Adult (CAYA) cancer survivors, or if additional preventive measures are warranted. The authors established a working group within the International Late Effects of Childhood Cancer Guideline Harmonization Group to summarize existing evidence regarding risk factors for severe COVID-19 in CAYA cancer survivors. The authors found evidence in multiple studies of increased mortality risk in male patients, and an increased risk of severe COVID-19 in patients with heart disease, hypertension, diabetes, COPD, and malignancy. The majority of the 15 national health organizations studied mentioned the following as risk factors for severe COVID-19: endocrine disease, heart disease, lung disease, cancer, immune disorders, organ transplantation, kidney disease, liver disease, and high blood pressure. The authors also reference an open registry established by the International Society of Pediatric Oncology and the St. Jude Children's Research Hospital to share resources related to COVID-19 and collect data on CAYA cancer patients receiving cancer treatment or who have completed therapy.	In this article, the authors summarize the evidence regarding risk factors of severe COVID-19 in children, adolescent, and young adult cancer survivors. They also make reference to an open registry for sharing resources related to COVID-19 and collecting data on children, adolescent, and young adult cancer survivors.	Verbruggen LC, Wang Y, Armenian SH, et al. Guidance regarding COVID-19 for survivors of childhood, adolescent, and young adult cancer: A statement from the International Late Effects of Childhood Cancer Guideline Harmonization Group. <i>Pediatr Blood Cancer</i> . 2020 Sep 23:e28702. doi: 10.1002/pbc.28702. Epub ahead of print. PMID: 32969160.
25-OH Vitamin D, COVID-19 in Pregnancy, Micronutrients, Serum Vitamin B12, Zinc, Turkey	23-Sep-20	Micronutrients in COVID-19 Positive Pregnancies	Cureus	Original Article	Pregnant women are considered among the high-risk population for COVID-19. The authors conducted a study of 44 COVID-19 positive pregnant women in Turkey and measured serum 25(OH)D, vitamin B12, and zinc levels to evaluate the role of these micronutrients in treatment and prevention. The mean serum 25(OH)D level was 9.70 ± 59.14 (cutoff <20 ng/mL for deficiency), mean serum zinc level was 62.58 ± 2.63 (cutoff <10.1 μ mol/L for deficiency) and the mean serum vitamin B12 level was 295.55 ± 302.48 (cutoff <100 pmol/L) for vitamin B12 deficiency. All these variables were significantly lower than the accepted cut-off values ($p < 0.001$). The authors hypothesize that the low values might have contributed to a deficiency in immune response and thus made these patients susceptible to COVID-19 infection. The authors argue that supplementation of	The authors conducted a study of COVID-19 positive pregnant women in Turkey and measured serum 25(OH)D, vitamin B12, and zinc levels to evaluate the role of these micronutrients in treatment and prevention. The mean serum levels were significantly lower than the accepted cut-off, which the authors propose might have contributed to	Yalcin Bahat P, Aldikactioglu Talmac M, Bestel A, et al. Micronutrients in COVID-19 Positive Pregnancies. <i>Cureus</i> . 2020;12(9):e10609. Published 2020 Sep 23. doi:10.7759/cureus.10609

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Adolescents, children, emergency department, Italy	23-Sep-20	How COVID-19 Pandemic Changed Children and Adolescents Use of the Emergency Department: the Experience of a Secondary Care Pediatric Unit in Central Italy	SN Comprehensive Clinical Medicine	Original Article	The authors conducted a retrospective analysis of consultations to a pediatric emergency department (ED) unit for children and adolescents in central Italy from January 1-May 31, 2020. The authors evaluated consultations before (January 1-March 8) and after the beginning of lockdown (March 9-May 31), and compared hospitalizations of children from January-May 2020 with the same period in 2019. Monthly comparison of pediatric ED visits confirmed a significant reduction in daily consultations after February 2020, with a considerable percentage of days with ≤3 visits/day. The percentage of children discharged after ED evaluation in 2020 significantly decreased from 80% in January and February to 50% in April, while children requiring hospitalization increased from 5.5% in February to 14.5% and 13.8% in April and in May, respectively. Decreased hospitalization in 2020 compared to 2019 became evident after March (March – 74.6% decrease, April – 71.6%, May – 58.6%). Nasopharyngeal swabs done in 115 children showed only one case of COVID-19. The authors conclude that the COVID-19 pandemic significantly influenced the ED utilization by children and adolescents.	susceptibility to COVID-19 infection. The authors conducted a retrospective analysis of consultations requested to a pediatric unit for children and adolescents in central Italy from January 1-May 31, 2020. The authors observed a decline in daily pediatric consultations, reduction in total amount of children hospitalized, and increase in hospitalized children after ED evaluation during the lockdown.	Vierucci F, Bacci C, Mucaria C, et al. How COVID-19 Pandemic Changed Children and Adolescents Use of the Emergency Department: the Experience of a Secondary Care Pediatric Unit in Central Italy [published online 2020 Sep 23]. SN Compr Clin Med. 2020;1-11. doi:10.1007/s42399-020-00532-5
Pregnancy, prenatal care, survey, United States	23-Sep-20	Pregnant Women's Reports of the Impact of COVID-19 on Pregnancy, Prenatal Care, and Infant Feeding Plans	MCN, The American Journal of Maternal/Child Nursing	Article	This survey-based cross-sectional study describes how the COVID-19 pandemic has affected pregnancy, prenatal maternity care practices, and infant feeding plans among pregnant women in the United States. A survey link was emailed to Ovia Pregnancy app users on May 20, 2020 and was open for 1 week; survey questions related to pregnancy, breastfeeding, and maternity care received during the pandemic (February 2020 through the time of the survey). 258 respondents in 44 states completed the survey. 82.9% (n=214) of respondents were White, 85.6% (n=220) were non-Hispanic and mean age was 30.7 years (SD 4.3). 61.5% (n=158) had a Bachelor's degree or higher and 62% (n=160) were in their first pregnancy. 63.2% of respondents (n=148) believe the COVID-19 pandemic has affected their pregnancy. 12 participants (4.7%) reported being tested for COVID-19 during pregnancy, of which 11 tested negative and 1 had results pending. When asked where they get most of their information about COVID-19 and its impact on pregnancy and breastfeeding, healthcare provider was the leading response (25.4%; n=59), followed by the CDC (21%; n=49). 96.4% (n=251) felt they received safe prenatal care during this time period. 81.3% (n=208) reported being cared for by an obstetrician, and 92% (n=220) were planning a hospital birth. However, 4.2% (n=10) reported changing their planned birth location to home or a different facility due to COVID-19 and another 10% (n=23) said they were considering a change. 74.3%	This survey-based cross-sectional study aimed to describe how the COVID-19 pandemic has affected pregnancy, prenatal maternity care practices, and infant feeding plans among pregnant women in the United States.	Burgess A, Breman RB, Bradley D. Pregnant Women's Reports of the Impact of COVID-19 on Pregnancy, Prenatal Care, and Infant Feeding Plans. MCN Am J Matern Child Nurs. 2020. doi: 10.1097/NMC.0000000000000673.

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					(n=176) said their birth facility was allowing one support person with them during labor and birth, 20% (n=48) were not aware of facility policies, and 2.5% (n=6) said that no support people would be allowed. Of those who said they had an infant feeding plan (n=192), only 6 (3.1%) said their plan has changed due to COVID-19. Of the 6, 5 had previously planned to formula feed but were now switching to breastfeeding. Of those who had begun purchasing items for their infant, 52.7% (n=88) reported that the pandemic has affected their ability to obtain items, mainly due to shortage (80.7%; n=71).		
Sleep, adolescent, remote learning, Canada	22-Sep-20	The impact of COVID-19 related school shutdown on sleep in adolescents: A natural experiment	Sleep Medicine	Original Research	This study aimed to identify how switching to remote learning has impacted the sleep behaviors of adolescents. 45 adolescents (median age=13.5 years, S.D.=1.9) in Canada were interviewed via phone for 30-60 minutes, April 28 - June 3, 2020. Qualitative results showed that the majority of participants had improved sleep quality, citing ability to sleep later in the morning. 55% of respondents said they are normally sleepy during an in-person school day, while 78% said they are not sleepy during remote learning. Many also noted that their sleep schedules had shifted by approximately 2 hours (staying up later, and waking up later). Allowing adolescents to follow their naturally delayed sleep pattern by delaying school-start time could be a feasible, affordable, and efficient way to improve their sleep health. Staggering arrival times by delaying school start time for older adolescents compared with younger adolescents can reduce the total number of students attending school at the same time. This strategy offers a practical means to reduce school density and the number of interactions between students, which are needed to reduce the potential transmission of COVID-19 in schools, while improving adolescents' sleep health.	This qualitative study shows that Canadian adolescents (median age=13.5 years) report improved sleep quality and duration during remote learning, compared to in-person schooling. The authors assert that staggering arrival times for students may be a good way to alleviate population density, to comply with COVID-19 public health guidelines.	Gruber R, Saha S, Somerville G, Boursier J, Wise MS. The impact of COVID-19 related school shutdown on sleep in adolescents: a natural experiment. Sleep Med. 2020;76:33-35. doi:10.1016/j.sleep.2020.09.015
Israel, SARS-CoV-2, prenatal, pregnancy, disorders	22-Sep-20	Lockdown with a Price: The impact of the COVID-19 Pandemic on Prenatal Care and Perinatal Outcomes in a Tertiary Care Center	Israel Medical Association Journal	Original Research	This study in Israel evaluated whether the COVID-19 pandemic has changed prenatal care and pregnancy outcomes in pregnant women without COVID-19 [based on clinical diagnosis; no SARS-CoV-2 test methods are indicated]. The authors conducted a cross-sectional study to describe changes in outpatient clinic visits and to compare the rates of cesarean and instrumental deliveries between 2 periods of time: March–April 2020 (during the SARS-CoV-2 outbreak) with March–April of the preceding year, 2019. During the SARS-CoV-2 outbreak, visits to obstetric triage, gynecologic triage, high-risk clinic, and ultrasound units decreased by 36.4%, 34.7%, 32.8%, and 18.1%, respectively. The medical center experienced a 17.8% drop in the total number of births (610 births) compared with March and April 2019 (742 births). During the outbreak women were more likely to be nulliparous (33.3% vs. 27.6%, P = 0.02) and present with	The objective of this study, in Israel, was to evaluate whether the pandemic has changed the prenatal care and pregnancy outcome in pregnant women without COVID-19. The comparison time periods were March–April 2020 (during the SARS-CoV-2 outbreak) with March–April of the preceding year, 2019. During the pandemic, women were more likely to be nulliparous,	Justman N, Shahak G, Gutzeit O, et al. Lockdown with a Price: The impact of the COVID-19 Pandemic on Prenatal Care and Perinatal Outcomes in a Tertiary Care Center. Isr Med Assoc J. 2020;22(9):533-537.

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					hypertensive disorders during pregnancy (7.5% vs. 4%, P = 0.005) or gestational diabetes (13% vs. 10%, P = 0.03). More epidural analgesia was used (83.1% vs. 77.1%, P = 0.006) and there were more operative vaginal deliveries during the outbreak (16.7% vs. 6.8%, P = 0.01). All other maternal and neonatal outcomes were comparable between the two periods.	hypertensive, or have gestational diabetes and outpatient visits decreased.	
Children, pediatrics, symptoms, treatment, infants, prevention	22-Sep-20	COVID-19 Infection and Children: A Comprehensive Review	International Journal of Preventative Medicine	Original Article	In this article, the author describes data on COVID-19 in children (0-19 years of age). Children compared to adults generally have milder symptoms including cough, fever, sore throat, myalgia, sneezing, and fatigue. A review of 50 children with COVID-19 symptoms demonstrated fever and respiratory symptoms as the most common. Many children are asymptomatic, with multiple studies citing >50% without symptoms. In COVID-19 affected children, the radiological findings typically indicate ground-glass opacities and nodules mostly in the lower lobe of lungs. The lymphopenia which is prevalent and can predict disease severity in adult cases has not often been reported in pediatric patients. Most treatments for children have included supportive therapies, antibiotics for bacterial superinfection, and anti-virals. Whether maternal COVID-19 increases the risk of stillbirth, miscarriage, preterm delivery, and fetal problems for neonates is not clear. Vertical transmission from infected mothers to neonates appears rare. The author concludes that overall, the outcome from COVID-19 is better in children than adults. Since currently there is neither specific treatment nor any preventative vaccine for COVID-19 in children, preventive measures such as frequent hand washing, social distancing and wearing face masks are especially important.	In this summary of COVID-19 in children 0-19 years of age, disease severity appears to be milder than in adults, with many children remaining asymptomatic. Lymphopenia is uncommon in children, and vertical transmission appears rare. The authors conclude that since there are no specific treatments or vaccines available for children, preventive measures are especially important.	Mehrabani S. COVID-19 Infection and Children: A Comprehensive Review. Int J Prev Med. 2020 Sep 22;11:157. doi: 10.4103/ijpvm.IJPVM_277_20.
Physical activity, confinement, lockdown, working from home, Portugal	22-Sep-20	Correlates of children's physical activity during the COVID-19 confinement in Portugal	Public Health	Original Research	The study aimed to understand the role of household variables on the percentage of physical activity (%PA) during the COVID-19 confinement in Portugal. A cross-sectional study using an anonymous online survey was launched on March 23, 2020 to assess how Portuguese families with children aged 0-12 years adjusted their daily routines to the confinement (March 23 – April 1, 2020). The authors investigated factors such as age, sex and the number of children, the housing characteristics, and the adults' job situation. [Age characteristics were defined within age sub-groups.] Findings, based on data from 2159 children (51.7% male), indicate that: (1) boys and girls did not differ in the %PA in any of the age groups; (2) children with an outdoor space and who had other children in the household were significantly more active (p< 0.001); (3) children from families with all adults working from home showed lower levels of %PA; and (4) being younger, having a big outdoor space, having other children in the household, and having at least one adult free from working from	This study from Portugal shows that being younger, having a big outdoor space, having other children in the household, and having at least one adult free from working from home were significant positive predictors of children's percentage of physical activity.	Pombo A, Luz C, Rodrigues LP, et al. Correlates of children's physical activity during the COVID-19 confinement in Portugal. [published online 2020 Sept 22]. Public Health. doi: 10.1016/j.puhe.2020.09.009

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					home were significant positive predictors of children's %PA, explaining 21% of the overall variance. The authors concluded that the time allocated for PA during the COVID-19 confinement was reduced compared with days without confinement. They argued it is necessary to find strategies to increase children's PA, especially in families in which both parents are working and with no outdoor space.		
SARS-CoV-2, vertical transmission	22-Sep-20	Letter to the editor "SARS-CoV-2: What prevents this highly contagious virus from reaching the fetus?"	Placenta	Letter to the Editor	The authors are responding to an article by Celik et al., which outlined factors preventing the maternal-fetal transmission of SARS-CoV-2. Namely, Celik et al. claimed that the absence of caveolin expression in the syncytium is one of the most important mechanisms preventing the trans-placental passage of this virus. However, the authors of this letter assert that lack of SARS-CoV-2 in blood is another important risk factor for vertical transmission that was not discussed in the article. They cite a report by Wang et al., which found that SARS-CoV-2 RNA is only rarely found in blood samples taken from COVID-19 patients, but it is frequently present in broncho-alveolar lavage samples, sputum samples, and nasal swabs. This is consistent with the current understanding that the virus is mainly respiratory. Further, they report that the presence of SARS-CoV-2 RNA in the blood does not necessarily indicate viremia, as molecular methods can detect non-infectious fragments of the virus. Together they argue that the combination of low viral load in the blood and the absence of specific receptors in the placenta explain the low rate of maternal-fetal SARS-CoV-2 transmission.	The authors are responding to a report that claimed that the absence of specific receptors in the placenta explains the low rate of maternal-fetal SARS-CoV-2 transmission. This letter claims that the low levels of virus in the blood and the lack of evidence for blood-borne viral infection is another factor that explains the lack of vertical transmission between mothers and infants.	Zaconeta A, Heinen BG, Salles YVM, Matsunaga MEDC. Letter to the editor "SARS-CoV-2: What prevents this highly contagious virus from reaching the fetus?" Placenta. September 2020. doi:10.1016/j.placenta.2020.09.063.
Italy; human milk; SARS-CoV-2; COVID-19;	22-Sep-20	Universal Screening for SARS-CoV-2 of all Human Milk Bank Samples	The Journal of Human Lactation	Letter to the Editor	In this study, the authors tested the role of sampling containers and human breast milk in the transmittance of SARS-CoV-2. They tested 34 external container samples (before sanitization) obtained between May 1-July 31, 2020 at the Bambino Gesù Children's Hospital in Rome, Italy, as well as 34 milk samples (before pasteurization). None of the samples tested positive for SARS-CoV-2. Thus, the authors deemed breastfeeding by mothers with suspected/confirmed COVID-19 to be a safe practice, assuming appropriate precautions, as they found no evidence of SARS-CoV-2 transmission through human milk. Since pasteurization effectively neutralized SARS-CoV-2, the authors concluded that Human Milk Bank practices are safe and would effectively reduce the risk of transmission of SARS-CoV-2 to neonates; however, screening of donor mothers should always be performed. They also concluded that donor milk is safe for use, given appropriate eligibility criteria are upheld for donor mothers and Holder pasteurization is performed.	In this study, the authors tested human breast milk from donors and the sampling containers for the transmittance of SARS-CoV-2. None of the samples tested positive for SARS-CoV-2. Thus, they determined that breastfeeding was a safe practice in mothers with suspected/confirmed COVID-19, assuming the adoption of appropriate measures, in addition to utilizing donor milk as long as eligibility criteria are met.	Salvatori G, De Rose DU, Amadio P, et al. Universal Screening for SARS-CoV-2 of all Human Milk Bank Samples. J Hum Lact. 2020 Sep 22:890334420962074. doi: 10.1177/0890334420962074. Epub ahead of print. PMID: 32960123.

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Saudi Arabia, MIS-C	22-Sep-20	Multisystem Inflammatory Syndrome in Children Temporally Related to COVID-19: A Case Report From Saudi Arabia	Cureus	Case Report	This article reports the first case of a 13-year-old Saudi girl with MIS-C mimicking Kawasaki disease. Her main manifestations were fever, gastro-intestinal symptoms, evidence of organ failure with an increase in inflammatory markers, and a history of COVID-19 infection. She presented with signs of acute illness: high-grade fever (39.6°C) for five days accompanied by sore throat, malaise, reduced oral intake, abdominal pain, diarrhea, skin rash, bilateral non-suppurative conjunctivitis, erythematous, and cracked lips. She died on day 6 in the PICU despite aggressive [case] management based on the CDC and the Saudi Ministry of Health guidelines for COVID-19 management. Based on this case, the authors suggest pediatricians to be aware of atypical presentations of COVID-19, and that tertiary care is imperative for early diagnosis and management of MIS-C. They stress that knowledge about the wide spectrum of presenting signs, symptoms, and disease severity is pivotal to preventing a tragic outcome.	This article reports the first case of MIS-C in a Saudi 13-year-old girl. The authors stress that continued collection of knowledge is necessary for preventing tragic outcomes in children.	Al Ameer HH, AlKadhem SM, Busaleh F, et al. Multisystem Inflammatory Syndrome in Children Temporally Related to COVID-19: A Case Report From Saudi Arabia. Cureus. 2020 Sep 22;12(9):e10589. doi: 10.7759/cureus.10589.
Community pharmacies, children's behaviors, language delay, memory deficits	22-Sep-20	The Impact of COVID-19 Quarantine on Children's Behaviors and Language	International Journal of Research in Pharmaceutical Sciences	Original Article	This online survey regarding the impact of COVID-19 quarantine on children's behaviors and language collected data from parents in Jordan between April - August 2020 about their children's behavior during quarantine. Among the children of survey respondents (n=469), 42.3% were female children [ages were not reported]. Results showed that quarantine has an impact on children's behaviors and language (p<0.05), where stress and isolation have a higher effect (p<0.05), while social relations had no impact (p=0.227). Families with a monthly income >\$2000 show significantly less change in children's behaviors and language than those with a monthly income <\$200. The majority of the respondents (75.0%) had confidence that community pharmacies can play an important role in helping families in protecting their children's behaviors and language as they made the highest contact with pharmacists during the quarantine. To help parents protect and improve their children's behaviors and language in quarantine condition, the authors recommend increasing the role of community pharmacies in patient counseling and providing courses to pharmacists in child psychology and behavior.	This online survey of parents in Jordan indicates that the pandemic has a negative impact on children's behaviors and language, compounded by stress, isolation, and lower monthly income. Implications for the role of community pharmacists are discussed.	Sana M Kamal, Ali Al-Samydai, Rudaina Othman Yousif, & Talal Aburjai. (2020). The Impact of COVID-19 Quarantine on Children's Behaviors and Language. International Journal of Research in Pharmaceutical Sciences, 11(SPL1), 796-806. https://doi.org/10.26452/ijrps.v11iSPL1.3085
Coronary artery, Kawasaki disease, Tocilizumab, pediatric	22-Sep-20	Use of Tocilizumab in multisystem inflammatory syndrome in children associated with severe acute	The Journal of Pediatrics	Letter to the Editor	In this letter to the editor, the authors respond to Kaushik et al, who published a case report in June 2020 involving 33 children with MIS-C in New York City, USA. The authors of this letter note that Tocilizumab, an anti-IL-1 treatment, was used in children with prominent coronary arteries on echocardiography, but not in children with coronary artery ectasia. Putative worsening of coronary artery aneurysms is a significant concern in children with Kawasaki Disease treated with Tocilizumab, which has been	This letter to the editor requests more information on a previous publication where Tocilizumab was used to treat MIS-C patients with coronary artery abnormalities. The authors suggest that	Banday AZ, Pandiarajan V. Use of Tocilizumab in multisystem inflammatory syndrome in children associated with severe acute respiratory syndrome coronavirus 2. J Peds. 2020; doi: 10.1016/j.jpeds.2020.09.054

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		respiratory syndrome coronavirus 2			used to mitigate COVID-19-associated cytokine storm in both children and adults. The authors request that Kaushik et al. provide follow-up data of coronary artery abnormalities in pediatric patients where Tocilizumab was used, suggesting that it could serve as baseline evidence for increased use of anti-IL-6 treatment in IVIG-refractory MIS-C in countries with reduced access to anti-IL-1 treatment options.	evidence of positive outcomes could allow for more widespread use of anti-IL-6 treatments, including Tocilizumab, in IVIG refractory MIS-C in countries with reduced access to anti-IL-1 treatment options.	
Vaccines, maternal immunization, qualitative, neonatal, infant, IMPRINT	22-Sep-20	Impact of COVID-19 on Immunization Services for Maternal and Infant Vaccines: Results of a Survey Conducted by Imprint-The Immunising Pregnant Women and Infants Network	Vaccines	Research Article	To understand immunization service interruptions specifically for maternal, neonatal, and infant vaccines, the authors captured the local experiences of members of the Immunizing Pregnant Women and Infants Network (IMPRINT) by conducting an online survey from April 15th to 30th 2020. IMPRINT is a global network of clinicians and scientists working in maternal and neonatal vaccinology. Of the 48 responses received, the majority (75%) were from low-and-middle-income countries. Of all respondents, 50% or more reported issues with vaccine delivery within their country. Thematic analysis identified three key themes behind immunization disruption: “access” issues, “provider” issues, and user “concern” about attending immunization appointments due to COVID-19 fear. Access and provider issues were more commonly reported by LMIC respondents. Overall, respondents reported uncertainty among parents and healthcare providers regarding routine immunization. They concluded that further quantification of routine vaccination disruption is needed, alongside health service prioritization, logistical support, and targeted communication strategies to reinforce routine immunizations during the COVID-19 response.	This study conducted a survey among clinicians and scientists working in maternal and neonatal vaccinology and identified three key themes behind immunization disruption: “access” issues, “provider” issues, and user “concern” about attending immunization appointments due to COVID-19 fear.	Saso A, Skirrow H, Kampmann B. Impact of COVID-19 on Immunization Services for Maternal and Infant Vaccines: Results of a Survey Conducted by Imprint-The Immunising Pregnant Women and Infants Network. Vaccines (Basel). 2020 Sep 22;8(3):E556. doi: 10.3390/vaccines8030556.
Extrapulmonary, Kawasaki like-disease, multisystemic inflammation, pediatric, gastrointestinal, cardiovascular, renal	22-Sep-20	Extrapulmonary Manifestations of COVID-19 in Children: A Comprehensive Review and Pathophysiological Considerations	Jornal de Pediatria	Literature Review	The authors summarize the extrapulmonary manifestations of COVID-19 in children via a literature review of papers published between January and June of 2020 during the global COVID-19 pandemic. They included 28 articles involving 199 patients in their analysis. The authors observed that the main extrapulmonary manifestations in pediatric patients, in decreasing order of frequency, are gastro-intestinal (33%), renal (14%), and cardiovascular (11%). Other extrapulmonary manifestations include neurological, hematological and lymphatic, cutaneous, hepatic, ocular, olfactory, and gustatory. Furthermore, multi-system impairment and Kawasaki-like disease are also described. The authors also discuss the variation in tissue expression of the ACE2, the virus receptor, as the likely pathophysiological explanation for the multiple organ involvement.	This literature review summarizes the multiple extrapulmonary manifestations and their frequency in children with COVID-19. These findings highlight the importance of considering extrapulmonary manifestations as a differential diagnosis of SARS-CoV-2 infection in pediatric patients, especially during the COVID-19 pandemic.	Pousa PA, Mendonça TSC, Oliveira EA, et.al. Extrapulmonary manifestations of COVID-19 in children: a comprehensive review and pathophysiological considerations. J Pediatr (Rio J). 2020 Sep 22:S0021-7557(20)30208-4. doi: 10.1016/j.jped.2020.08.007. Epub. PMID: 32980319; PMCID: PMC7508521.

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MIS-C, Kawasaki Disease, SARS-CoV-2, COVID-19	22-Sep-20	Distinguishing Multisystem Inflammatory Syndrome in Children From Kawasaki Disease and Benign Inflammatory Illnesses in the SARS-CoV-2 Pandemic [Free Access to Abstract Only]	Pediatric Emergency Care	Original Research	This retrospective single-center cohort study compared clinical and laboratory features of 33 pediatric patients meeting the CDC criteria for MIS-C at a children's hospital in Philadelphia, USA, from March 1-May 15, 2020. The authors defined 3 subgroups by clinical outcomes: critical illness requiring ICU care (n=5, median age=10.9 years), patients meeting Kawasaki Disease (KD) criteria but not requiring ICU care (n=8, median age=2.7 years), and mild illness not meeting either criteria (n=20, median age=6.0 years). A comparator cohort included patients with KD at the hospital during the same time frame in 2019. The critical illness group had lower median absolute lymphocyte count (850 vs 3005 vs 2940/uL, P = 0.005), platelets (150 vs 361 vs 252 k/uL, P = 0.005), and sodium (129 vs 136 vs 136 mmol/L, P = 0.002) than the 2020 KD and mild groups, in addition to higher creatinine (0.7 vs 0.2 vs 0.3 mg/dL, P = 0.002). Clinical and laboratory features were similar between the 2020 and 2019 KD groups. The authors suggest that the initial clinical and laboratory patient profile may help providers distinguish critically ill MIS-C patients from those with KD or more benign acute inflammation.	This cohort study compared clinical and laboratory features of pediatric patients meeting MIS-C diagnostic criteria with critical illness, Kawasaki Disease diagnosis, and mild illness. The authors suggest that initial differences in laboratory profiles could help clinicians distinguish between the 3 groups.	Corwin DJ, Sartori LF, Chiotos K, et al. Distinguishing Multisystem Inflammatory Syndrome in Children From Kawasaki Disease and Benign Inflammatory Illnesses in the SARS-CoV-2 Pandemic. <i>Pediatr Emerg Care.</i> 2020; doi:10.1097/PEC.000000000000248
ALSPAC, children of the 90s, birth cohort study, mental health, online questionnaire, United Kingdom	22-Sep-20	The Avon Longitudinal Study of Parents and Children - A resource for COVID-19 research: Questionnaire data capture May-July 2020	Wellcome Open Research	Original Article	The Avon Longitudinal Study of Parents and Children (ALSPAC) is a prospective population-based cohort study in the UK, comprising G0: the cohort of original pregnant women enrolled in 1990-1992, the biological father and other carers/partners; G1: the cohort of index children; and G2: the cohort of offspring of the index children. The authors conducted a second survey of 6,482 participants of ALSPAC from May 26-July 5, 2020 to determine how the COVID-19 pandemic impacted physical and mental health, lifestyle and behaviors, employment and finances since the administration of the first survey. A positive COVID-19 test was reported by 0.6% participants (12 G0 and 24 G1); 1.4% participants (35 G0 and 56 G1) reported that they had been told by a doctor they likely had COVID-19 and 13% (422 G0 and 416 G1) suspected that they have had COVID-19. The authors predicted that 3.1% of participants were possible cases (1.8% of female G0s, 3.2% of male G0s and 4.2% of G1 (3.8% of male G1 and 4.3% of female G1)). Data related to physical and mental health, lifestyle and behaviors, and employment and finances will not be released until coded.	The authors conducted a follow-up survey of 6,482 UK participants of an existing cohort study from May 26-July 5, 2020 to determine the impact of the COVID-19 pandemic. A positive COVID-19 test was reported by 0.6% participants, 1.4% participants reported that they had been told by a doctor they likely had COVID-19 and 13% suspected that they have had COVID-19.	Northstone K, Smith D, Bowring C, et al. The Avon Longitudinal Study of Parents and Children - A resource for COVID-19 research: Questionnaire data capture May-July 2020. <i>Wellcome Open Res.</i> 2020;5:210. Published 2020 Sep 22. doi:10.12688/wellcomeopenres.16225.2
Mental Health, children, distance learning, stress	22-Sep-20	Pediatrics and COVID-19	The Journal of the American Medical Association (JAMA)	Viewpoint	In this Viewpoint, the author expresses concern that children are missing out on important events and milestones during the pandemic. The author notes that only 6% of infections occur in children, potentially due to age-dependent expression of ACE2 receptors, and that few children will experience MIS-C. However, the response to the pandemic has resulted in significant loss of educational and social experiences that could adversely affect	In this Viewpoint, the author expresses concern that children are missing out on important events and milestones during the pandemic. They note that children from marginalized	Christakis DA. <i>Pediatrics and COVID-19.</i> <i>JAMA.</i> 2020;324(12):1147-1148. doi:10.1001/jama.2020.14297

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					their mental health. Deaths of family members, increased stress of parents or caregivers, and loss of social interactions can lead to increased depression and anxiety. In particular, a lack of educational engagement through distance learning could have prolonged effects over their life course. Children from marginalized groups, such as racial and ethnic minorities, will be more severely affected. The full impact of these events will not be known for years to come.	groups, such as racial and ethnic minorities, will be more severely affected, and that the full impact of these events will not be known for years to come.	
Pregnancy, depression, maternal outcomes, children, financial stress, United States	22-Sep-20	COVID-19-related financial stress associated with higher likelihood of depression among pregnant women living in the United States	American Journal of Human Biology	Original Article	The authors aimed to assess whether financial concerns related to the COVID-19 pandemic are associated with depressive symptoms among pregnant women living in the United States. They used data from the COVID-19 and Reproductive Effects (CARE) study, an online survey administered to a convenience sampling of 2099 pregnant women recruited using informational flyers shared through social media (across all 50 states) and collected from April 16 to 30, 2020. 43% of participants reported experiencing financial stress as a result of the pandemic, while 24% of participants had a clinically significant depression score based on Edinburgh Postnatal Depression Score ≥ 15 . COVID-19-related financial stress was significantly associated with increased likelihood of a clinically significant depression score, even after adjustment for covariates including participant education and income (adjusted Odds Ratio: 2.23, 95% CI = 1.80, 2.77, $P < 0.001$). These findings suggest that the severe financial impacts of the COVID-19 pandemic have affected mental health for pregnant women living in the U.S. which could have long-term impacts on maternal and child health.	The authors found that financial concerns related to the COVID-19 pandemic were significantly associated with a clinically significant depression score among pregnant women living in the United States. This could have long-term implications for maternal and child health.	Thayer ZM, Gildner TE. COVID-19-related financial stress associated with higher likelihood of depression among pregnant women living in the United States. Am J Hum Biol. 2020 Sep 22:e23508. doi: 10.1002/ajhb.23508. PMID: 32964542.
Aerosol-generating procedures, infectivity, nosocomial infection, transmission	22-Sep-20	Nebulisation procedures for children with unknown viral status during the COVID-19 pandemic [Free Access to Abstract Only]	Journal of Asthma	Article Commentary	Aerosolization (suspension in air of particles $<10 \mu\text{m}$) potentially increases the time that healthcare workers are exposed to SARS-CoV-2. There is no evidence that PPE is required every time a nebulizer is given to a child with unknown COVID-19 status; such guidance would deplete stores unnecessarily. The risk of transmission from pediatric patients to healthcare workers depends on the worker's health, the clinical status of the child, and the environmental conditions in which nebulized medication is given. The authors suggest a risk assessment whenever nebulizers are used by pediatric patients with unknown COVID-19 status using the following questions as a guide: 1) Is the nebuliser needed? 2) Is there a risk to particular healthcare workers? 3) Can other measures reduce the need for nebulisation? 4) Can we minimize risks to healthcare workers? Specific recommendations in response to each question are provided.	In this commentary, the authors propose a risk assessment for the use of nebulisers by pediatric patients with unknown COVID-19 status and provide appropriate recommendations to minimize risk of transmission to healthcare workers.	Rodríguez-Martínez CE, Sinha IP, Whittaker E, et al. Nebulisation procedures for children with unknown viral status during the COVID-19 pandemic. J Asthma. 2020 Sep 22:1-3. doi: 10.1080/02770903.2020.1827418. PMID: 32962456.

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Maternity care, midwifery, experiences, Australia	22-Sep-20	Experiences of receiving and providing maternity care during the COVID-19 Pandemic in Australia: a five-cohort cross-sectional comparison	medRxiv	Pre-print (not peer reviewed)	This cross-sectional study conducted in Australia from May 13 to June 24, 2020 explores how changes implemented during the COVID-19 pandemic affected the experiences of women, their partners, midwives, medical practitioners and midwifery students (for 5 total cohorts) receiving or providing maternity care during the pandemic. This was conducted using an online survey with a total of 3701 responses from across Australia. While anxiety related to COVID-19 was high among all five cohorts, women were more likely to indicate concern about their own health and their family's health and safety in relation to COVID-19, whereas midwives, doctors and midwifery students were more likely to be concerned about occupational exposure. Midwifery students and women's partners were more likely to respond that they felt isolated because of the changes to the way care was provided. Despite concerns about care received or provided not meeting expectations, most respondents were satisfied with the quality of care provided, although midwives and midwifery students were less likely to agree.	This article describes a multi-perspective exploration and comparison of the experiences receiving and providing maternity care during the COVID-19 pandemic in Australia.	Bradfield Z, Wynter K, Hauck Y, Vasilevski V, Kuliukas L, Wilson A, Szabo RA, Homer C, Sweet L. Experiences of receiving and providing maternity care during the COVID-19 Pandemic in Australia: a five-cohort cross-sectional comparison. medRxiv. 2020 Sept 22.
Testing, viral load, nasopharyngeal swab, children, outpatient, California, USA	22-Sep-20	Nasopharyngeal SARS-CoV2 viral loads in young children do not differ significantly from those in older children and adults	medRxiv	Pre-print (not peer reviewed)	To determine whether or not children less than five years of age carry higher viral loads in the nasopharynx than older children and adults, the authors conducted a multicenter investigation across two labs in California, USA on 5,544 SARS-CoV-2 cases confirmed by real-time reverse transcription (RT) PCR assay. They used cycle threshold (Ct) values to approximately reflect the viral load (inversely related to Ct value) stratified by three age groups: ages <5 years, 5-17 years, and 18 and older. No significant differences in Ct value were observed across the three groups (laboratory A: N= 4,619, ANOVA p = 0.18) and laboratory B: N= 925, ANOVA p= 0.073). The authors conclude that for their population of asymptomatic and mildly symptomatic individuals tested in an outpatient setting, children less than age 5 did not display higher nasopharyngeal viral loads than older children or adults. This study did not include patients hospitalized with severe disease.	In an outpatient population of COVID-19 positive individuals detected by RT-PCR assay of nasopharyngeal swabs conducted in California, there was no significant difference in viral load across three age groups: children less than 5 years, children 5-17 years, and adults 18 years and older.	Madera S, Crawford E, Langelier C, Tran NK, Thornborrow E, Miller S, DeRisi JL. Nasopharyngeal SARS-CoV2 viral loads in young children do not differ significantly from those in older children and adults. medRxiv. 2020 Sept 22.
Breastfeeding, infant, vertical transmission, skin-to-skin, United States	22-Sep-20	Neonates and COVID-19	Journal of Pediatrics and Child Health	Commentary	This author briefly comments on the uncertainty of COVID-19 transmission from mother to fetus or neonate. He mentions two case reports of the isolation of SARS-CoV-2 from amniotic fluid and placenta, and two cases of SARS-CoV-2 detection in the nasopharynx of neonates < 48 hours old, suggesting congenital infection may occur. The author then discusses an observational cohort study by Salvatore et al., of 120 neonates born to COVID-19 positive mothers in New York City, USA. Breastfeeding, skin-to-skin care, and rooming-in were allowed, with hygiene and infection control precautions. None of the neonates were COVID-19 positive at 24 hours of life. Of the 82 (68%) neonates followed	This author presents case reports that suggest congenital COVID-19 infection may occur. He also comments on an observational cohort study, which indicates that infection control measures could help prevent mother-to-infant	Neonates and COVID-19. J Paediatr Child Health. 2020 Sep 22. doi: 10.1111/jpc.15204. Epub ahead of print. PMID: 32959933.

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					up to days 5–7 after birth, 68 (83%) roomed in with their mothers and 64 (78%) were breastfeeding. Naso-pharyngeal PCR testing for SARS-CoV-2 was performed on 79 of the 82 neonates at 5–7 days of life and on 72 of the neonates at 14 days: all tests were negative. No infants were symptomatic. These data indicate that infection control measures could help prevent mother-to-infant transmission of SARS-CoV-2.	transmission of SARS-CoV-2.	
Primary care, children, pediatric, oncology, cancer diagnoses, tumor	22-Sep-20	Timely pediatric cancer diagnoses: An unexpected casualty of the COVID-19 surge	Pediatric Blood & Cancer	Commentary	Delivery of pediatric primary care enables early detection of pediatric cancer-related symptoms. Existing data suggest a mild clinical course and low asymptomatic carriage rates for pediatric oncology patients infected with COVID-19. Regional pediatric primary care highly varies with restricted hours and shifts toward virtual or drive-through vaccination-only visits. The authors present a case study of mass detection at a primary care clinic to demonstrate the indispensable role of the primary care provider. A pediatrician detected an abdominal mass in a healthy 12-month-old male patient at his wellness visit; the mass was found to be a stage II Wilms tumor. The patient underwent a nephrectomy, and the treatment for this condition is expected to be curative in over 90% of cases. Primary care is crucial for not only diagnosing an occult solid tumor but also determining the timeline of interventions. The authors found a 59% decline in newly diagnosed tumor cases in February through May 2020, compared with that of September 2019. Since earlier diagnoses may impact disease stage and outcomes, well-child care visits combined with required vaccinations should remain a priority both for primary care providers and families.	Well-child care visits, including required vaccinations, should remain a priority both for primary care providers and families, even during the COVID-19 crisis.	O'Neill, AF, Wall, CB, Roy-Bornstein, C, Diller, L. Timely pediatric cancer diagnoses: An unexpected casualty of the COVID-19 surge. <i>Pediatr Blood Cancer</i> . 2020;e28729. https://doi.org/10.1002/pbc.28729
Ovarian cancer, pleural metastasis, pulmonary metastasis, Italy	22-Sep-20	Pulmonary and pleural metastasis mimicking COVID-19 infection in stage IV ovarian cancer: a case report	Tumori	Case Report	This case report describes a 41-year-old woman in Italy with FIGO (International Federation of Gynecology and Obstetrics) stage IV ovarian cancer with pleural and pulmonary spread that showed COVID-19–like results on radiologic imaging. In February 2020, the patient came to the emergency department presenting distended abdomen, abdominal pain, and absence of peristalsis. Gynecologic ultrasound showed a bilateral ovarian complex mass without ascites and an urgent surgery was planned. After primary cytoreduction, pathology revealed clear cell ovarian cancer, undifferentiated, FIGO stage IV. The patient developed a high fever and worsening dyspnea with desaturation (92% in ambient air). Chest CT scan revealed ground-glass opacity in the upper lung lobe as well as interstitial and alveolar engagement, strongly suspect for COVID-19. However, 3 nasopharyngeal swabs performed with an interval of 1 day for the second swab and 1 week for the third all showed negative results. The final diagnosis was paraneoplastic fever. This case suggests that pulmonary metastasis can mimic radiologic findings found in COVID-19.	This case report describes a 41-year-old woman in Italy with stage IV ovarian cancer with pleural and pulmonary spread that appeared to mimic COVID-19 on radiologic imaging.	Carbone F, Palaia I, Santangelo G. Pulmonary and pleural metastasis mimicking COVID-19 infection in stage IV ovarian cancer: a case report. <i>Tumori</i> . 2020;300891620952851. doi: 10.1177/0300891620952851

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Telehealth, prenatal care, high-risk obstetrics, survey, USA	22-Sep-20	Adherence and Acceptability of Telehealth Appointments for High Risk Obstetrical Patients During the COVID-19 Pandemic	American Journal of Obstetrics & Gynecology MFM	Original Research	Since the onset of the COVID-19 pandemic, providers in urban settings consider telehealth as a potential means to provide obstetrical care. While general obstetrical care has successfully incorporated telehealth, little is known about patients' and providers' attitudes in high-risk obstetrics. The authors conducted a cross-sectional survey for 91 patients and 33 providers between 1 March - 30 May 2020 in New York, USA to describe their attitudes toward telehealth and determine if telehealth improves patients' adherence to scheduled appointments. They also compared the attended, canceled, and no-show visit rates before and after telehealth implementation. 86.9% of patients and 87.8% of providers were satisfied with telehealth usage for the care of high-risk obstetrics. 73.8% of patients preferred a combination of in-person and telehealth visits during their pregnancy. A significantly higher rate of providers (56%) preferred in-person visits compared to patients (23%). The rate of no-show appointments, patient-canceled appointments, and patient same-day cancellations, were significantly lower after implementing telehealth. The authors provide tables with patient demographics, survey results, and the outcomes of scheduled appointments. COVID-19 has challenged health-care modalities; however, patients' high satisfaction with telehealth in high-risk obstetrics and the improvement in care access are promising for future care innovations.	The survey on telehealth in New York USA revealed a high satisfaction rate among both patients and providers, as well as a willingness to integrate telehealth into the traditional high-risk obstetrical care model. Telehealth implementation in high-risk obstetrics could improve care access by reducing the rate of missed appointments.	Jeganathan S, Prasannan L, Blitz MJ, Vohra N, Rochelson B, Meirowitz N. Adherence and Acceptability of Telehealth Appointments for High Risk Obstetrical Patients During the COVID-19 Pandemic. Am J Obstet Gynecol MFM. 2020 Sep 22:100233. doi: 10.1016/j.ajogmf.2020.100233. Epub ahead of print. PMID: 32984803; PMCID: PMC7506329.
Children, type 1 diabetes mellitus, diabetic ketoacidosis, Australia	22-Sep-20	PRESENTATION OF PAEDIATRIC TYPE 1 DIABETES IN MELBOURNE, AUSTRALIA DURING THE INITIAL STAGES OF THE COVID-19 PANDEMIC	Journal of Pediatrics and Child Health	Letter to the Editor	Since the implementation of social isolation precautions in the COVID-19 pandemic, paediatric diabetes centers across Australia have voiced concerns about an apparent reduction in new presentations of type 1 diabetes mellitus (T1DM). To assess this concern, the authors evaluated new presentations of T1DM (both total numbers and proportion presenting in diabetic ketoacidosis (DKA)) across two hospitals in Victoria, Australia from February to May 2017–2020. The severity of DKA at presentation and admissions to the ICU were recorded. The absolute number of new presentations of T1DM between February–May 2020 was similar to previous years. DKA severity and ICU admissions were similar for all years. Based on a combined estimation from 2017–2019, there was no difference between the expected rate of DKA (42.5 vs. 51.7%, P = 0.2) or severe DKA (37.2 vs. 43.3%, P = 0.5) in 2020. No individual was diagnosed with COVID-19. The authors conclude that concerns regarding increased severity at presentation of children with T1DM during the COVID-19 pandemic are not supported by this data.	The authors evaluated new presentations of type 1 diabetes mellitus, diabetic ketoacidosis (DKA) severity at first presentation, and ICU admissions in two hospitals in Australia from February–May in 2017–2020. There was no difference in numbers of new presentations or DKA severity in 2020 compared to previous years, which the authors conclude may indicate successful avoidance of the projected pandemic-related health-care crisis.	Atlas G, Rodrigues F, Moshage Y, et al. Presentation of Paediatric Type 1 Diabetes in Melbourne, Australia During the Initial Stages of the Covid-19 Pandemic. Journal of Paediatrics and Child Health. 2020. doi:10.1111/jpc.15081

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Children, pediatric dental care, oral health, Australia	22-Sep-20	COVID-19: implications for pediatric dental care in the hospital setting	Journal of Pediatrics and Child Health	Letter to the Editor	Optimal oral health is essential to ensure health and well-being, especially for children with underlying medical conditions. Due to the COVID-19 pandemic, there are concerns that restrictions on dental services may lead to a major oral health crisis in children. The authors conducted a study from January-May 2020 to evaluate COVID-19-related impacts on service provision in a tertiary Australian children's hospital. 2408 patients were reported in the department of dentistry in 2020, which was 40.2% less than in 2019. The reduction in attendance for routine dental care was substantial, with 35.1%, 90.9% and 90.6% fewer patients in March, April and May, respectively. Preventive treatments were reduced by 90% and routine dental services were reduced by at least 90% in April and May, 2020. The results demonstrate that COVID-19 has had a major effect on dental care for children since lack of timely dental care is likely to lead to more severe oral disease, complex treatment options, and poor health outcomes.	The authors conducted a study from January-May 2020 to evaluate COVID-19-related impacts on service provision in a tertiary Australian children's hospital. The reduction in attendance for routine dental care was substantial, with 35.1%, 90.9% and 90.6% fewer patients in March, April and May, respectively.	Welti R, D'Mello G, Ramalingam L, Silva M. COVID-19: implications for paediatric dental care in the hospital setting. Journal of Paediatrics and Child Health. 2020. doi:10.1111/jpc.15198
Preoperative testing, surgery, children, surgery	22-Sep-20	Implementation and expansion of a preoperative COVID-19 testing process for pediatric surgical patients	Pediatric Anesthesia	Correspondence	The authors describe a standardized approach utilized in their institution for pre-operative COVID-19 testing of pediatric surgical patients based on patient symptoms and risk of the procedure, implemented to ensure safety of patients, their families, and hospital staff. In their approach, surgical cases are limited to those which are emergent, urgent, and semi-urgent (must be done within four weeks) to limit unnecessary exposures. Patients are scheduled for outpatient testing usually within 48 hours of procedure date. Asymptomatic patients with negative test results proceed with their procedure. Patients with positive test results are rescheduled after a minimum of 2 weeks and a negative test result. Any case deemed urgent with a positive COVID-19 test result proceeds with the procedure. Patients presenting for an aerosol-generating surgical procedure without pre-operative COVID-19 testing are either tested upon arrival while the case is delayed until results become available, or have their surgery rescheduled with pre-operative testing.	The authors describe a standardized approach utilized in their institution for pre-operative COVID-19 testing of pediatric surgical patients based on patient symptoms and risk of the procedure.	Geng-Ramos G, Cronin JA, Heitmiller E, et al. Implementation and expansion of a preoperative COVID-19 testing process for pediatric surgical patients. Pediatric Anesthesia. 2020;30(8):952-953. doi:10.1111/pan.13963
Pediatric, anesthesia, anesthesiologists	22-Sep-20	COVID-19: Is it time for pediatric anesthesiologists to always protect ourselves?	Pediatric Anesthesia	Correspondence	The author responds to the paper, "Pediatric anesthetic implications of COVID-19 – A review of current literature" by von Ungern-Sternberg explaining that the paper summarizes the current knowledge on the topic and suggests an anesthesia management pathway in COVID-19 children. The author of this correspondence draws attention to the protection measures that should be used during airway management of non-COVID-19 children by pediatric anesthesiologists. Protection against blood-borne infections is generalized in the operation room settings, but universal respiratory protection is just starting to be in debate in adult literature. Although identifying positive cases	The author of this correspondence discusses additional measures that pediatric anesthesiologists should consider when caring for patients without COVID-19. These may include the use of anxiolytic measures, video laryngoscopes, and wearing an N95 mask.	De Jose Maria B. COVID-19: Is it time for pediatric anesthesiologists to always protect ourselves?. Pediatric Anesthesia. 2020;30(8):954-954. doi:10.1111/pan.13935

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					should be the goal to prevent infection transmission, health care workers have learned from COVID-19 that this may be challenging. Most children experience less severe symptoms of COVID-19 than adults, and some might even be completely asymptomatic. The author states that in addition to paying extremely careful attention to intubation and extubation periods, it may also be time to reinforce other common pediatric measures as well. These may include the use of anxiolytic pediatric measures, implementing more widespread use of video-laryngoscopes, and always wearing an N95 mask in the operation room.		
Congenital heart disease, convalescent plasma, antibodies, USA	22-Sep-20	COVID-19 convalescent plasma clears SARS-CoV-2 refractory to remdesivir in an infant with congenital heart disease	Blood Advances	Case Report	The authors present the case of a 3.1kg term 9-week old girl with trisomy 21, who presented with cardiopulmonary failure secondary to unrepaired congenital heart disease exacerbated by COVID-19 in Atlanta, Georgia, USA. The patient required clearance of SARS-CoV-2 for surgical candidacy. However, despite completion of remdesivir, the neonate required endotracheal intubation for worsening respiratory failure on hospital day 25. The authors hypothesized that administering COVID-19 convalescent plasma (C19-CP) may clear SARS-CoV-2 post remdesivir failure. The infant received 2 aliquots of C19-CP (10 mL/kg per aliquot), obtained from two donors, both of whom had mild symptoms of COVID-19. She demonstrated improved respiratory status, lymphocyte count, and C-reaction protein reduction. A SARS-CoV-2 nasopharyngeal swab was negative following the second aliquot of C19-CP. The authors, suggesting the potential role of C19-CP in viral clearance in infants, cite the importance of understanding the impact of C19-CP on the resolution of active infection. However, future studies are needed to fully define the efficacy of C19-CP in this vulnerable patient population	The authors describe the case study of an infant with cardiopulmonary failure secondary to heart disease exacerbated by COVID-19, who showed improvement after transfusion of COVID-19 convalescent plasma (C19-CP). The authors hypothesize that C19-CP may be a safe and effective treatment option in SARS-CoV-2 infection resistant to remdesivir. However, especially for infants, further characterization of C19-CP needs to be done before use.	Rodriguez Z, Shane AL, Verkerke H, et al. COVID-19 convalescent plasma clears SARS-CoV-2 refractory to remdesivir in an infant with congenital heart disease. Blood Adv. 2020;4(18):4278-4281. doi:10.1182/bloodadvances.2020002507
Anxiety, depression, pregnancy, stress, Iran, maternal health	22-Sep-20	Depression, stress, anxiety and their predictors in Iranian pregnant women during the outbreak of COVID-19	BioMed Central (BMC) Psychology	Research Article	This descriptive-analytical cross-sectional study was conducted in Iran to determine the status of depression, stress, anxiety and their predictors in Iranian pregnant women during the outbreak of COVID-19. The authors collected data from 205 pregnant women using the socio-demographic characteristics questionnaire and the DASS-21 (Depression, Anxiety and Stress Scale-21), which were completed online. Scores for each subscale range from zero 0-21, with a higher score indicating a worse situation. The mean (SD) scores of depression, stress, and anxiety were 3.91 (3.9), 6.22 (4.25), and 3.79 (3.39), respectively. Depression, stress, and anxiety symptoms were observed in 32.7%, 32.7%, and 43.9% of the participants, respectively. Women whose husbands had a non-university education were less likely to report depression, anxiety, and stress compared to	This descriptive-analytical cross-sectional study was conducted to determine the status of depression, stress, anxiety and their predictors in Iranian pregnant women during the outbreak of COVID-19. Results suggest strategies to promote marital life satisfaction and socio-economic status can play an effective role in reducing stress, anxiety	Effati-Daryani F, Zarei S, Mohammadi A, et al. Depression, stress, anxiety and their predictors in Iranian pregnant women during the outbreak of COVID-19. BMC Psychol. 2020 Sep 22;8(1):99. doi: 10.1186/s40359-020-00464-8. PMID: 32962764.

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					those with a university degree, a finding inconsistent with other studies. Depression was more common in women whose husbands had lower-paying jobs. Depression, stress and anxiety scores were lower in women who were satisfied or very satisfied with their marital lives. Anxiety scores were significantly lower in women experiencing their first and second pregnancies than in those in their third and more pregnancies.	and depression in pregnant women.	
Preterm infant, preterm follow-up care, telemedicine, video consultation, COVID-19 pandemic, Germany	22-Sep-20	Clinical experience on video consultation in preterm follow-up care in times of the COVID-19 pandemic	Pediatric Research	Brief Report	Follow-up care after NICU discharge is important for pre-term infants, due to their risk for neuro-developmental and respiratory problems. Follow-up visits also support parent-child interaction and provide information for parents with pre-term children. During the COVID-19 pandemic, however, social distancing is crucial for these high-risk patients. This article suggests replacing some clinic visits with video consultations for such families. The authors report that, in one health practice in Germany, 30 families of infants born at < 34 weeks of pregnancy engaged in follow-up video consultations during the 2020 pandemic. The children ranged in corrected age from 3 months to "preschool age." No other information was given about patient characteristics or demographics. Health care providers guided the families through performing the neurological exams themselves, while the providers watched on video. Parents reported feeling empowered through these experiences, while children were calm and cooperative in their home environments. All 30 families gave positive feedback about the visits. While some elements of physical examination and testing are not possible via video, the authors conclude that tele-medicine is a feasible and useful supplement to regular care, particularly for children born pre-term.	The authors share one health-care practice's use of video consultations during the COVID-19 pandemic. They conclude that tele-medicine visits are a feasible and useful supplement to regular care, particularly for children born pre-term.	Albayrak B, Dathe AK, Cordier L, Felderhoff-Müser U, Hüning B. Clinical experience on video consultation in preterm follow-up care in times of the COVID-19 pandemic. <i>Pediatr Res.</i> 2020 Sep 22. doi: 10.1038/s41390-020-01169-9. Epub ahead of print. PMID: 32961545.
cesarean section, delivery, pregnancy, pregnant woman, SARS-CoV-2, COVID-19	21-Sep-20	Urgent Cesarean Delivery Following Nonstress Test in a Patient with COVID-19 and Pregestational Diabetes	NeoReviews	Case Report	The authors present a case of a 28-year-old G4P2012 pregnant woman at 34 weeks' gestation who presented via a telehealth visit with rhinorrhea, anosmia, and mild cough and was positive for SARS-CoV-2. Her pregnancy was complicated by poorly controlled type 1 diabetes mellitus, chronic hypertension, and previous cesarean delivery. She had no obstetric complaints during the telehealth visit. Routine antenatal testing with a nonstress test (NST) and amniotic fluid index measurement were performed by clinic staff following appropriate COVID-19 precautions and PPE. On the day of her fetal surveillance, she reported a mild cough but was not in any acute distress. Her NST demonstrated multiple variable decelerations, and she subsequently underwent an urgent repeat cesarean delivery of a female infant weighing 2,480 g with Apgar scores of 4, 7, and 8 at 1, 5, and 10 minutes, respectively. Postoperatively, the patient developed a fever (102.3°F [39.0°C]) and was empirically started	This case report is of a 28-year-old G4P2012 pregnant woman at 34 weeks gestation diagnosed with COVID-19 after reporting symptoms of rhinorrhea, anosmia, and mild cough during a telehealth visit. She underwent an urgent cesarean delivery due to concerning antenatal testing. The authors advocate for appropriate safety precautions and PPE while performing indicated	Suresh SC, MacGregor CA, Ouyang DW. Urgent Cesarean Delivery Following Nonstress Test in a Patient with COVID-19 and Pregestational Diabetes. <i>Neoreviews.</i> 2020;21(9):e625-e630. doi:10.1542/neo.21-9-e625

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					on antibiotics for possible endometritis. Her blood cultures came back negative. She did not require oxygen, nor did she develop acute respiratory distress. She recovered and was subsequently discharged from the hospital on postoperative day 4. However, the neonate developed respiratory distress immediately after delivery and was subsequently intubated. CXR showed findings consistent with respiratory distress syndrome, but the neonate tested negative for SARS-CoV-2. The neonate recovered and was subsequently discharged from the hospital 2 weeks after birth.	antenatal testing rather than postponing or forgoing testing to optimize maternal and neonatal safety during the COVID-19 pandemic.	
Kawasaki disease, MIS-C, clinical characteristics, children, immunology	21-Sep-20	Kawasaki Disease and COVID-19	Mediterranean Journal of Rheumatology	Original Article	In this overview of the clinical characteristics and pathophysiology of Kawasaki Disease (KD), the authors provide a comparison of KD to the clinical spectrum of MIS-C. MIS-C related to the SARS-CoV-2 pandemic appears to share clinical, pathogenetic and laboratory features with KD, toxic shock syndrome, and macrophage activation syndrome (MAS). The authors highlight the following differences between MIS-C and KD: 1) Patients with MIS-C have a broad age range from early childhood to late adolescence, whereas KD predominantly occurs in early childhood. 2) MIS-C tends to have more frequently gastro-intestinal involvement, myocarditis and/or cardiogenic shock and heart failure requiring inotropic support, circulatory assistance and PICU admission. 3) MIS-C may have resistance to IV Immunoglobulin infusion treatment. 4) MIS-C is a cytokine storm driven predominantly by IL-6 and IL-8 while in patients with KD, IL-1 appears to be the main mediator of coronary artery inflammation. In conclusion, the hyperimmune and life-threatening syndrome of MIS-C in children and adolescents affects many organs/systems with features of both KD and toxic shock syndrome.	The authors review Kawasaki Disease clinical characteristics and pathophysiology and provide a comparison to MIS-C associated with SARS-CoV-2 in children. The authors conclude that the age of presentation, prominence and severity of gastro-intestinal and cardiac features, and primary inflammatory mediators are key differences between the two conditions.	Gkoutzourelas A, Bogdanos DP, Sakkas LI. Kawasaki Disease and COVID-19. <i>Mediterr J Rheumatol</i> . 2020 Sep 21;31(Suppl 2):268-274. doi: 10.31138/mjr.31.3.268.
COVID-19; SARS-CoV-2; pediatrics; children; telemedicine; immunocompromised; screening; physical activity	21-Sep-20	A Decision-Making Algorithm for Children With Suspected Coronavirus Disease 2019-Reply	Journal of American Medical Association Pediatrics (JAMA Pediatrics)	Comment & Response	The authors respond to the comments from Feketea et al., who offer perspectives on solutions during the COVID-19 pandemic in response to the authors' article. The authors described the expansion of clinicians' telehealth visits and nutritional and mental health support for pediatric patients and their families during the COVID-19 pandemic in their article. Feketea and Vlachas demonstrate their institution's operationalization of COVID-19 screening via telemedicine services, and the authors state that telescreening can be used to make safe and effective recommendations for care. Feketea et al. remind child health clinicians to prioritize physical activity for children with cancer during the COVID-19 stay-at-home recommendations. The authors support their use of telemedicine to evaluate and provide safe activities for children who are immunocompromised.	The authors respond to perspectives on solutions during the COVID-19 pandemic. The authors state that telescreening by Feketea et al. can be used to make safe and effective recommendations for care. The authors support Feketea et al. in using telemedicine to evaluate and provide safe activities for children who are immunocompromised.	Thompson LA, Rasmussen SA. A Decision-Making Algorithm for Children With Suspected Coronavirus Disease 2019-Reply. <i>JAMA Pediatr</i> . 2020;174(12):1222-1223. doi:10.1001/jamapediatrics.2020.3016

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Children, pandemic, clinical profile	21-Sep-20	Clinical Profile of Covid-19 in Children, Review of Existing Literatures	Pediatric Health, Medicine, and Therapeutics	Review Article	While the majority of children experience less severe COVID-19 symptoms than adults, the clinical manifestation in children is not specific and yet to be determined. The authors explore the COVID-19 etiology, pathogenesis, clinical manifestations, and complications in children based on a literature review. Multiple studies suggest a lower risk of life-threatening conditions in children compared to adults. Children are thought to have fewer ACE2 and TMPRSS2 receptors in their nasal tissue than adults, which could explain fewer pneumonia and cases with Acute respiratory distress syndrome (ARDS) in children. Their immature immune systems could also limit the ability to mount cytokine storms. The most common symptom in children is fever, and productive cough, vomiting, and diarrhea incidents are much higher than in adults. The authors present tables summarizing laboratory changes and comparing the laboratory findings among adults and children. Compared to adults, the white blood cell counts of children were normal with decreased neutrophil and increased lymphocyte counts. MIS-C, a syndrome that appears 4-6 weeks after infection, have been reported worldwide. It often manifests as high fever, hypotension, and abdominal pain, and in rare cases, could progress into life-threatening complications. However, overall, most infected children have had mild symptoms and have an excellent prognosis.	The clinical manifestation in children with COVID-19 is not specific, and children are less likely to experience severe cases compared to adults; however, rare cases of life-threatening complications and death associated with COVID-19 can happen.	Tiruneh FT. Clinical Profile of Covid-19 in Children, Review of Existing Literatures. Pediatric Health Med Ther. 2020 Sep 21;11:385-392. doi: 10.2147/PHMT.S266063. PMID: 33061744; PMCID: PMC7518768.
PIMS-TS, abdominal pain, diagnostic uncertainty, acute appendicitis, UK	21-Sep-20	Pediatric abdominal pain in the time of COVID-19: a new diagnostic dilemma	Journal of Surgical Case Reports	Case Report	The authors discuss two cases of children presenting to the ICU with abdominal pain in the UK. Both patients presented with abdominal pain, non-bilious vomiting, and high temperatures. Patient A was a 14-year old girl with no underlying medical conditions. Her mother had experienced shortness of breath and high temperatures two weeks prior but had not been tested for COVID-19. Patient A was reported to be Rosving's positive and eventually tested negative for SARS-CoV-2. She was treated for pediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 (PIMS-TS). An echocardiogram on hospital day 8 of the disease revealed a left coronary artery ectasia. Patient B, a 3-year-old boy had abdominal distension and a tender lower abdomen and tested positive for SARS-CoV-2. Abdominal CT also revealed perforated appendicitis with intra-abdominal collection. He underwent open appendectomy and recovered well. The authors presented these cases to highlight the diagnostic uncertainty that exists during the COVID-19 pandemic. The authors recommend repeated clinical assessments, multispecialty working teams, and a low threshold for cross-sectional abdominal imaging to enable differentiation between PIMS-TS, COVID-19, and acute appendicitis in ill children with abdominal pain and unremarkable abdominal sonography.	The authors detail the cases of children presenting with abdominal pain and symptoms consistent with pediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 (PIMS-TS) and appendicitis. They highlight the diagnostic uncertainty that exists during COVID-19. To enable differentiation between PIMS-TS, COVID-19, and acute appendicitis, the authors recommend, amongst others, a cross-sectional abdominal imaging to enable differentiation.	Harwood R, Partridge R, Minford J, Almond S. Paediatric abdominal pain in the time of COVID-19 : a new diagnostic dilemma. J Surg Case Reports. 2020;2020(9). doi:10.1093/jscr/rjaa337

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Pregnancy, child, pharmaceutical services, China	21-Sep-20	Allocation of pharmaceutical resources in maternal and child healthcare institutions during the COVID-19 pandemic	Revista da Associação Médica Brasileira	Article	This article shares experiences based on the effective management of COVID-19 cases at the Chengdu Women's and Children's Central Hospital in China for the rational allocation of pharmaceutical resources in maternal and child healthcare institutions as part of an effective medical emergency plan. Seven recommendations were proposed including the 1. establishment of a group of experts on emergency drugs for children and pregnant women, 2. drafting prevention and treatment regimen based on treatment guidelines, 3. emergency drug inventory management and supply chain optimization, 4. development of a drug safety monitoring program, 5. establishment of an emergency working group with the pharmacy department, 6. setting up an emergency locum team of pharmacists, and 7. development of a code of conduct for emergency pharmacy services. Because no scarcity of medical resources or medication errors were experienced in this hospital during the COVID-19 pandemic, these experiences could serve as a reference for other hospitals focusing primarily on women and children.	This article shares experiences based on the effective management of COVID-19 cases at the Chengdu Women's and Children's Central Hospital in China for the rational allocation of pharmaceutical resources in maternal and child healthcare institutions as part of an effective medical emergency plan.	Cai J, Chen W, Yang X. Allocation of pharmaceutical resources in maternal and child healthcare institutions during the COVID-19 pandemic. Rev Assoc Med Bras. 2020;66(2):41-47. doi: https://doi.org/10.1590/1806-9282.66.s2.41
Twins, multiple gestation, prenatal care, telehealth, Brazil	21-Sep-20	Multiple pregnancy in SARS-CoV-2 outbreak: the prenatal care challenge	Einstein (Sao Paulo)	Letter to the Editor	In this letter, the authors discuss prenatal care for multiple (e.g. twin) gestations during the COVID-19 pandemic. They raise the following key points: The risk of COVID-19 infection in twin pregnancy is similar to that in singleton pregnancy. However, twin gestations require more frequent monitoring than singleton gestations because of the increased risk of twin-twin transfusion, fetal death, pre-eclampsia, developmental defects, and growth discordance. The authors propose that the increased frequency of obstetric visits for monitoring of multiple gestations could be maintained through utilization of telehealth, in an effort to reduce exposure of patients and prevent the transmission of COVID-19. They recommend following the American College of Obstetrics and Gynecology guidance for management of pregnant women with COVID-19, and advise against earlier delivery solely based on maternal COVID-19 infection, as evidence has not demonstrated maternal or neonatal benefit.	In this letter, the authors make recommendations regarding the management of multiple gestations during the COVID-19 pandemic, given that they require more frequent monitoring than singleton pregnancies.	Santana EFM, Elito Júnior J. Multiple pregnancy in SARS-CoV-2 outbreak: the prenatal care challenge. Einstein (Sao Paulo). 2020 Sep 21;18:eCE5990. PMID: 32965300.
Pregnancy, vertical transmission, neonate, delivery, Brazil	21-Sep-20	Current evidence of SARS-CoV-2 vertical transmission: an integrative review	Revista da Associação Médica Brasileira	Review Article	An integrative review of vertical transmission of SARS-CoV-2 was performed based on the literature available in the MEDLINE (via PubMed) and LILACS databases, using the descriptors "pregnancy" AND "COVID-19" AND "vertical transmission". This search included case reports or case series published up until 17th June 2020 in English or Portuguese for a total of 15 selected articles of 251 pregnant women and 195 neonates. Few studies (3 out of 15) in the analysis indicated positive results for SARS-CoV-2 in fetal membranes, placenta, and in newborns right after birth, however in these studies horizontal transmission could not be ruled out. Additionally, no difference was observed in	In this review of 15 articles regarding vertical transmission of SARS-CoV-2, the authors noted evidence of SARS-CoV-2 in fetal membranes, placenta, or newborns directly after birth in 3 out of 15 studies, however horizontal transmission could not be ruled out.	Oliveira LV, Silva CRACD, Lopes LP, Agra IKR. Current evidence of SARS-CoV-2 vertical transmission: an integrative review. Rev Assoc Med Bras (1992). 2020 Sep 21;66Suppl 2(Suppl 2):130-135. doi: 10.1590/1806-9282.66.s2.130 . PMID: 32965371.

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					transmission when comparing different modes of delivery. The authors conclude that vertical transmission is possible although unlikely, and further studies with a great number of cases are warranted to determine whether the virus may be vertically transmitted to the fetus. They recommend that pregnant women with stable clinical conditions be encouraged for vaginal delivery.	More data is needed to confirm whether or not vertical transmission is possible.	
Maternal health, neonatal health, child health, socioeconomic crises, policy, prevention, mortality, resilience	21-Sep-20	Building resilient societies after COVID-19: the case for investing in maternal, neonatal, and child health	The Lancet Public Health	Viewpoint	Data from several countries show an increase in markers of poor maternal, neonatal, and child health (MNCH) during socioeconomic shocks, including low birth weight, preterm birth, maternal and infant malnutrition, maternal drug or alcohol misuse, and HIV infection. The authors discuss many of the short-term, medium-term, and long-term detrimental effects on population health, in particular MNCH, as a result of previous socio-economic crises. They call for urgent attention during the COVID-19 pandemic to the measurement of the effects of the pandemic and its resulting economic recession on MNCH, and to the design of appropriate responses. Previous crises provide insights that can be translated into policies targeting MNCH and reducing associated gender-based, reproductive, racial, and social inequalities during the current pandemic. The authors conclude that to be robust and reflective of future resilience, models should incorporate uncompensated work done by women, and assess both long-term and shorter-term effects.	The authors describe the possible short, medium, and long-term detrimental effects of the COVID-19 pandemic and its resulting economic recession on maternal, neonatal, and child health (MNCH). They call for effective policy informed by previous economic crises aimed at prevention of these detrimental effects.	Jacob CM, Briana DD, Di Renzo GC, Modi N, Bustreo F, Conti G, Malamitsi-Puchner A, Hanson M. Building resilient societies after COVID-19: the case for investing in maternal, neonatal, and child health. The Lancet Public Health. 2020 Sep 21.
Kawasaki disease, myocarditis, pediatric vascularity	21-Sep-20	Pediatric multisystem inflammatory syndrome associated with COVID-19: filling the gap between myocarditis and Kawasaki?	European Journal of Pediatrics	Original Article	During the COVID-19 pandemic, reports of a new form of myocarditis with clinical features of Kawasaki disease appeared. The authors summarize the characteristics of 32 children (age ≤ 18 years) referred to a university hospital in Strasbourg, France for suspicion of Kawasaki or a diagnosis of myocarditis. Cases were divided into 4 groups: 11 Kawasaki diseases, 6 Kawasaki syndromes (children with another diagnosis), 7 myocarditis without Kawasaki clinical feature and 7 myocarditis with incomplete Kawasaki clinical features. All except the myocarditis group were treated with immunoglobulins. The survival rate was 91%. The 7 children with myocarditis and clinical features of incomplete Kawasaki were all positive for SARS-CoV-2. They had a transient myocardial failure with a favorable course and none had coronary artery disease. This new disease fills the gap between pediatric myocarditis and Kawasaki disease but its prognosis is much better.	This article summarizes the characteristics of 32 children (age ≤ 18 years) referred to a university hospital in Strasbourg, France for suspicion of Kawasaki or a diagnosis of myocarditis. Every child with confirmed COVID-19 (n=7) had mild to severe myocarditis and presented with fever along with 2-3 Kawasaki clinical features.	Bordet J, Perrier S, Olexa C, et al. Paediatric multisystem inflammatory syndrome associated with COVID-19: filling the gap between myocarditis and Kawasaki? Eur J Pediatr. 2020 Sep 21. doi: 10.1007/s00431-020-03807-0. PMID: 32959075.

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Chest CT scan, pregnancy, Turkey	21-Sep-20	The clinical findings and outcomes of symptomatic pregnant women diagnosed with or suspected of having coronavirus disease 2019 in a tertiary pandemic hospital in Istanbul, Turkey	The Journal of Obstetrics and Gynaecology Research	Original Research	The authors conducted this retrospective study at a hospital in Turkey, to describe the clinical course of symptomatic pregnant women with COVID-19. The study included 27 patients with RT-PCR-confirmed COVID-19, and 25 patients with suspected COVID-19 based on symptoms and chest CT findings. Participants were hospitalized between 25 March and 25 May 2020. The mean age of patients was 30 + 5.7 years (range 18-42 years), and gestational age ranged from 6w2d to 40w2d (mean 26w1d). The mean duration of hospitalization was 6.1 + 3 days. The most common symptom was cough (73.0%, n=38); fever occurred in 17.3% (n=9). 35 patients' CT scans suggested viral pneumonia. All patients received oxygen support, enoxaparin, and hydroxychloroquine treatment. Other antivirals and antibiotics were given as clinically indicated. 4 patients delivered vaginally, and 10 patients underwent a C-section, 4 of which were indicated for COVID-19 complications. 4 patients were admitted to ICU after C-section. Newborns were isolated from their mothers and given expressed breast milk, and all tested negative for COVID-19. The authors conclude that early hospitalization and treatment can improve the clinical course in symptomatic pregnant patients with suspected or confirmed COVID-19. Chest CT is suitable in pregnant women with suspected COVID-19 infection.	The authors conducted this retrospective study to describe the clinical course of symptomatic pregnant women with COVID-19. Early hospitalization and treatment can improve the clinical course in symptomatic pregnant patients with suspected or confirmed COVID-19.	Alay I, Yildiz S, Kaya C, Yasar KK, Aydin OA, Karaosmanoglu HK, Aydeniz B, Salihoglu O, Yaşar L, Ekin M. The clinical findings and outcomes of symptomatic pregnant women diagnosed with or suspected of having coronavirus disease 2019 in a tertiary pandemic hospital in Istanbul, Turkey. J Obstet Gynaecol Res. 2020 Sep 21. doi: 10.1111/jog.14493. Epub ahead of print. PMID: 32954601.
Children, Kawasaki Disease	21-Sep-20	Kawasaki and COVID-19 disease in children: a systematic review	Revista da Associação Médica Brasileira	Review Article	This systematic literature review evaluated the association of Kawasaki Disease (KD) and COVID-19 in children. A search of literature from January 2010 to May 2020 provided 840 articles of which only one met the inclusion criteria. The included study was a case report of a 6-month old female patient diagnosed and treated for KD with confirmed COVID-19. She initially presented with fever, agitation, and refusal to eat. On the 2nd day of fever, she developed an erythematous rash and, on the 4th day, persistent skin rash, mild congestion, irritability, limb-sparing conjunctivitis, and chapped lips. On the 5th day of fever, the child exhibited prominent papillae of the tongue, maculopapular, polymorphic, throbbing rash, and swelling of the hands and lower extremities, thus meeting the classic criteria for KD. A chest X-ray showed a low opacity in the left lung. Due to the fever, mild congestion, and chest X-ray, the child was referred for COVID-19 testing, which returned positive the night before discharge.	Resulting from a literature review evaluating the association of Kawasaki Disease and COVID-19 in children from January 2010 - May 2020, the authors review a case study of a 6-month old female diagnosed and treated for KD with positive test results for COVID-19.	Gonçalves LF, Gonzales AI, Patatt FSA, et al. Kawasaki and COVID-19 disease in children: a systematic review. Rev Assoc Med Bras (1992). 2020 Sep 21;66Suppl 2(Suppl 2):136-142. doi: 10.1590/1806-9282.66.S2.136. PMID: 32965372.
Food insecurity, health equity, children, policy, USA	21-Sep-20	Addressing Food Insecurity through a Health Equity Lens: a Case Study of Large Urban School Districts	Journal of Urban Health	Article	Reduced access to school meals during public health emergencies can accelerate food insecurity and nutritional status, particularly for low-income children in urban areas. Guided by the Getting to Equity (GTE) framework, the authors conducted a mixed-methods study evaluating emergency meal distribution and strategy implementation in 4 large US urban school districts (Chicago, Houston, Los Angeles, and New York City). In all 4 districts, meals	This mixed-methods study evaluated emergency meal distribution and strategy implementation in 4 large US urban school districts (Chicago, Houston, Los Angeles, and New York	McLoughlin GM, McCarthy JA, McGuirt JT, Singleton CR, Dunn CG, Gadhoke P. Addressing Food Insecurity through a Health Equity Lens: a Case Study of Large Urban School Districts during the COVID-19 Pandemic. J Urban

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		during the COVID-19 Pandemic			reached only a portion of the normal student population and geospatial analysis of meal site locations suggests potential gaps in reach. The authors identified strategies according to the 4 components of the GTE framework: increase healthy options, reduce deterrents, build on community capacity, and increase social and economic resources. Strategies to increase healthy options included serving adult household members, providing timely information on meal site locations, and promoting a balanced diet. The quantity, frequency, and nutritional quality of meals varied. Deterrents were reduced with inclusive language and images and promoting social distancing in multiple languages. Districts built capacity by partnering with first responder, relief, and community organizations. Social and economic resources were increased by providing technology assistance to families, childcare referrals for essential workers, and other wellness resources. Based on the GTE framework, the authors developed evidence-based guidelines for equitable emergency meal distribution during a pandemic.	City) to assess which strategies were effective in providing equitable meal access.	Health. 2020 Sep 21. doi: 10.1007/s11524-020-00476-0. Epub ahead of print. PMID: 32959216.
Neonate, vertical transmission, case report, Iran	21-Sep-20	Two seriously ill neonates born to mothers with COVID-19 pneumonia- a case report	Italian Journal of Pediatrics	Case Report	This case report presents two seriously ill neonates born by C-section from mothers with established COVID-19 pneumonia in Iran on March 3 and March 5, 2020 respectively. Laboratory tests showed lymphopenia with high LDH and hypocalcemia right after the birth. They had fever for days without responding to antibiotics and despite ruling out other potential causes. Both patients initially tested negative by RT-PCR for SARS-COV-2 (2 days and 1-hour post birth respectively) but were positive in the second round of testing (7 days and 12 days post birth respectively). Because of his mother's death, one neonate was fed formula exclusively; the other was fed by a nurse with the mother's expressed breastmilk with precautions in place such as washing hands, breast, and electric pump. Hydroxychloroquine was used to treat both patients. Based on the evidence, vertical transmission of COVID-19 for the neonates is less likely, although it cannot be completely ruled out. Although strict operational procedures were maintained to ensure the prevention of infection transmission during labor and after transfer to the isolated ward, horizontal transmission may be possible. Preterm neonates may have more severe COVID-19 symptoms compared to term neonates owing to a weaker immune system and priority should be given to clinical features of neonates, especially fever.	This case report presents two seriously ill neonates who were born by C-section from mothers with established COVID-19 pneumonia in Iran. Although initially showed negative, both patients gave positive RT-PCR results for SARS-COV-2 in the second round of testing. Only one of the infants was fed the mother's breastmilk, which was expressed with electric pump.	Sagheb S, Lamsehchi A, Jafary M. Two seriously ill neonates born to mothers with COVID-19 pneumonia- a case report. Ital J Pediatr. 2020; 46,137. doi: https://doi.org/10.1186/s13052-020-00897-2

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Gender-based violence, sexual violence, child abuse, domestic violence, prevention, intervention, Nepal	21-Sep-20	Mitigating violence against women and young girls during COVID-19 induced lockdown in Nepal: a wake-up call	Globalization and Health	Editorial	This editorial describes the gender impacts of COVID-19 restrictions on Nepalese women and young girls, focusing on gender-based violence (GBV). Restrictions on public movement may exacerbate GBV by increasing victims' proximity to perpetrators and reducing women's and young girls' ability to seek help. A total of 885 complaints of domestic violence were received from April-June 2020, which was over double the number of complaints received within the same period before lockdown. Efforts to contain the virus have restricted normal health care operations, which has disrupted services to GBV survivors, and lockdown restrictions may prevent women and young girls from finding transportation to crisis management centers. 48 complaints of child sexual assaults were made in the first 6 weeks of lockdown (compared to a total of 211 for the entire prior Nepali fiscal year). Isolation from school may exacerbate harmful practices like child marriage. The authors recommend that prevention and management of GBV be included as an essential service in the COVID-19 response plan, including preparing frontline workers to address GBV in clinical settings and disseminating public information on seeking help and effects of GBV through mass media mobilization.	In this editorial, the authors describe how the COVID-19 pandemic lockdown impacts gender-based violence against women and young girls in Nepal and offer recommendations, such as educating healthcare workers and disseminating public information on ways to seek help.	Dahal M, Khanal P, Maharjan S, et al. Mitigating violence against women and young girls during COVID-19 induced lockdown in Nepal: a wake-up call. Global Health. 2020;16(1):84. Published 2020 Sep 21. doi:10.1186/s12992-020-00616-w
Pediatric surgery, isolation, England	21-Sep-20	The safety of paediatric surgery between COVID-19 surges: an observational study	Anaesthesia	Original Article	Despite the ongoing COVID-19 pandemic, elective pediatric surgeries must continue through the first, second, and subsequent waves of the disease. The authors presented outcome data from a children's hospital in north-west England, the region with the highest prevalence of COVID-19 in the country. Children and young people (median age 5.4 years) undergoing elective surgery isolated in their household for 14 days, and then presented for RT-PCR testing for SARS-CoV-2 within 72 hours of their procedure, or within 24 hours in high-risk cases. A total of 488 out of 501 (97.4%) elective admissions proceeded. This represented a 2.6% COVID-19-related cancellation rate. There was no difference in the incidence of SARS-CoV-2 amongst children and young people who had or had not isolated for 14 days. One out of 685 children who had surgery re-presented to hospital with symptoms potentially consistent with SARS-CoV-2 within 14 days of surgery. Outcomes were similar to those in the same time period in 2019 for length of stay, unplanned critical care admissions, and 14-day hospital readmission. However, the current cohort were younger, of increased complexity, and underwent more complex surgery. The authors' results suggest that the combined use of household self-isolation and testing and screening questionnaires has allowed the re-initiation of elective pediatric surgery at a high volume while maintaining pre-COVID-19 outcomes in children and young	The authors of this study performed a cohort study to analyze the safety of pediatric surgery during the COVID-19 pandemic and between surges of the pandemic. They described how the combined use of self-isolation and testing/screening upon admission has allowed for the re-initiation of elective pediatric surgeries.	Okonkwo INC, Howie A, Parry C, Shelton CL, Cobley S, Craig R, Permall N, El-Sheikha SH, Herbert N, Arnold P. The safety of paediatric surgery between COVID-19 surges: an observational study. Anaesthesia. 2020 Sep 21. doi: 10.1111/anae.15264. Epub ahead of print. PMID: 32955100.

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					people undergoing surgery. This may provide a model for addressing the ongoing challenges posed by COVID-19, as well as future pandemics.		
Children, low risk, disproportionate harms, precautions	21-Sep-20	COVID-19 in children and young people	Science	Perspective	The SARS-CoV-2 pandemic has brought distinct challenges to the care of children and adolescents globally. Unusually for a respiratory viral infection, children and adolescent are at much lower risk from symptomatic COVID-19 than any other age group. Evidence from contact tracing studies suggests that children and teenagers are less susceptible to SARS-CoV-2 infection than adults. However, community swabbing and seroprevalence studies conducted outside of outbreak settings suggest that infection rates are similar to those in older age groups. The reason for the lower burden of symptomatic disease in children remains unclear. Upper airway expression of ACE2, a receptor for the SARS-CoV-2 spike protein, increases with age. Higher ACE2 expression correlates with being positive for SARS-CoV-2 genomic RNA in swabs of upper respiratory tracts from symptomatic children, but not with viral load. An alternative proposal is the absence in children of maladaptive immune responses that lead to acute respiratory distress syndrome in older age groups. There are likely other unidentified mechanisms. While children may be implicated in the transmission of the virus, existing evidence points to educational systems playing only a limited role in transmission when mitigation measures are in place. Therefore, school closure should be undertaken with concern given the indirect harms they incur.	In this perspective, the authors present that children have a low risk of COVID-19 and are disproportionately harmed by pandemic precautions such as school closing. The authors argue that pandemic mitigation measures that affect children's wellbeing should only occur if evidence exists that they help, because there is ample evidence that they do harm.	Snape MD, Viner RM. COVID-19 in children and young people. Science. 2020 Sep 21:eabd6165. doi: 10.1126/science.abd6165. Epub ahead of print. PMID: 32958582.
Pediatric, infant, Iran	21-Sep-20	Coronavirus disease 2019 in a 2-month-old male infant: A case report from Iran	Clinical and Experimental Pediatrics	Case Report	These authors share the case of a previously healthy 2-month-old male infant who presented to a hospital in Iran with fever and diarrhea, in April 2020. COVID-19 diagnosis was confirmed with RT-PCR testing and chest CT, which showed pleural effusion and pneumothorax. After development of dyspnea, rhinorrhea, and increased diarrhea, the patient was transferred to the ICU. Although the family resided in an area with high COVID-19 prevalence, the child had no known contacts with COVID-19 illness, and both parents tested negative. Interestingly, oximetry readings were always normal in this patient, and he had no significant lab abnormalities. The patient was treated with hydroxychloroquine and lopinavir/ritonavir. After five days of medication, the only remaining symptom was mild diarrhea, and the patient was discharged. At a follow-up one week later, the patient was asymptomatic, and chest radiography was normal. The authors report that children are susceptible to COVID-19, but illness in children is usually milder than in adults. They conclude that the timely diagnosis and treatment of infected children are	These authors present the case of a 2-month-old male infant with COVID-19 infection in Iran. They conclude that the timely diagnosis and treatment of infected children is vital, as this could help individual patient recovery, and also decrease COVID-19 community transmission.	Heydari H, Eshagh Hossaini SK, Hormati A, Afifian M, Ahmadpour S. Coronavirus disease 2019 in a 2-month-old male infant: A case report from Iran. Clin Exp Pediatr. 2020 Sep 21. doi: 10.3345/cep.2020.00941. Epub ahead of print. PMID: 32972052.

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					vital, as this could help individual patient recovery, and also decrease COVID-19 community transmission.		
Cardiopulmonary exercise testing, personal protective equipment, USA, Canada	21-Sep-20	The Adaptation of Pediatric Exercise Testing Programs to the Coronavirus/COVID-19 Pandemic	World Journal for Pediatric and Congenital Heart Surgery.	Original Research	There has been minimal information on how COVID-19 has affected exercise testing in pediatric patients. A web-based survey was designed and sent to pediatric exercise testing laboratories in the USA and Canada to understand the initial and ongoing adaptations. There were responses from 42% (35/85) of programs, with 68% (23/34) of laboratories discontinuing all exercise testing. Of the 23 programs that discontinued testing, 15 (65%) are actively working on triage plans to re-open. PPE use included gloves (96%), surgical masks (88%), N95 masks (54%), face shields (69%), and gowns (62%). 47% (15/32) of programs that typically acquire metabolic measurements reported either ceasing or modifying metabolic measurements during COVID-19. 62% (16/26) of the programs that previously obtained pulmonary function testing reported either ceasing or modifying pulmonary function testing. Almost 60% of respondents expressed a desire for additional guidance on exercise laboratory management. Pediatric exercise testing laboratories largely closed during the early pandemic. There remains a lack of consensus in how to minimize exposure risks to pediatric patients and staff; therefore the authors recommend standardization of exercise testing guidelines during the COVID-19 pandemic.	This study sent a survey to pediatric exercise testing laboratories in the USA and Canada and found that almost 66% of exercise testing facilities polled ceased all testing at some point in time. There remains a lack of consensus between programs in PPE use and protocols for restarting routine exercise testing.	Powell AW, Mays WA, Curran T, et al. The Adaptation of Pediatric Exercise Testing Programs to the Coronavirus/COVID-19 Pandemic. World Journal for Pediatric and Congenital Heart Surgery. September 2020. doi:10.1177/2150135120954816
Telehealth, pediatric oncology, physical activities	21-Sep-20	A Decision-Making Algorithm for Children With Suspected Coronavirus Disease 2019	The Journal of the American Medical Association Pediatrics	Comment & Response	The authors support an article by Rasmussen and Thompson that highlighted the expansion of clinicians' telehealth visits and nutritional and mental health support for pediatric patients and their families during the COVID-19 pandemic. Physical abilities and activities are especially limited among pediatric cancer patients, because their immune-compromised status necessitates limited contact with friends, families, and specialists. Since this population is at excessive risk for long-term cardio-metabolic compromise, services that remediate functional loss and promote physical activity via telehealth or other remote strategies are critical. The activity needs of pediatric cancer patients should not be abandoned during the pandemic. Clinicians need innovative solutions to help this vulnerable population maintain or restore physical function.	The authors agree with an article that highlighted the need for telehealth visit expansion and nutritional and mental health support during the COVID-19 pandemic, especially in pediatric oncology.	Ha L, Mizrahi D, Ness KK. A Decision-Making Algorithm for Children With Suspected Coronavirus Disease 2019. JAMA Pediatr. Published online September 21, 2020. doi:10.1001/jamapediatrics.2020.3003
Pregnant women, labor and delivery, universal testing, SARS-CoV-2 antibodies, New York, USA.	21-Sep-20	SARS-CoV-2 Antibodies in Pregnant Women Admitted to Labor and Delivery	American Journal of Obstetrics and Gynecology	Original Research	The authors sought to determine the seroprevalence rate of SARS-CoV-2 in all pregnant women admitted to the labor and delivery units of 7 hospitals in the Northwell Health system in New York, USA, between May 27 and July 24, 2020. They also sought to correlate serum antibody status to PCR testing results to determine the prevalence of potential immunity in their population. All pregnant women in the study had their blood drawn for SARS-CoV-2 IgG antibodies, and IgG titers were	This study in New York, USA, showed a high seroprevalence rate of SARS-CoV-2 in pregnant women. The authors suggest that universal testing on labor and delivery units represents a	Haizler-Cohen L, Davidov A, Blitz MJ, Fruhman G. SARS-CoV-2 Antibodies in Pregnant Women Admitted to Labor and Delivery. Am J Obstet Gynecol. 2020 Sep 21:S0002-9378(20)31101-7. doi: 10.1016/j.ajog.2020.09.022.

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		[Journal Pre-Proof]			resulted as either positive, negative or equivocal. The results showed that of the 1671 women delivered in the Northwell Health system, 269 were SARS-CoV-2 seropositive (16.1%), 1400 were seronegative (83.7%) and two were equivocal (0.11%). The authors suggest that these results reflect the high prevalence of the virus in New York state, once the epicenter for SARS-CoV-2 in the United States.	unique opportunity to continuously study exposure to SARS-CoV-2 in the pregnant population.	Epub. PMID: 32971014; PMCID: PMC7503125.
Labor management, United States	21-Sep-20	Impact of labor and delivery unit policy modifications on maternal and neonatal outcomes during the COVID-19 pandemic	American Journal of Obstetrics & Gynecology	Original Article	The authors sought to determine whether labor and delivery unit policy modifications made at a tertiary care hospital in the USA during the COVID-19 pandemic were associated with differences in outcomes for mothers and newborns. The authors conducted a retrospective cohort study of all deliveries occurring between January 1-April 30, 2020, between the pre-implementation group (January-February) and post-implementation group (March-April). Postpartum length of stay was significantly shorter after implementation of labor unit changes related to COVID-19. A postpartum stay of 1 night following vaginal delivery occurred in 48.5% of patients in the post-implementation group compared to 24.9% of the pre-implementation group (p<0.0001). Postoperative length of stay after cesarean delivery of ≤2 nights occurred in 40.9% of patients in the post-implementation group compared to 11.8% in the pre-implementation group (p<0.0001). Similarly, after vaginal delivery, 49.0% of newborns were discharged home after one night in the post-implementation group compared to 24.9% in the pre-implementation group (p<0.0001). After cesarean delivery, 42.5% of newborns were discharged after ≤2 nights in the post-implementation group compared to 12.5% in the pre-implementation group (p<0.0001). There were no differences in cesarean delivery rate, induction of labor, or adverse maternal or neonatal outcomes between the two groups.	The authors conducted a retrospective cohort study of all deliveries occurring between January 1-April 30, 2020 at a tertiary care hospital in the USA during the COVID-19 pandemic to assess impact of labor and delivery unit policy modifications on maternal and neonatal outcomes. Maternal and newborn length of stay in the hospital were significantly shorter after delivery without increases in the rate of adverse maternal or neonatal outcomes.	Greene NH, Kilpatrick SJ, Wong MS, et al. Impact of labor and delivery unit policy modifications on maternal and neonatal outcomes during the COVID-19 pandemic [published online ahead of print, 2020 Sep 21]. Am J Obstet Gynecol MFM. 2020. doi:10.1016/j.ajogmf.2020.100234
Schools, children, adolescents, infection control, community transmission	21-Sep-20	Have we misjudged the role of children in spreading COVID-19?	Canadian Medical Association Journal (CMAJ)	News Article	Children may play a bigger role in the spread of SARS-CoV-2 than initially suspected. Quoting various Canadian pediatricians and expert groups, this article summarizes current evidence on the role of school-aged children in community transmission of SARS-CoV-2 [no citations are provided]. The article claims children have been under-represented in COVID-19 case counts because they are less likely than adults to show symptoms and therefore may escape detection, resulting in biased data. Although children may have some biological protection against SARS-CoV-2, owing to a lower density of ACE-2 receptors in the nasal mucosa, this article suggests that poor adherence to precautionary measures may cancel out any biological advantage. Other evidence shows children >10 years old are just as likely to be infected or infect others with SARS-CoV-2. While Denmark has demonstrated that	Quoting various Canadian pediatricians and expert groups, this article summarizes current evidence on the role of school-aged children in community transmission of SARS-CoV-2.	Vogel L. Have we misjudged the role of children in spreading COVID-19? CMAJ. 2020 Sep 21;192(38):E1102-E1103. doi: 10.1503/cmaj.1095897. PMID: 32958577.

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					reopening schools can be safe, provided that local transmission is low and appropriate measures are in place, such as reduced class sizes and well-ventilated classrooms, school outbreaks in Israel underscore the need for caution.		
Children, viral load, contact tracing	21-Sep-20	You say potato, I say tomato: reassessing SARS-CoV-2 viral loads in children	The Journal of Pediatrics	Letter to the Editor	Yonker et al concluded that SARS-CoV-2 nasopharyngeal viral load in children in the first two days of symptoms was significantly higher than in hospitalized adults with severe disease. The author, in response to this, notes that while viral loads in children were high, they were not higher than levels reported by others in either adults or children at other time points after onset of symptoms. Hence, inferences about the infectivity of COVID-19 positive children is speculative. The author also notes that Yonker et al did not conduct contact tracing, and therefore cannot link viral load data to either school exposure or secondary attack rates.	The author of the letter discusses the inability to make the conclusions that Yonker et al established about SARS-CoV-2 viral load in children. While the viral loads in children were higher, they were not higher than level reported for adults or children after the onset of symptoms.	Lee B, Raszka WV Jr. You say potato, I say tomato: reassessing SARS-CoV-2 viral loads in children. J Pediatr. 2020 Sep 21:S0022-3476(20)31181-1. doi: 10.1016/j.jpeds.2020.09.048. Epub ahead of print. PMID: 32971144; PMCID: PMC7505819.
Obstetrics, anesthesia, workflow, hospital	21-Sep-20	Adaptation of an obstetric anesthesia service for the SARS-CoV-2 pandemic: description of checklists, workflows, and development tools [Free Access to Abstract Only]	Anesthesia & Analgesia	Original Article	Care of pregnant patients during the COVID-19 pandemic presents many challenges, including creating parallel workflows for infected and non-infected patients, minimizing waste of materials, and ensuring that clinicians can seamlessly transition between types of anesthesia. The exponential community spread of the disease has limited the time for development and training. The authors created a workflow and process to maximize safety for staff and patients, minimize risk of contamination, and reduce the waste of unused supplies and materials. They used a cyclical improvement system and the plus/delta debriefing method to rapidly develop workflows consisting of sequential checklists and procedure-specific packs. They designed independent workflows for labor analgesia, neuraxial anesthesia for cesarean delivery, conversion of labor analgesia to cesarean anesthesia, and general anesthesia. They also generated sequential checklists to allow staff to perform standard operating procedures without extensive training. Collectively, these workflows and tools allowed staff to urgently care for patients in high-risk situations without prior experience. Over time, the authors refined the workflows using a cyclical improvement system.	The authors describe a workflow and process development created to ensure a high quality of care and proper administration of anesthesia for pregnant patients during the COVID-19 pandemic. This included creating procedure-specific material packs and sequential checklists for staff.	Li Y, Ciampa EJ, Zucco L, Levy N, Colella M, Golen T, Shainker SA, Lunderberg JM, Ramachandran SK, Hess PE. Adaptation of an obstetric anesthesia service for the SARS-CoV-2 pandemic: description of checklists, workflows, and development tools. Anesth Analg. 2020 Sep 21. doi: 10.1213/ANE.0000000000005256 . Epub ahead of print. PMID: 33002928.
Canada, medications, pregnancy	21-Sep-20	Pregnancy and COVID-19: Pharmacologic Considerations	Ultrasound in Obstetrics and Gynecology	Review Article	This review critically appraises guidance in regard to pharmacologic considerations unique to pregnant and lactating women with COVID-19. The authors summarize the evidence, stating that it supports the use of ante-natal corticosteroids, magnesium sulfate and low-dose aspirin where clinically indicated. They further highlight that initiation, dosage, and duration of prophylactic anti-coagulation for pregnant patients with COVID should consider disease severity, timing of delivery in relation to disease onset, inpatient versus outpatient status, underlying comorbidities, and contra-indications to the use of	This review highlights specific pharmacologic considerations for pregnant women and provides an analysis of new evidence for the use of corticosteroids for treatment in pregnant women. The authors highlight the need for	D'Souza R, Ashraf R, Rowe H, et al. Pregnancy and COVID-19: Pharmacologic Considerations. Ultrasound Obstet Gynecol. 2020 Sep 21. doi: 10.1002/uog.23116.

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					anti-coagulation. This review also discusses the rationale behind suggested modifications for the use of peri-partum analgesia and anesthesia, as well as recent evidence supporting a reduction in mortality due to the use of corticosteroids. The authors hope that this review will be used not only to provide guidance to clinicians caring for pregnant and postpartum women during the COVID-19 pandemic, but will also encourage researchers to consider their inclusion in clinical trials of therapeutic interventions for COVID-19.	case-by-case considerations for those deemed higher risk.	
Health disparities, maternal mortality, pregnancy, Brazil, health equity	21-Sep-20	Maternal deaths in Brazil from severe COVID-19 respiratory disease: Time for a global commitment to ending health disparities	British Journal of Obstetrics and Gynaecology (BJOG)	Commentary	The authors comment on the Takemoto M. et al. report of 124 maternal deaths among individuals with SARS-CoV-2 attributable acute respiratory distress syndrome (ARDS) in Brazil. This report, which leveraged an ARDS surveillance system, demonstrated a case fatality rate of 12.7% for pregnant and postpartum women. While the report did not compare this rate to nonpregnant individuals of reproductive age, and despite the fact that this rate pertains only to individuals with severe enough COVID-19 respiratory disease to be reported to the national ARDS surveillance system, it is still a devastatingly high rate. Of note, an additional 433 pregnant/postpartum women with SARS-CoV-2 attributable ARDS in the national database (30% of the total) were excluded from analysis due to missing survival data; therefore, the true case fatality rate may be higher or lower than reported. The authors discuss how this report echos another pattern emerging from epidemiologic data, namely that health disparities are likely widening during the pandemic. They call for urgent global commitment to social re-engineering, eliminating health disparities, and addressing health equity to protect the most vulnerable populations.	The authors comment on a report from Brazil that demonstrated a high case fatality rate among pregnant and postpartum women with SARS-CoV-2 attributable ARDS. They call for global commitment to addressing health disparities widened by the COVID-19 pandemic.	Joseph NT, Wylie BJ. Maternal deaths in Brazil from severe COVID-19 respiratory disease: Time for a global commitment to ending health disparities. BJOG. 2020 Sep 21. doi: 10.1111/1471-0528.16521.
China, breast milk, antibodies, breastfeeding	20-Sep-20	Clinical and immunologic features among COVID-19-affected mother-infant pairs: antibodies to SARS-CoV-2 detected in breast milk	New Microbes and New Infections	Original Research	This study aimed to assess the clinical and immunologic features, as well as the breastfeeding advice, recommended to mother-infant pairs. Observational analysis was conducted on 14 pregnant patients with laboratory-confirmed COVID-19 who delivered during hospitalization at a tertiary-care center in Wuhan, China. All pregnant patients had live births and recovered well, 4 of which continued breastfeeding while taking precautions. No neonatal infections were observed, and none of the infants developed COVID-19 while breastfeeding. Upon analysis of the mothers' breast milk and vaginal secretions, the SARS-CoV-2 genome was not found to be present in the samples. Interestingly, both IgM and IgG antibodies to SARS-CoV-2 were detected in breast milk, cord blood and neonatal serum. The authors state that these results indicate that passive acquisition of antibodies against SARS-CoV-2 is available by ingesting breast milk. Additionally, they concluded that breastfeeding has a low	Based on the immunologic features of patients analyzed in this study, the authors concluded that antibodies to SARS-CoV-2 are passively transmitted through breast milk and there is a low risk of viral transmission through breast milk.	Gao X, Wang S, Zeng W, et al. Clinical and immunologic features among COVID-19-affected mother-infant pairs: Antibodies to SARS-CoV-2 detected in breast milk. New Microbes and New Infections. 2020;37:100752. doi: https://doi.org/10.1016/j.nmni.2020.100752.

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					risk of transmitting the SARS-CoV-2 virus and encouraged breastfeeding with prudent precautions.		
Indonesia, emergency surgeries, pediatrics	20-Sep-20	The Impact of COVID-19 pandemic on pediatric surgery practice: A cross-sectional study	Annals of Medicine and Surgery	Original Research	This retrospective study aimed to assess how the number and types of pediatric surgery practices changed during the COVID-19 pandemic at the Universitas Gadjah Mada/Dr. Sardjito Hospital, Indonesia. The authors compared three time periods: March 2019-February 2020 (prior to the pandemic), the last three months of that period just before the outbreak (December 2019-February 2020), and three months during the COVID-19 pandemic (March-May 2020). The frequency of elective pediatric surgeries during the pandemic was lower than during the three months prior to the outbreak: 61 vs. 18, 19 vs. 13, 19 vs. 5, and 30 vs. 15 for digestive, neonate, urology and oncology cases, respectively. No laparoscopic procedures were performed during the pandemic compared with 16 cases in the one-year period before the outbreak. The frequency of all emergency pediatric procedures before and during the COVID-19 pandemic was similar (29 vs. 20 cases, respectively), however, there was a decline in outpatient services. The authors conclude that the surgery practices of the hospital have been severely affected by the COVID-19 pandemic, necessitating a comprehensive strategy to avoid morbidity from neglected elective surgeries.	This study examined the pediatric surgery practices at a hospital in Indonesia, stating that there were noticeable decreases in elective pediatric surgeries and laparoscopic procedures during the COVID-19 pandemic compared to prior to the pandemic. The authors conclude that the hospital surgery practices have been severely affected and will require a comprehensive strategy to avoid morbidities.	Gunadi, Idham Y, Paramita VMW, et al. The Impact of COVID-19 pandemic on pediatric surgery practice: A cross-sectional study. Ann Med Surg (Lond). 2020. doi: 10.1016/j.amsu.2020.09.020.
Cameroon, pregnancy, fatality	20-Sep-20	Materno-Fetal Outcomes of COVID-19 Infected Pregnant Women Managed at the Douala Gyneco-Obstetric and Pediatric Hospital—Cameroon	Open Journal of Obstetrics and Gynecology	Original Research	This article describes the clinical burden of pregnant and postpartum patients managed for COVID-19 at the Douala Gyneco-Obstetric and Pediatric Hospital in Cameroon. The authors conducted a cross-sectional descriptive study using a pretested questionnaire and enrolled patients who fulfilled the inclusion criteria between March 24 and July 24, 2020. A total of 18 of the 301 (6%) pregnant women consulted at the facility, and 13 of the 44 (29%) pregnant women admitted to the facility tested positive for SARS-CoV-2. The most common presenting symptoms were: fever (27.4%), cough (21.5%), and dyspnea (15.7%). In 72.2% (n = 13) of the cases, the women were in their third trimester of gestation, and only three had comorbidities. All 18 patients received standard COVID-19 procedural healthcare. Eight patients delivered via C-section, mostly induced due to maternal distress. The neonatal mortality rate was 46%, and 4 of the 18 patients died, giving a case fatality rate of 22.2%. The authors state that while the profile of COVID-19 pregnant women in Douala-Cameroon tends to be similar to what is observed worldwide, the high case fatality rates differ from worldwide trends and require further investigation.	The authors describe case presentations of pregnant women infected with SARS-CoV-2 at a medical facility in Cameroon. They highlight higher adverse perinatal outcomes among the studied women despite having a similar global profile.	Ngalame, A. , Neng, H. , Inna, R, et al. (2020) Materno-Fetal Outcomes of COVID-19 Infected Pregnant Women Managed at the Douala Gyneco-Obstetric and Pediatric Hospital— Cameroon. Open Journal of Obstetrics and Gynecology, 10, 1279-1294. doi: 10.4236/ojog.2020.1090118.
Spain; COVID-19; SARS-CoV-2; adolescents	19-Sep-20	The Spectrum of COVID-19	Archivos de Bronchoneumologia	Case Report	In this letter, the authors described the prevalence and clinical characteristics of COVID-19 related pneumonia at a pediatric referral center during the pandemic in Spain. They evaluated	In this letter, the authors summarized the clinical and epidemiological	Ríos-Barnés M, Lanaspa M, Noguera-Julian A, et al. The Spectrum of COVID-19 Disease in

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		Disease in Adolescents			adolescents (10 - 18 years old) infected with SARS-CoV-2 from March 5 - June 30, 2020, in Hospital Sant Joan de Déu in Barcelona (Spain). Of the 58 adolescents with confirmed SARS-CoV-2 infection (mean age (SD): 13.2 years (2.2 years)), 16 were admitted: 5 due to COVID-19 related pneumonia, 3 due to SARS-CoV-2 related Kawasaki disease, and 8 because of non-COVID-19 related conditions. All patients with COVID-19 displayed lymphopenia and elevated inflammatory markers, with C-reactive protein and D-dimer concentrations correlating with the duration of admission and respiratory support needed. This case series presented a 10% prevalence of pneumonia in COVID-19 patients of the age-range, with the authors concluding that adolescents tended to present with moderate to severe symptomology compared to younger children. The authors suggested the possibility of using the level of inflammatory markers as a potential means to identify adolescents who are at high risk of severe COVID-19 earlier in their clinical course.	characteristics of COVID-19 at their pediatric referral center in Spain. All 58 patients admitted with confirmed SARS-CoV-2 infection presented with lymphopenia and elevated inflammatory markers. C-reactive protein and D-dimer levels showed a correlation with the duration of admission and duration of respiratory support needed. The authors suggested the potential usage of levels of inflammatory markers at admission as a means to identify adolescents high risk of severe COVID-19.	Adolescents. Arch Bronconeumol. 2020 Sep 19;S0300-2896(20)30298-2. doi: 10.1016/j.arbres.2020.08.016. Epub ahead of print. PMID: 33067027; PMCID: PMC7501841.
Pregnancy, premature delivery, Spain	19-Sep-20	Severe COVID-19 during pregnancy and the subsequent premature delivery	Pediatrics & Neonatology	Article	The authors describe the cases of 3 premature babies born to 2 mothers with severe COVID-19 pneumonia, whose condition deteriorated to the point that necessitated the use of mechanical ventilation on the mothers as well as accelerated C-section delivery. All the infants were admitted to the neonatal ICU at Vall d'Hebron University Hospital in Barcelona, Spain in March 2020. One child (female) was born at the gestational age of 30 weeks and 5 days to a 34-year old woman with severe respiratory failure, hemolysis, elevated liver enzymes, and a low platelet count. The clinical features were consistent with those of an uncomplicated preterm delivery, although the infant required mechanical ventilation for the first 24 hrs of life due to maternal sedation. The other two children (female twins) were born at gestational age of 28 weeks and 2 days to a 40-year-old woman with severe hypoxia. The infants required intubation for the first 48 hrs of life because of maternal sedation and received surfactant treatment. All the infants were separated from their mother and placed in strict isolation as soon as they were born and showed no signs or symptoms of COVID-19. RT-PCR of tracheal aspirates at birth and 24 hrs of life and nasopharyngeal swabs at 5 and 14 days of life were negative for SARS-CoV-2. Thus there was no evidence of in utero transmission.	The authors describe the cases of 3 premature infants delivered by 2 mothers with severe COVID-19 pneumonia by C-section in Spain in March 2020. All children were asymptomatic and tested negative for RT-PCR for SARS-CoV-2, indicating lack of in utero transmission.	Fernandez-Garcia C, Montaner-Ramon A, Hernandez-Perez S. Severe COVID-19 during pregnancy and the subsequent premature delivery. Pediatr Neonatol. 2020;S1875-9572(20)30145-5. doi: 10.1016/j.pedneo.2020.09.005.

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England, emergency department, pediatric, infection control, cross-infection	19-Sep-20	Incidence of spread of clinically relevant SARS-CoV2 infection between children in a tertiary emergency department: An evaluation	Journal of Infection	Letter to the Editor	The authors analyzed the number of clinically significant SARS-CoV-2 pediatric patients presenting to one Children's Emergency Department (CED) in England, to investigate the effectiveness of infection control measures. Clinical information was gathered retrospectively through the hospital's electronic medical records system. The CED followed public health policies, including PPE, hand washing, and separating the department into COVID and non-COVID zones based on symptoms. Of note, at the time of this study, national guidelines stated that SARS-CoV-2 testing could only be performed on patients admitted to the hospital. 10,777 children were seen in the CED between 17 March and 31 July 2020. During this time, 22 samples tested positive for SARS-CoV-19 by PCR. There was no overlap between any SARS-CoV-2 positive patients with any other patients who subsequently tested positive in the department. Thus, no clinically relevant COVID-19 cross-infection was noted. The authors discuss that the infection control measures at this CED appear to be effective. However, the practice of separating the department into zones has been burdensome; given that children do not appear to be causing clinically relevant spread within the CED, the authors question whether this practice is necessary.	The authors analyzed the number of clinically significant SARS-CoV-2 pediatric patients presenting to one Children's Emergency Department (CED) in England, to investigate the effectiveness of infection control measures.	Pandey M, Sisodia S, Bandi S, Roland D. Incidence of spread of clinically relevant SARS-CoV2 infection between children in a tertiary emergency department: An evaluation. J Infect. 2020 Sep 19;S0163-4453(20)30628-9. doi: 10.1016/j.jinf.2020.09.020. Epub ahead of print. PMID: 32961252.
Antiseptic, pediatric otolaryngology, povidone-iodine, surgery tonsillectomy	19-Sep-20	Considerations for povidone-iodine antiseptics in pediatric nasal and pharyngeal surgery during the COVID-19 pandemic	American Journal of Otolaryngology	Review	For otolaryngologists performing surgery on children, unique vulnerability to SARS-CoV-2 results from a regular interface with the upper respiratory tract mucosa. A growing interest in the peri-operative application of povidone iodine (PVP-I) to the nasopharynx and oropharynx has emerged. This review provides an evidence-based assessment of PVP-I in pediatric oral, nasal, and pharyngeal surgery. The authors conducted a contemporary literature review with an algorithmic approach to the potential use of PVP-I. Several formulations of PVP-I have shown rapidly in vitro virucidal activity against SARS-CoV-2. Antisepsis using 1.0% PVP-I mouthwash and 0.45% PVP-I throat spray can occur after 30 seconds of contact time. Fortunately, reports of adverse systemic effects following short-term use of PVP-I are rare. There are a number of scenarios in pediatric otolaryngology where the consideration of peri-operative preparation with PVP-I during the COVID-19 pandemic might occur. Prior to the application of any PVP-I solution, clinicians must carefully read the contents of preparation. To date, in vivo effectiveness of PVP-I against SARS-CoV-2 has yet to be established and possible risks of its direct use on upper aerodigestive mucosa of children must be weighed.	This review argues that low concentration solutions of povidone iodine (PVP-I) are effective in eliminating SARS-CoV-2 in experimental models, but the use of PVP-I in preparation for pediatric nasal, oral and pharyngeal procedures is not recommended without further evidence.	Stephen R. Chorney, Mark D. Rizzi, Kavita Dedhia, Considerations for povidone-iodine antiseptics in pediatric nasal and pharyngeal surgery during the COVID-19 pandemic, American Journal of Otolaryngology, 2020, https://doi.org/10.1016/j.amjoto.2020.102737 .

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Pregnancy, birth defects, hydroxychloroquine, gynecology, rheumatic disorders	19-Sep-20	Hydroxychloroquine early in Pregnancy and Risk of Birth Defects	American Journal of Obstetrics and Gynecology	Original Article	Hydroxychloroquine (HCQ) is generally considered safe in pregnancy for the treatment of rheumatic conditions, but studies have been too small to evaluate teratogenicity. The authors of this study evaluated the risk of major congenital malformations associated with exposure to HCQ during the first trimester, the period of organogenesis. They performed a population-based cohort study which included 2,045 HCQ exposed and 3,198,589 unexposed pregnancies. They compared the risk of congenital malformations in women with HCQ use during the first trimester to women with no use. They restricted the cohort to women with rheumatic disorders. Overall, 54.8 per 1,000 infants exposed to HCQ were born with major congenital malformation compared to 35.3 per 1,000 unexposed infants. These findings suggest a small increase in the risk of malformations associated with first trimester HCQ use. For most patients with auto-immune rheumatic disorders, the benefits of treatment during pregnancy will likely outweigh this risk. There is a need to balance the risk of malformations against the potential benefit if HCQ were shown to be effective for COVID-19 prophylaxis.	The authors describe the possible connection between first trimester hydroxychloroquine (HCQ) use and congenital malformations. If HCQ were shown to be effective for COVID-19 prophylaxis, the risk of congenital malformations would need to be balanced against the benefits for pregnant women.	Huybrechts KF, Bateman BT, Zhu Y, Straub L, Mogun H, Kim SC, Desai RJ, Hernandez-Diaz S. Hydroxychloroquine early in Pregnancy and Risk of Birth Defects. Am J Obstet Gynecol. 2020 Sep 19: S0002-9378(20)31064-4. doi: 10.1016/j.ajog.2020.09.007. Epub ahead of print. PMID: 32961123.
Israel, MIS-C, pediatric	19-Sep-20	COVID-19 in the Pediatric Population- Review and Current Evidence	Current Infectious Disease Reports	Review Article	This review summarizes the disease characteristics of SARS-CoV-2 infection in children, including epidemiology, pathophysiology, MIS-C, considerations for special populations, and indirect effects. Overall, there is a lower incidence in children compared with adult patients. Children comprise 1-2% of diagnosed cases, with the median age of infected children variably reported between 3.3 and 11 years old. Children typically suffer mild disease, with common symptoms including upper respiratory symptoms, cough, fever, and gastro-intestinal symptoms. Risk factors associated with severe disease include neonatal age group, male gender, lower respiratory tract disease, and pre-existing medical conditions. Possible vertical transmission from mother to fetus has been reported, and MIS-C can have a severe disease course, causing critical illness in numerous cases. The authors also report the indirect effects of the COVID-19 epidemic for children, including increased psychiatric morbidities, education loss, unhealthy lifestyle changes, and increased child neglect.	This article reviews the current data on disease characteristics of SARS-CoV-2 infection in children. The authors highlight the main symptoms of COVID-19 in children, the possibility of vertical transmission, and the occurrence of MIS-C.	Rabinowicz S, Leshem E, Pessach IM. COVID-19 in the Pediatric Population-Review and Current Evidence. Curr Infect Dis Rep. 2020. doi: 10.1007/s11908-020-00739-6.
Rhabdomyolysis, pediatrics, acute kidney injury, Belgium	19-Sep-20	Rhabdomyolysis and Acute Kidney Injury as Leading COVID-19 Presentation in an Adolescent	The Pediatric Infectious Disease Journal	Brief Reports	The authors present the case of a SARS-CoV-2 positive 15-year-old male in Belgium presenting with rhabdomyolysis and renal failure without any fever or respiratory symptoms. The clinical history started on March 23, 2020 when he developed intense muscle pain. On day 3 of symptoms, he visited an emergency room where his physical examination was normal and the laboratory analyses were unremarkable. He continued to have abdominal pain over the next 2 days, along with vomiting and	The authors present the case of a 15-year-old COVID-19-positive male admitted with rhabdomyolysis and renal failure. The authors argue that that SARS-CoV-2 may have been responsible for	Tram N, Chiodini B, Montanos I, et al. Rhabdomyolysis and Acute Kidney Injury as Leading COVID-19 Presentation in an Adolescent. Pediatr Infect Dis J. 2020;39(10):e314-e315. doi:10.1097/INF.0000000000002853

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					mild diarrhea. On day 6 of symptoms, he developed tea-colored urines, polyuria, polydipsia, and general fatigue. He was admitted to the pediatric intensive care unit, where laboratory analyses showed severe renal failure, mild hypocalcemia, mild hepatic cytolysis, C-reactive protein elevation, and severe rhabdomyolysis (release of myoglobin into the bloodstream due to muscle breakdown). A SARS-CoV-2 rapid antigenic test on a nasopharyngeal swab tested positive. The patient received supportive care (sodium bicarbonate and aggressive hydration). The muscle pain disappeared with a steady decrease of serum creatinine kinase and a rapid recovery of renal function. He was discharged 9 days after admission. Testing during a follow-up visit on April 21 st showed increased SARS-CoV-2 IgG antibodies. The positive result of the SARS-CoV-2 rapid antigenic test in addition to the significant rise in serum IgG levels 1 month after the disease onset suggests that SARS-CoV-2 may have been responsible for the rhabdomyolysis.	the rhabdomyolysis. The authors argue COVID-19–associated rhabdomyolysis should be suspected in all age patients with acute onset myalgia.	
Pediatric, general population, mortality, rates, ratios, countries	19-Sep-20	COVID-19 Pediatric Mortality Rates Are Heterogenous Between Countries	medRxiv	Pre-print (not peer reviewed)	The authors aimed to explore the differences in the pediatric COVID-19 mortality rates between countries. They analyzed data from 23 countries with populations over 5 million that reported COVID-19 deaths in children < 15 years of age, from May through August 2020. The results showed that the pediatric COVID-19 mortality rates varied from 0 to 12.1 deaths per million people, with the highest overall rates in Peru, followed by European countries (United Kingdom, Spain, and Italy). On the other hand, the highest COVID-19 pediatric to general population mortality ratios were identified in Asian countries, and there was a significant variation between countries (ranging from 0 in the Republic of Korea to 10.4% in India). In most countries, deaths were more frequent in the 0-4 years old age group, except for Brazil, where the highest mortality rates were in children > 10 years of age. Of note, pediatric COVID-19 mortality rates and pediatric to general COVID-19 mortality ratios were strongly correlated with historical baseline neonatal mortality rates, but only moderately correlated with COVID-19 mortality rates in the general population.	The authors observed heterogeneity in the pediatric COVID-19 mortality rates between countries that parallels historical neonatal mortality rates. These findings suggest the essential role of the social determinants of health and the quality of health care systems in pediatric COVID-19 mortality disparities between countries.	Gonzalez-Garcia N, Liliana Miranda-Lora A, Mendez-Galvan J, et al. COVID-19 pediatric mortality rates are heterogenous between countries. medRxiv. 2020. doi: https://doi.org/10.1101/2020.09.17.20196832
China, psychiatric symptoms, pregnant women, anxiety, trauma, stress, depression, insomnia	19-Sep-20	The prevalence of psychiatric symptoms of pregnant and non-pregnant women during the COVID-19 epidemic	Translational Psychiatry	Original Article	The authors assessed the prevalence of psychiatric symptoms among pregnant women compared to non-pregnant women to determine the psychological impacts of the COVID-19 epidemic on pregnant women. A cross-sectional study of pregnant and non-pregnant women of reproductive age was conducted from February 28-March 12, 2020 in China. The mental health status was assessed by patient health questionnaire, generalized anxiety disorder scale, insomnia severity index, somatization subscale of the symptom checklist 90, and post-traumatic stress disorder	A cross-sectional study of 859 pregnant and non-pregnant women was conducted from February 28-March 12, 2020 in China to determine psychological impacts of the COVID-19 epidemic. The authors found that	Zhou Y, Shi H, Liu Z, et al. The prevalence of psychiatric symptoms of pregnant and non-pregnant women during the COVID-19 epidemic. Transl Psychiatry. 2020 Sep 19;10(1):319. doi: 10.1038/s41398-020-01006-x .

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					(PTSD) checklist. In total, 859 women responded to the online survey, including 544 pregnant women and 315 non-pregnant women. In this study, 5.3%, 6.8%, 2.4%, 2.6%, and 0.9% of pregnant women were identified to have symptoms of depression, anxiety, physical discomfort, insomnia, and PTSD, respectively. The corresponding prevalence rates among non-pregnant women were 17.5%, 17.5%, 2.5%, 5.4%, and 5.7%, respectively. After adjusting for other covariates, the authors observed that pregnancy was associated a reduced risk of symptoms of depression (OR = 0.23; 95% CI: 0.12-0.45), anxiety (OR = 0.26; 95% CI: 0.16-0.42), insomnia (OR = 0.19; 95% CI: 0.06-0.58), and PTSD (OR = 0.15; 95% CI: 0.04-0.53) during the COVID-19 epidemic.	during the COVID-19 epidemic in China, pregnant women displayed fewer depression, anxiety, insomnia, and PTSD symptoms than non-pregnant women.	
Italy, children, pernio-like, skin lesions	19-Sep-20	Management of pernio-like cutaneous manifestations in children during the outbreak of covid-19	Dermatology Therapy	Original Research	The aim of the study was to describe the management of pernio-like skin manifestations in children and to evaluate a possible correlation to SARS-CoV-2 infection. 9 patients between the ages of 5 and 15 years (median age 11.5 years old) were evaluated. Skin lesions observed were purplish, erythematous and oedematous, in some cases painful and itchy. 6 of the 9 patients had respiratory and systemic symptoms that preceded the cutaneous findings by approximately 2 weeks. When blood was analyzed, 3 of the 9 had elevated D-dimer levels, and 4 of the 9 were positive for IgM antibodies, but SARS-CoV-2 swabs were negative for all patients. The authors hypothesize that despite there not being enough evidence to prove it, there is a correlation between the pernio-like lesions and SARS-CoV-2 infection.	This paper reports on 9 cases of pernio-like skin manifestations in child patients. The authors hypothesize that there is a correlation between these skin manifestations and SARS-CoV-2 infection, but state that more research is needed to make a solid conclusion.	Gallizzi R, Sutera D, Spagnolo A, et al. Management of pernio-like cutaneous manifestations in children during the outbreak of covid-19. <i>Dermatol Ther.</i> 2020. doi: 10.1111/dth.14312.
COVID-19; Case report form; Common data element; Coronavirus; Disease prevalence; Neurological manifestations; Neurological symptoms; SARS-CoV2	18-Sep-20	The Global Consortium Study of Neurological Dysfunction in COVID-19 (GCS-NeuroCOVID): Development of Case Report Forms for Global Use	Neurocritical Care	Original Article	Investigators from the Neurocritical Care Society launched the Global Consortium Study of Neurological Dysfunction in COVID-19 (GCS-NeuroCOVID) to obtain accurate and consistent global data on the extent to which COVID-19 may impact the nervous system. The GCS-NeuroCOVID consortium rapidly implemented a study to develop common data elements and definitions to facilitate rigorous and systematic data collection across resource settings using case report forms (CRFs). The article details the pediatric CRF in English and Spanish and its development. Unique features and considerations of development include: (1) timeline and speed—in order to address an explosive pandemic, the authors had to adopt an extremely accelerated and succinct process for CRF development, consensus CDE development, and data harmonization; (2) pragmatism and feasibility in a pandemic—the CRF and data elements present minimal burden to frontline clinicians who populate these data, including minimizing exposure risk and PPE use; (3) adaptation to rapid change—new data and information rapidly emerge in this new	This article details the general guiding principles and framework for the development of pediatric and adult case report forms for the Global Consortium Study of Neurological Dysfunction in COVID-19 during the global COVID-19 pandemic crisis.	McNett M, Fink EL, Schober M, et al. The Global Consortium Study of Neurological Dysfunction in COVID-19 (GCS-NeuroCOVID): Development of Case Report Forms for Global Use. <i>Neurocrit Care.</i> 2020;33(3):793-828. doi:10.1007/s12028-020-01100-4

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					<p>pandemic and studies must run on an accelerated timeline to provide timely and accurate information to the public; (4) inclusion of the life span to understand age-related effects; and (5) global partnerships and adaptation of CRF into multiple languages.</p>		
Obstetrics, intensive care, anesthesia, care models, labor, perinatal services	18-Sep-20	Critical Obstetric Patients During the Coronavirus Disease 2019 Pandemic: Operationalizing an Obstetric Intensive Care Unit	Anesthesia and Analgesia	Original Research	<p>In this article, the authors describe the development of an obstetric ICU (OBICU) in response to the COVID-19 pandemic at a hospital in New York, USA (March, 2020). The goal was to provide high-quality care for critically ill peri-partum women (20 weeks gestational age-1 month postpartum) equal to the quality of care in the surgical or medical ICU. The authors retrofit existing high-risk labor and delivery rooms into the 6-bed OBICU with negative pressure airflow to minimize the aerosolization of viral particles. A shared obstetric/anesthesia responsibility model was deployed, with critical care attendings (ICU oversight) providing ad hoc consultations as needed by the obstetric anesthesia attending. A second obstetric anesthesiologist was added on March 21, 2020. The nursing staffing model of the OBICU continued with 1:1 or 1:2 nursing to patient ratio, and leadership from departments of ancillary services (e.g. physical therapy and social work) committed to providing 24/7 coverage for OBICU patients. Education was made available to the OBICU team through daily online lectures reviewing critical care topics. The authors conclude by sharing challenges and advantages to the model, ultimately concluding that it is a scalable and successful multi-disciplinary effort to expand care services for peri-partum patients.</p>	<p>In this article, the authors share their experiences developing a multi-disciplinary obstetric ICU (OBICU) to care for critically ill peri-partum women in New York, USA during the COVID-19 pandemic. High-risk labor and delivery rooms were converted to a 6-bed negative pressure ICU setting with a shared obstetric/anesthesia staffing model. The authors conclude that this is a scalable model with the potential to expand care services for peri-partum patients.</p>	<p>Martinez R, Bernstein K, Ring L, et al. Critical Obstetric Patients During the Coronavirus Disease 2019 Pandemic: Operationalizing an Obstetric Intensive Care Unit. <i>Anesth Analg.</i> 2021; doi:10.1213/ANE.00000000000005253</p>
Appropriateness, children, emergency department, lockdown, overcrowding, Italy, Campania region, Southern Italy	18-Sep-20	Effect of Population Lockdown on Pediatric Emergency Room Demands in the Era of COVID-19	Frontiers in Pediatrics	Original Article	<p>The authors conducted a cross-sectional study on pediatric emergency department (PED) consultations before and during the current COVID-19 pandemic was performed in two hospitals in Southern Italy. The authors saw a significant reduction of non-urgent health care demands during the pandemic ($p < 0.001$) and found a 68.9% reduction in PED utilization for children. Resuscitation/emergency and urgent care pediatric consultations were significantly greater during the COVID-19 pandemic compared to the same period in 2019 ($p < 0.01$), possibly due to both longer time spent home without medical advice or clinical assessment until worsening symptoms and family unwillingness to attend either their primary care pediatrician or the ED. In addition, the hospitalization rate among children brought to EDs was significantly higher in March–May 2020 as compared to March–May 2019, thus indicating more severe clinical conditions. The authors found that minor febrile and respiratory diseases were more frequently assessed in PED during the COVID-19 epidemic, possibly suggesting parental anxiety about this disease,</p>	<p>The authors conducted a cross-sectional study on pediatric emergency department (PED) consultations before and during the current COVID-19 pandemic was performed in two hospitals in Southern Italy. The authors found a significant reduction of non-urgent health care demands during the pandemic but an increase of more severe urgent cases.</p>	<p>Valitutti F, Zenzeri L, Mauro A, et al. Effect of Population Lockdown on Pediatric Emergency Room Demands in the Era of COVID-19. <i>Front Pediatr.</i> 2020;8:521. Published 2020 Sep 18. doi:10.3389/fped.2020.00521</p>

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					primary-care reluctance to evaluate these children due to lack of PPE, and well-established hospital COVID-19 protocols within PEDs.		
Suicide, children, mental health, isolation, India	18-Sep-20	Suicide among children during Covid-19 pandemic: An alarming social issue	Asian Journal of Psychiatry	Letter to the Editor	The COVID-19 pandemic has greatly impacted mental health, and children have been especially affected. The authors of this letter discuss the Indian state of Kerala and the large number of children committing suicide. The isolation caused by lockdown has led to psycho-social problems. These problems include Internet addiction, lower self-esteem, low interest in physical activity, cyberbullying anxiety, and a hypersensitivity to domestic issues. The authors explain that there is a need for the government to undertake a comprehensive study in partnership with healthcare professionals to identify issues that restrict children's ability to honestly and without fear communicate their emotional concerns to their families or counselors. There is also a need for parents to play a more pro-active role in their children's well-being. These measures will help ensure that the pandemic does not permanently harm children, but rather provides them with skills for future resilience.	The authors of this letter to the editor discuss the impact of the COVID-19 pandemic on children's mental health, including suicide, particularly in Kerala, India. They conclude that the government, parents, and counselors should provide children with support during the pandemic.	Balachandran AK, Alagarsamy S, Mehroliya S. Suicide among children during Covid-19 pandemic: An alarming social issue. Asian J Psychiatr. 2020;54:102420. doi:10.1016/j.ajp.2020.102420
Dried blood spots, antibody testing, USA	18-Sep-20	Newborn dried blood spots for serological surveys of COVID-19	medRxiv	Pre-print (not peer reviewed)	Citing an urgent need for an inexpensive population-wide surveillance testing for COVID-19, the authors tested discarded newborn dried blood spots (DBS) obtained from infants born at Yale New Haven Hospital system, Connecticut, USA from February 19 - May 26, 2020. Anti-SARS-CoV-2 IgG was measured in all the samples. IgM was measured when the IgG test was positive. Overall, 182/3048 (5.9%) DBS tested positive for IgG, while none tested positive for IgM. Mothers of 134 of the 182 neonates underwent testing for COVID-19 prior to delivery and 49% tested positive. Infants who were antibody positive for COVID-19 were more likely to be born later in the study period (adjusted OR: 1.05, 95% CI, 1.01-1.10, p = 0.01) and to mothers with older maternal age (adjusted OR: 1.13, 95% CI, 1.02-1.25, p=0.01). The daily positive proportion of DBS specimens were strongly predicted by both maternal SARS-CoV-2 infection rate (p<0.001) and statewide COVID-19 daily positive test counts per 100,000 people (p=0.010). A limitation of the study was the inability to detect the true date of maternal infection. Hence, it could not be determined whether the mothers had poor antibody responses, inefficient transplacental transfer of antibodies, or a remote infection with antibody responses that waned prior to delivery. The authors demonstrated the usage of IgG levels in DBS as a strategy for population-level surveillance during the COVID-19 pandemic.	In this review, the authors discussed the use of dried blood spots (DBS) from infants as a means of large-scale population surveillance during the COVID-19 pandemic. A strong positive correlation existed between daily newborn IgG antibody positive rates and maternal SARS-CoV-2 infection rates and statewide positive test counts. Therefore, the authors suggest the use of DBS as a COVID-19 surveillance tool, especially in resource-poor settings.	Feimei Liu, Mytien Nguyen, Pavithra Vijayakumar, Alanna Kaplan, Amit Meir, Yile Dai, Eric Wang, Hannah Walsh, Aaron M. Ring, Saad B. Omer, Shelli Farhadian medRxiv 2020.08.14.20175299; doi: https://doi.org/10.1101/2020.08.14.20175299

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PMIS, PIMS-TS, children	18-Sep-20	Pediatric Coronavirus Disease-19 (COVID-19): Meta-analyzing Literature Versus Natural History	Indian Pediatrics	Correspondence	This correspondence responds to a systematic review on clinical features and outcomes of SARS-CoV-2 infection in children by Meena, et al. The author considers the omission of pediatric multisystem inflammatory syndrome (PMIS) a major deficiency in their search strategy, resulting in the unique delayed cardiovascular manifestations in children to be overlooked. Because a strategy of systematic review and meta-analysis takes on average about 17 months, the author also argues this strategy is premature and instead recommends a living systematic review methodology for minimal loss to methodological rigor. A response from the study's corresponding author is also included.	In response to a systematic review on clinical features and outcomes of SARS-CoV-2 infection in children, the author cautions that omission of pediatric multisystem inflammatory syndrome (PMIS) from the search strategy may have resulted in the unique delayed cardiovascular manifestations in children to be overlooked.	Menon PR. Pediatric Coronavirus Disease-19 (COVID-19): Meta-analyzing Literature Versus Natural History. Indian Pediatr. 2020 Sep 18;57(9):869-870. doi: 10.1007/s13312-020-1977-5. PMID: 32999124; PMCID: PMC7498557.
Pregnant women, Iran	18-Sep-20	Perceived risk and protective behaviors regarding COVID-19 among Iranian pregnant women	Middle East Fertility Society Journal	Article	This cross-sectional study investigates the perceived risk and protective behaviors regarding COVID-19 among 225 pregnant women in Hamadan, Iran using a two-stage cluster sampling method. COVID-19 knowledge was tested using 16 items, where correct answers were assigned 1 point, and incorrect/unknown answers were assigned 0 points. Protective behavior measured using 11 items was assigned 1 point for each appropriate behavior and 0 point for inappropriate behavior. Percentile score $\geq 75\%$ was designated as high, 50–75% as moderate, and $\leq 50\%$ as low level of knowledge or protective behavior. A COVID-19-related risk perception score < 40 indicated low perceived risk, 40–60 was moderate, and > 60 was high. Data were analyzed using correlation tests and a stepwise linear regression model at 95% confidence level. 93.8% of pregnant women had a high level of COVID-19 related knowledge, 97.3% had high performance in protective behaviors, and 72.9% had moderate risk perception. The highest mean score of knowledge was observed in women who had a history of influenza in previous pregnancies (90.97 ± 5.94). The mean score of protective behaviors was significantly higher in women with a high economic level (97.78 ± 5.11), and the highest level of risk perception was observed in nulliparous women (59.97 ± 9.80). Risk perception was an independent predictor of protective behaviors related to COVID-19 ($P < 0.05$).	This questionnaire-based cross-sectional study investigates the perceived risk and protective behaviors regarding COVID-19 among 225 pregnant women selected from 8 health centers in Hamadan, Iran. Risk perception was found to be an independent predictor of protective behaviors related to COVID-19.	Aghababaei S, Bashirian S, Soltanian A. Perceived risk and protective behaviors regarding COVID-19 among Iranian pregnant women. Middle East Fertil Soc J. 2020;25 29. doi: https://doi.org/10.1186/s43043-020-00038-z
Adolescent, PSS-10, Type 1 diabetes, India	18-Sep-20	COVID-19 pandemic: a double trouble for Indian adolescents and young adults living with type 1 diabetes	International Journal of Diabetes in Developing Countries	Original Research	Strict isolation measures and interrupted health care services during the COVID-19 pandemic likely increase stress, especially for those with chronic conditions such as Type 1 Diabetes (T1D). This cross-sectional, observational study assessed determinants of stress and its impact on glycemic control in adolescents and young adults (aged 12–24 years) living with T1D in India. An online, semi-structured survey including Perceived Stress Scale (PSS-10) and self-reported glycemic control was distributed, and results were analyzed. A total of 89 participants (46 males, mean	This study assessed determinants of stress and its impact on glycemic control in adolescents and young adults with Type 1 Diabetes in India. Female gender, employment, and pre-existing poorly controlled diabetes	Agarwal N, Harikar M, Shukla R, Bajpai A. COVID-19 pandemic: a double trouble for Indian adolescents and young adults living with type 1 diabetes. Int J Diabetes Dev Ctries. 2020 Sep 18:1-7. doi: 10.1007/s13410-020-00869-6.

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					age 19.61 ± 3.8 years) with T1D completed the survey, between 30 April and 10 May 2020. An increased prevalence of stress was seen among Indian adolescents and young adults living with T1D. Reduced frequency of blood glucose monitoring during the pandemic was reported by 55.1% (n = 49) of the participants. Stress correlated positively with age in this study (p = 0.005). Those in high school had less stress than graduates (p = 0.020) and post-graduates (p = 0.002). Employed participants had higher stress than students (p = 0.020). Females (p = 0.035) and those with pre-existing poorly controlled diabetes p = 0.036) also had an increased risk of stress. Increased stress resulted in worse glycemic control (p = 0.027). The authors state that stress can directly lead to disturbance in glucose regulation, or can indirectly lead to non-adherence to medication and healthy lifestyles.	contributed to an increased risk of stress. Increased stress resulted in worse glycemic control.	Epub ahead of print. PMID: 32963456; PMCID: PMC7498738.
Breastfeeding, breastmilk, human milk, antibodies, neutralizing capacity	18-Sep-20	COVID-19 and human milk: SARS-CoV-2, antibodies, and neutralizing capacity	MedRxiv	Preprint (not peer-reviewed)	This prospective cohort study at several hospitals in the U.S. analyzed milk samples (n=37) and pre-wash breast swabs (n=70) from 18 women recently diagnosed with COVID-19 (34.2 ± 4.7 years old, 6.8 ± 7.8 months postpartum). Samples were analyzed for viral RNA using RT-qPCR, and milk was analyzed for anti-SARS-CoV-2 IgA and IgG reactive to the spike and nucleocapsid proteins. No SARS-CoV-2 RNA was present in milk samples; however, viral RNA was detected on 8 breast swabs, though only 1 was considered conclusive. All milk contained SARS-CoV-2 specific IgA and IgG, and levels of anti-receptor binding domain IgA correlated with SARS-CoV-2 neutralization. The authors note that, while the data do not support vertical transmission of SARS-CoV-2 via milk, the risk of transmission via unwashed breast skin should be further evaluated. The authors support recommendations to continue hygienic breastfeeding during mild-to-moderate maternal COVID-19 illness, especially since milk from infected mothers is a source of anti-SARS-CoV-2 IgA and IgG.	This prospective cohort study in the U.S. found that breastmilk from infected mothers contained neutralizing anti-SARS-CoV-2 antibodies, and the authors recommend mothers with mild-to-moderate COVID-19 continue breastfeeding and follow hygiene guidelines. The study's data do not indicate vertical transmission via milk, although further study of risk of transmission via unwashed breast skin is recommended.	Ryan M Pace, Janet E Williams, Kirsi M Järvinen, et al. COVID-19 and human milk: SARS-CoV-2, antibodies, and neutralizing capacity. MedRxiv. 2020; doi: 10.1101/2020.09.16.20196071.
Vaccine, vaccine acceptance, parents, guardians, toddlers, children, trust, England	18-Sep-20	Parents' and Guardians' Views on the Acceptability of a Future Covid-19 Vaccine: a Multi-methods Study in England	MedRxiv	Preprint (not peer reviewed)	The authors present the results of a multi-methods study investigating the acceptability of a future COVID-19 vaccine by parents or guardians living in England during the worldwide COVID-19 pandemic. They used online social media to recruit parents or guardians (aged 16+ years) of children less than 18 months of age between April 19 and May 11, 2020. Of the 1252 parents and guardians who completed the survey, 19 were interviewed via telephone. The results showed that 55.8% of participants would definitely accept the COVID-19 vaccine, whereas 34.3% were unsure but leaning toward accepting a	This study's findings showed that most parents and guardians in the England would definitely accept, or were unsure but leaning towards accepting a COVID-19 vaccine for themselves and their children. The authors note that it is crucial to	Bell S, Clarke R, Mounier-Jack S, et. al. Parents' and guardians' views on the acceptability of a future Covid-19 vaccine: a multi-methods study in England. MedRxiv 2020.09.16.20188227; doi: /10.1101/2020.09.16.20188227

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					COVID-19 vaccine for themselves. Participants were more likely to accept a COVID-19 vaccine for themselves than for their child. However, less than 4% of participants reported that they would definitely not accept a COVID-19 vaccine for themselves or their children. Of note, participants who self-reported as ethnic minorities or other ethnicities were almost 3 times more likely to reject a COVID-19 vaccine for themselves and their children than White participants. Furthermore, respondents from lower-income households were more likely to reject a COVID-19 vaccine than higher-income households. Participants also expressed concerns about vaccine safety and effectiveness due to the newness and rapid development of the vaccine.	understand and address factors that may affect COVID-19 vaccine acceptability in ethnic minority and low-income groups disproportionately affected by COVID-19.	
United Kingdom, PIMS-TS, viral transmission	18-Sep-20	COVID-19 in children: what did we learn from the first wave?	Pediatrics and Child Health	Review Article	This article summarizes the evidence that has emerged from the early stages of the pandemic and focuses on building an overview for planning services and childcare. The authors state that COVID-19 pandemic's indirect effects are likely to impact children for years to come. They stress that knowledge generated from the first wave of infection must be consolidated for better and more efficient future treatment plans. The authors hope that by consolidating the evidence, they can better recognize symptoms, identify children at increased risk for severe infection and pediatric inflammatory syndrome, have effective treatment strategies, and better plan for safe delivery of healthcare.	The authors summarize and consolidate evidence that has emerged from the early phase of the pandemic and offers an overview for those looking after children or planning services	Bogiatzopoulou A, Mayberry H, Hawcutt DB. COVID-19 in children: what did we learn from the first wave? Paediatr Child Health (Oxford). 2020 Sep 18. doi: 10.1016/j.paed.2020.09.005.
Neonates, CRP, PT, severe, critical, NICU, characteristics, Turkey	18-Sep-20	A Multicentered Study on Epidemiologic and Clinical Characteristics of 37 Neonates With Community-acquired COVID-19	The Pediatric Infectious Disease Journal	Original Research	The authors describe the clinical characteristics, risk factors, laboratory, and imaging results of neonates with community-acquired COVID-19. They conducted a prospective multicentered cohort study of 37 newborns with RT-PCR proven SARS-CoV-2 infection from 24 neonatal intensive care units in Turkey, from March 9 to June 15, 2020. The results showed that the most common presenting symptoms were fever (49%), hypoxemia (41%), and cough (27%). Also, two neonates had congenital anomalies, while none of the other neonates had pre-existing medical comorbidities. Only 36% of neonates had chest radiograph findings of consolidation or infiltration, while 60% of neonates had ground-glass opacities or consolidation with surrounding halo sign on chest CT. Also, nearly 40% of neonates needed supplemental oxygen, 15% needed non-invasive ventilation modalities, and one neonate died after 21 days of mechanical ventilation. Of note, C-reactive protein and prothrombin time levels were higher in patients who needed supplemental oxygen or were severe/critical. Furthermore, the median hospitalization was 11 days (range: 1-35 days), and one patient with Down syndrome and atrioventricular septal defect died during the study period.	The authors observed a more severe course of COVID-19 in neonates than previously reported in other studies. Also, neonates who were severe/critical and needed respiratory support had higher C-reactive protein (CRP) and prothrombin time (PT) levels. Therefore, high CRP or PT levels should alert the physician to more severe disease.	Kanburoglu MK, Tayman C, Oncel MY, et al. A Multicentered Study on Epidemiologic and Clinical Characteristics of 37 Neonates With Community-acquired COVID-19. Pediatr Infect Dis J. 2020;39(10):e297-e302. doi:10.1097/INF.00000000000002862

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Child/children, gastrointestinal symptoms, Italy	18-Sep-20	Gastrointestinal Symptoms in Severe COVID-19 Children	The Pediatric Infectious Disease Journal	Original research	While children infected with COVID-19 are less likely to develop severe symptoms compared with adults, reports on clinical manifestations other than acute respiratory syndrome have been increasing. The authors conducted a multi-center retrospective analysis based on 127 children who tested positive for COVID-19 from 21 February to 1 May 2020. Most SARS-CoV-2 infected children had a fever (82.7%) and respiratory symptoms (60.6%). 28.3% had gastro-intestinal (GI) symptoms, and the presence of GI symptoms was more frequently associated with severe and critical prognosis (p=0.029) and a higher ICU admission rate. This trend has also been found in adult cohorts, and increasing evidence shows that the expression of the ACE-2 receptor in the GI tract may represent a target for SARS-CoV-2. GI symptoms were more frequently reported in patients with cardiac involvement. A past report shows that pediatric patients with hyperinflammatory syndromes and Kawasaki-like disease with cardiac involvement presented with significant GI symptoms, supporting the authors' finding. GI symptoms in children with suspected SARS-CoV-2 infection warrant clinical attention. The authors call for further studies and data to investigate the variations of clinical severity in children with COVID-19.	A multi-center retrospective analysis showed that gastrointestinal symptoms were associated with severe and critical COVID-19 prognosis and cardiac impairment in infected children.	Giacomet V, Barcellini L, Stracuzzi M, et al. Gastrointestinal Symptoms in Severe COVID-19 Children. <i>Pediatr Infect Dis J.</i> 2020;39(10):e317-e320. doi:10.1097/INF.00000000000002843
Pregnancy, high-risk pregnancy, antenatal care	18-Sep-20	Saudi Society of Maternal-Fetal Medicine guidance on pregnancy and coronavirus disease 2019	Saudi Medical Journal	Practice Guideline	The authors from the Saudi Society of Maternal-Fetal Medicine publish their guidance on pregnancy care in the COVID-19 pandemic. Concerns regarding COVID-19 in pregnancy include a greater risk for severe illness, morbidity, and mortality among pregnant women compared to the general population. The authors also discuss vertical transmission and adverse health outcomes for infants born to COVID-positive mothers, including respiratory distress, prematurity, and fetal death. Recommended antenatal care of women who are not suspected or confirmed to have COVID-19 includes replacing some scheduled visits with tele-health visits for low-risk pregnancies. Recommendations for pregnant women who are suspected or confirmed to have COVID-19 are also detailed. The authors evaluate a number of potential COVID-19 therapies (chloroquine/hydroxychloroquine and azithromycin, antiviral treatment, statins, convalescent plasma therapy, antibacterial treatment, glucocorticoids) and obstetric medications (tocolytics, betamethasone/dexamethasone, progesterone, magnesium sulfate, thromboprophylaxis, and low-dose aspirin) for use in COVID-positive pregnant women. For critically ill pregnant patients, the authors recommend considering gestational age, maternal condition, fetal assessment parameters, and risk of vertical transmission for decision-making on the timing of delivery. Additionally, the authors provide labor considerations	The authors from the Saudi Society of Maternal-Fetal Medicine publish their guidance on pregnancy in the COVID-19 pandemic. The authors describe the concerns regarding COVID-19 in pregnancy, management, COVID-19 therapy, obstetric medication, chronic medications, critically ill patients, labor considerations, and COVID-19 postpartum care.	Faden YA, Alghilan NA, Alawami SH, et al. Saudi Society of Maternal-Fetal Medicine guidance on pregnancy and coronavirus disease 2019. <i>Saudi Med J.</i> 2020;41(8):779-790. doi:10.15537/smj.2020.8.25222

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					and strategies for suspected or confirmed patients with COVID-19 as well as postpartum care strategies for maternal and neonatal care.		
Anxiety, depression, children, parents, chronic lung disease, psychiatric effects, Turkey	18-Sep-20	Psychiatric and General Health Effects of COVID-19 Pandemic on Children with Chronic Lung Disease and Parents' Coping Styles	Pediatric Pulmonology	Original Research	The authors of this study assessed the anxiety and depressive symptoms related to the COVID-19 pandemic in children with chronic lung disease and their parents and also evaluated parents' coping strategies. Parents of children aged 4-18 years old, with chronic lung disease (n =113) and healthy controls (n =108) were enrolled in the study In Turkey, April 2020. General Health Questionnaire-12, specific COVID-19 related anxiety questions, The Coping Orientation to Problems Experienced Inventory, and coronavirus-related psychiatric symptom scale in children - parental form were used to analyze the psychiatric effects of COVID-19. Parents were also asked about how online education affected their family life and children. Talking about pandemic, concern about coronavirus transmission, taking precautions to prevent coronavirus transmission, and protection pressure on the family were significantly higher in parents within the study group (p<0.05). Parents in the study group used more problem focused coping than parents in control group (p=0.003). Anxiety symptoms were higher in children within the study group (p=0.007). Parents in the study group found online education more useful than parents in control group. Children with chronic lung diseases and their parents have more anxiety due to COVID-19 pandemic, and these parents use more mature coping strategies to manage the stress of pandemic.	The authors of this study from Turkey examined the COVID-19 related anxiety and depressive symptoms of children with chronic lung disease and their parents compared to controls. They found that children with chronic lung diseases and their parents experienced more anxiety but used more problem focused coping skills.	Tural DA, Emiralioğlu N, Hesapcioglu ST, et al. Psychiatric and General Health Effects of COVID-19 Pandemic on Children with Chronic Lung Disease and Parents' Coping Styles [published online ahead of print, 2020 Sep 18]. <i>Pediatr Pulmonol</i> . 2020;10.1002/ppul.25082. doi:10.1002/ppul.25082
Immunization, immunize, pediatric, vaccination, United States	18-Sep-20	Warp Speed for COVID-19 Vaccines: Why are Children Stuck in Neutral?	Clinical Infectious Diseases	Original Article	While COVID-19 vaccines have moved quickly into Phase III clinical trials for adults, clinical trials have not started in children in the US. The direct COVID-19 impact upon children, including hospitalization and death, is greater than that for several other pathogens for which there are now effective pediatric vaccines. Additionally, children contribute to SARS-CoV-2 transmission. A carefully designed clinical development plan can ensure that potential vaccine benefits outweigh safety risks for children. The authors stress that the process of obtaining FDA licensure and post-licensure safety surveillance should remain robust. They also suggest "bridging" vaccines from adult studies to children by starting trials with adolescents before expanding to younger children. The article states that delaying vaccine trials in children will delay recovery from COVID-19 and prolong its impact upon children's education, health and emotional well-being, and equitable access to opportunities for development and social success. Given the potential direct and indirect benefits of pediatric vaccination, the authors recommend that initial	Given the potential direct and indirect benefits of pediatric vaccination, the authors recommend that initial pediatric studies of COVID-19 vaccines be conducted in parallel with adult efficacy trials, rather than delaying until adult efficacy is established.	Anderson EJ, Campbell JD, Creech CB, et al. Warp Speed for COVID-19 Vaccines: Why are Children Stuck in Neutral? [published online ahead of print, 2020 Sep 18]. <i>Clin Infect Dis</i> . 2020;ciaa1425. doi:10.1093/cid/ciaa1425

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					pediatric studies be conducted in parallel with adult efficacy trials, rather than delaying until adult efficacy is established.		
Human rights, maternal care, pregnancy, equitable care	18-Sep-20	Respectful maternity care in the context of COVID-19: A human rights perspective [Free Access to Abstract Only]	International Journal of Gynaecology and Obstetrics	Special Article	The authors describe how responses to the current COVID-19 pandemic, aimed at reducing risks of the disease's spread, may have exacerbated pregnant women's experiences of harmful practices when accessing health services related to pregnancy, childbirth, and postpartum care. The article examines the implications of reliance on telehealth, restrictions on companions during childbirth, medical interventions for SARS-CoV-2 positive women, and separation of infected mothers from their newborns, and assesses them according to the respectful maternity care framework as defined by the WHO. The authors consider how these practices may violate the rights to health, information, and non-discrimination, and may have lasting consequences for pregnant women's health and dignity. They conclude that in order to avoid harmful practices, maternal healthcare services must be available in adequate numbers, accessible without discrimination and free from barriers, respectful of different cultures and sensitive to gender, age, and life-cycle requirements, and be evidence-based, scientifically and medically appropriate, and up-to-date. In addition, they call for efforts to ensure that women are able to safely participate in and benefit from research related to the development of treatments and vaccines for COVID-19.	The authors share their perspective on several policies and practices implemented during the response to the COVID-19 pandemic, which have potentially harmful implications for pregnant women, including violation of their rights to health, information, and non-discrimination.	Reingold RB, Barbosa I, Mishori R. Respectful maternity care in the context of COVID-19: A human rights perspective [published 2020 Sep 18]. Int J Gynaecol Obstet. 2020;. doi:10.1002/ijgo.13376
Telemedicine, remote care, self care, pregnancy, antenatal care, maternal health	18-Sep-20	Self-care and remote care during pregnancy: a new paradigm?	Health Research Policy and Systems	Commentary	In this commentary, the authors describe how self-care and remote care interventions offer innovative ways to strengthen access to sexual and reproductive health services during the COVID-19 pandemic, especially in rural and low-resource settings. Several interventions can be accessed, used and administered by women themselves such as self-monitoring of blood pressure and urine testing. In addition, remote care uses information technology to gather and exchange data outside of a healthcare facility, which can facilitate remote provision of health information and counselling as well as guidance on self-care activities. Evidence has emerged demonstrating the effectiveness of these care delivery strategies, and several health facilities in the United States have successfully implemented antenatal remote care during COVID-19 based on expert recommendations, established WHO and national guidelines, and the OB Nest model. The authors conclude that these concepts have changed and improved the way antenatal care is provided, and may lead to a sustainable and positive shift in pregnancy care.	The authors describe how self-care and remote care strategies for pregnant women during the COVID-19 pandemic have strengthened access to reproductive health services, which may shift how pregnancy care is fundamentally provided in the future.	Gülmezoglu AM, Ammerdorffer A, Narasimhan M, et al. Self-care and remote care during pregnancy: a new paradigm?. Health Res Policy Syst. 2020;18(1):107. Published 2020 Sep 18. doi:10.1186/s12961-020-00627-4
Newborn, pregnancy, United States	18-Sep-20	Infant Outcomes Following Maternal	Clinical Infectious Diseases	Original Research	These authors report early findings from infants born to mothers enrolled in the Pregnancy Coronavirus Outcomes Registry (PRIORITY), in order to examine the risks for infants born to	These authors report early findings from infants born to mothers enrolled in the	Flaherman VJ, Afshar Y, Boscardin J, et al. Infant Outcomes Following Maternal Infection with

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		Infection with SARS-CoV-2: First Report from the PRIORITY Study			mothers with SARS-CoV-2. PRIORITY is a prospective cohort study enrolling U.S. individuals >13 years old with suspected or confirmed SARS-CoV-2 during pregnancy or in the first 6 weeks postpartum. This article reports infant outcomes for live births occurring to 179 mothers who had a positive SARS-CoV-2 test, and 84 who tested negative. The births occurred at over 100 hospitals across the U.S., 22 March through 22 June 2020. Among the 263 infants, adverse outcomes, including preterm birth, NICU admission, and respiratory disease did not differ between those born to mothers testing positive for SARS-CoV-2 and those born to mothers testing negative. No pneumonia or lower respiratory tract infection was reported in this cohort through 6-8 weeks of age. Overall, these results are reassuring and suggest that infants born to mothers infected with SARS-CoV-2 generally do well in the first 6-8 weeks after birth.	Pregnancy Coronavirus Outcomes Registry (PRIORITY). The results are reassuring and suggest that infants born to mothers infected with SARS-CoV-2 generally do well in the first 6-8 weeks after birth.	SARS-CoV-2: First Report from the PRIORITY Study [published online ahead of print, 2020 Sep 18]. <i>Clin Infect Dis</i> . 2020;ciaa1411. doi:10.1093/cid/ciaa1411
RT-PCR, cycle threshold, delivery, screening, specific antibodies, Spain	18-Sep-20	SARS-CoV-2 screening of asymptomatic women admitted for delivery must be performed with a combination of microbiological techniques: an observational study	Revista Espanola de Quimioterapia	Original Research	Since 6 May 2020, all women admitted to one hospital in Spain for spontaneous delivery have been routinely tested for SARS-CoV-2 via RT-PCR in naso-pharyngeal swabs, and serum IgG. In this observational cohort study, the authors analyzed the first 100 women consecutively tested in this way. None of the 100 patients had SARS-CoV-2 symptoms upon admission. 9 women (9%) were positive for SARS-CoV-2 in naso-pharyngeal samples, and 13 (13%) demonstrated IgG antibodies for the virus (including 7 of the 9 PCR-positive patients). The cycle threshold (Ct) of the 9 positive RT-PCR patients ranged from 36 to 41 cycles, with a median of 40. No SARS-CoV-2 treatment was indicated or administered during hospitalization. Vaginal delivery occurred in 94% of the cases and 6% underwent a C-section, all for obstetric reasons. No fetal transmission was observed, and maternal and neonatal prognoses were favorable. The article states that history of disease of >10 days duration, the absence of symptoms, a Ct result >24, and the presence of antibodies all suggest a low risk of viral shedding. The authors conclude that universal testing with RT-PCR for SARS-CoV-2 should be performed on all women admitted to delivery, at least while the pandemic is active, but that screening should also include Ct amplification and antibody testing. This practice would decrease unnecessary isolation measures and preserve medical resources.	This observational cohort study concludes that universal testing with RT-PCR for SARS-CoV-2 should be performed on all women admitted to delivery, but that screening should also include cycle threshold amplification and antibody testing. This practice would decrease unnecessary isolation measures and preserve medical resources.	Viñuela MC, De León-Luis JA, Alonso R, et al. SARS-CoV-2 screening of asymptomatic women admitted for delivery must be performed with a combination of microbiological techniques: an observational study [published online ahead of print, 2020 Sep 18]. <i>Rev Esp Quimioter</i> . 2020;vinuela18sep2020. doi:10.37201/req/088.2020
Children, schools, districts, grades, seroprevalence, variation, Zurich, Switzerland	18-Sep-20	Variation in SARS-CoV-2 Seroprevalence in School-Children Across Districts, Schools and Classes	medRxiv	Pre-print (not peer reviewed)	The authors present the overall estimates and variation in SARS-CoV-2 seroprevalence in school children and the association of SARS-CoV-2 seroprevalence with self-reported symptoms. Study participants included children aged 6-16 years old from 55 randomly selected schools and classes stratified by district in the canton of Zurich, Switzerland, and enrolled from June 16 to July 9, 2020. Parents completed online questionnaires on socio-	The authors did not observe clustering of SARS-CoV-2 seropositive cases within schools and grades shortly after the re-opening of schools in this population-based study in	Ulyte A, Radtke T, Abela IA, et al. Variation in SARS-CoV-2 Seroprevalence in School-Children Across Districts, Schools and Classes. medRxiv. 2020. doi: https://doi.org/10.1101/2020.09.18.20191254

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					demographics and SARS-CoV-2 infection symptoms, and venous blood samples were collected from 2484 children. The authors also compared SARS-CoV-2 seroprevalence in children to that estimated in a random sample from the general population. The results showed that the overall seroprevalence was 2.8 %, ranging from 1.0% to 4.5% across school districts. Although no outbreaks were reported, seropositive cases were detected in more than half of the tested schools and a third of all tested classes. The majority of classes had only a single case, but higher seroprevalence was observed in children in lower grades. Of note, SARS-CoV-2 seropositive children did not report COVID-19 symptoms more often than seronegative children. Furthermore, the SARS-CoV-2 seroprevalence of children was similar to the seroprevalence of randomly selected adults in the general population.	Zurich, Switzerland. However, SARS-CoV-2 seroprevalence was similar to adults in the general population and higher in younger children than in older children.	
MIS-C, PIMS-TS, nomenclature, pediatric, inflammation	18-Sep-20	Pediatric Inflammatory Multisystem Syndrome: Time to Collaborate [Only abstract available for free]	Journal of Pediatric Infectious Disease Society	Editorial	There is significant variability in the name and case definition of pediatric inflammatory multisystem syndrome associated with SARS-CoV-2. Although pediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 pandemic and MIS-C are the most commonly used names, SARS-CoV-2-induced Kawasaki-like hyperinflammatory syndrome is also observed. In this editorial commentary, the authors argue that this variability leads to adverse consequences in the pursuit of further knowledge and management strategies. Using different nomenclature and case definitions for the same conditions is confusing for healthcare professionals and the public. It also introduces significant difficulties with case ascertainment, aggregation of medical literature, comparison of management strategies, and reporting outcome. The authors believe that a uniform name and precise case definition for this hyperinflammatory syndrome are essential and urgent. They propose using a consensus gathering process such as the Delphi. They also urge organizations, societies, clinicians, and pediatric researchers to collaborate to achieve consensus.	In this editorial commentary, the authors note the consequences of the variable names and case definitions for the pediatric inflammatory multisystem syndrome associated with SARS-CoV-2. They propose that organizations, societies, clinicians, and researchers collaborate to ensure clarity in the name and case definition.	Kanthimathinathan HK, Scholefield BR. Pediatric Inflammatory Multisystem Syndrome: Time to Collaborate [published online ahead of print, 2020 Sep 18]. <i>J Pediatric Infect Dis Soc.</i> 2020;piaa105. doi:10.1093/jpids/piaa105
Telebehavioral health, child and adolescent psychiatry, telemedicine, US	18-Sep-20	Pediatric Telebehavioral Health: A Transformational Shift in Care Delivery in the Era of COVID-19	JMIR Mental Health	Comment	The use of tele-behavioral health has been expanding in the past decade to improve access to psychiatric care and address critical shortages in the psychiatric workforce, with the COVID-19 pandemic forcing a rapid shift in services from traditional in-person visits to alternative platforms. The authors describe the experience of a large healthcare system in the US using tele-health technology during the COVID-19 pandemic for children and adolescents and discuss strategies for long-term sustainability. The authors suggested that despite benefits including reaching a broad population of youth, barriers to the adoption of tele-services include variability of regulations among	The authors outline common barriers to tele-behavioral health for children and adolescents during the COVID-19 pandemic in the US. Further, the authors suggest key factors that would ensure the success of these programs in the long-term.	Ramtekkar U, Bridge JA, Thomas G, et al. Pediatric Telebehavioral Health: A Transformational Shift in Care Delivery in the Era of COVID-19. <i>JMIR Ment Health.</i> 2020;7(9):e20157. Published 2020 Sep 18. doi:10.2196/20157

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					states, lack of reimbursement for certain clinical services like group therapy, traditional provider-to-provider consultation models, and poor distribution of broadband connectivity. Additionally, the authors outline key factors to ensure the success of effective programs that include: low cost, ability to adapt existing virtual modalities, and consideration of social determinants of health and equity when designing programs. Within the health system the authors explored, 50,000 tele-behavioral health visits were projected within 6 weeks, indicating widespread acceptance of tele-medicine visits for behavioral health. The authors conclude by stressing the importance of developing strong tele-behavioral health programs and urge key stakeholder collaboration to accomplish this goal.		
Fertility treatments, psychological impacts, fertility treatments, reproductive medicine, USA, Canada	18-Sep-20	The psychological impact of fertility treatment suspensions during the COVID-19 pandemic	Public Library of Science (PLOS One)	Research Article	The American Society of Reproductive Medicine and the Canadian Fertility and Andrology Society recommended the suspension of all in-person fertility treatments throughout Canada and the US on March 17, 2020 due to the COVID-19 pandemic. The authors examined the psychological impact of fertility treatment suspensions and the psychosocial predictors of mental health. The authors conducted a questionnaire via social media between April 26 - June 13, 2020 among 92 women in Canada and the US ages 20-45 years who had their fertility treatments canceled. The questionnaire assessed depressive symptoms, perceived mental health, and quality of life related to suspensions in treatments. Further, psychosocial outcome predictors such as personality traits, social support, and coping strategies were explored. Among those recruited, 52% reported clinical levels of depressive symptoms, and participants reported a significant decline in overall quality of life compared to before the pandemic ($p < 0.0001$). Psychosocial variables significantly associated with positive mental health outcomes included: perceived partner and others' level of helpfulness, and acceptance of infertility. Psychosocial variables significantly associated with negative mental health outcomes included defensive pessimism personality trait, feelings of helplessness, and avoidance or active coping strategies. The authors conclude by suggesting that the COVID-19 pandemic harmed women's mental health, but the findings also pointed towards protective psychosocial factors that should be further explored for future coping strategies.	The authors conducted a questionnaire to explore the mental health impacts on women whose fertility treatments were canceled due to the COVID-19 pandemic. 52% of women reported clinical levels of depression. The authors outlined coping strategies that had significant influences on mental health outcomes.	Gordon JL, Balsom AA. The psychological impact of fertility treatment suspensions during the COVID-19 pandemic. <i>PLoS One</i> . 2020;15(9):e0239253. Published 2020 Sep 18. doi:10.1371/journal.pone.0239253

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Children, comorbidity, Peru	18-Sep-20	Clinical-epidemiological and treatment characteristics of children with COVID-19 in a tertiary referral center in Perú	medRxiv	Pre-print (not peer reviewed)	This retrospective study describes the clinical, epidemiological and treatment characteristics of children with confirmed diagnosis of COVID-19 from March to July 2020 at the San Borja National Children's Health Institute in Perú. Demographic, clinical, laboratory, radiological, and treatment information were collected. Data analysis included descriptive statistics and bivariate analysis to determine differences between patients in general wards and the ICU. Of the 91 patients included, 33 were female (36.3%). The most affected age group was children above 2 years of age (63 cases) with a median age of 6 years (IQR 3-10). 61.5% of the patients were from Lima. The previous contact was determined in 30.8% of cases and a positive SARS CoV-2 PCR result was obtained in 50.6%. Comorbidity was present in 53.8% of cases. The most frequent symptoms were fever (39.6%), general malaise (23.1%), cough (19.8%), and respiratory distress (14.3%). The presence of MIS-C was confirmed in 6 patients. Antibiotics were administered in 76.9%. The most frequent radiological pattern was bilateral interstitial infiltrates (57.7%). Mortality was higher in patients in the ICU than in the hospitalization ward (27.3% vs. 4.3%, respectively; p = 0.02). SARS CoV-2 infection in children presented mild and moderate clinical manifestations, with the presence of comorbidities being an important factor for hospitalization, and high mortality upon admission to the pediatric ICU.	This study describes the clinical, epidemiological and treatment characteristics of children presenting COVID-19 at the San Borja National Children's Health Institute in Perú. SARS CoV-2 infection in children presented mild and moderate clinical manifestations, with comorbidities being an important factor for hospitalization, and high mortality upon admission to the pediatric ICU.	Chiara-Chilet C, Luna-Vilchez M, Maquera-Afaray J. Clinical-epidemiological and treatment characteristics of children with COVID-19 in a tertiary referral center in Perú. medRxiv. 2020. doi: https://doi.org/10.1101/2020.09.18.20186866
Children, organ transplant	18-Sep-20	The Pediatric Solid Organ Transplant Experience with COVID-19: An Initial Multi-Center, Multi-Organ Case Series	Pediatric Transplantation	Original Research	This article reports a multi-center, multi-organ cohort analysis of COVID-19 positive transplant recipients ≤ 18 years in the US at time of transplant. Data were collected via institutions' respective electronic medical record systems and local review boards approved this cross-institutional study. Among 5 transplant centers, 26 patients (62% male) were reviewed with a median age of 8 years (range 5 months - 18 years). 6 were heart recipients, 8 kidney, 10 liver, and 2 lung. Presenting symptoms included cough, fever dry/sore throat, chest pain, diarrhea, and headache. 6 patients were asymptomatic. Despite the 8 patients that were hospitalized at the time of diagnosis, none required supplemental oxygen or intubation, and post-transplant immunosuppression was reduced for only 2 patients. The authors state that this multi-institutional experience suggests the prognoses of pediatric transplant recipients infected with COVID-19 may mirror those of immunocompetent children, with infrequent hospitalization and minimal treatment, if any, required.	This article collected data from 5 institutions on organ transplants in children positive for SARS-CoV-2. The authors concluded that these patients mirror immunocompetent children and rarely need increased treatment.	Goss MB, Galván NTN, Ruan W, et al. The Pediatric Solid Organ Transplant Experience with COVID-19: An Initial Multi-Center, Multi-Organ Case Series. <i>Pediatr Transplant</i> . 2020. doi: 10.1111/petr.13868 .

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Abortion, family planning, telemedicine, lockdown, travel restrictions, Germany, Hungary, Italy, Malta, The Netherlands Northern Ireland, Portugal, Great Britain	18-Sep-20	Demand for Self-Managed Online Telemedicine Abortion in Eight European Countries During the COVID-19 Pandemic: A Regression Discontinuity Analysis	medRxiv	Preprint (not peer-reviewed)	In most European countries, patients seeking medication abortion during the COVID-19 pandemic are still expected to attend healthcare settings in person despite infection risk. The authors assessed whether demand for self-managed medication abortion provided by telemedicine service increased following the emergence of COVID-19, using regression discontinuity to compare the number of requests to online telemedicine service in 8 European countries before and after implementing lockdown measures. They also examined the number deaths due to COVID-19, the degree of government-provided economic support, the severity of travel restrictions, and the medication abortion service provision model in countries with and without significant changes in requests. Five countries showed significant increases in requests, ranging from 28% in Northern Ireland (p=0.001) to 139% in Portugal (p<0.001). Two countries showed no significant change in requests, and one country, Great Britain, showed an 88% decrease in requests (p<0.001). Countries with significant increases in requests were either countries where abortion services are mainly provided in hospitals or where no abortion services are available and international travel was prohibited. By contrast, Great Britain authorized teleconsultation for medication abortion and provision of medications by mail during the pandemic. These marked changes in requests for self-managed medication abortion during COVID-19 demonstrate demand and urgent need for fully remote models of medication abortion care.	The authors used regression discontinuity to compare the number of requests to medication abortion services via telemedicine in 8 European countries before and after implementing COVID-19 lockdown measures. Marked increases in requests for self-managed medication abortion during COVID-19 demonstrate demand and urgent need for fully remote models of medication abortion care.	Aiken ARA, Starling JE, Gomperts R, et al. Demand for self-managed online telemedicine abortion in eight European countries during the COVID-19 pandemic: A regression discontinuity analysis. medRxiv. 2020:2020.09.15.20195222.
Pregnancy, reproductive age, altitude, Mexico	18-Sep-20	Clinical evolution of COVID-19 during pregnancy at different altitudes: a population-based study	medRxiv	Preprint (not peer-reviewed)	The authors analyzed the records of 326,586 non-pregnant women of reproductive age and 7,444 pregnant women in Mexico with positive SARS-CoV-2 RT-PCR result to estimate adjusted prevalence (aP) and adjusted prevalence ratios (aPR) of COVID-19 and its requirement of hospitalization, intubation, ICU admission, and case-fatality rates. Adjustment was done through Poisson regressions for age and altitude of residence and birth. Generalized binomial models were used to generate probability plots to display how each outcome varied across ages and altitudes. Pregnancy was independently associated with a 15% higher probability of COVID-19 (aPR: 1.15), a 116% higher probability of its following admission (aPR: 2.169) and a 127% higher probability of ICU admission (aPR: 2.275). Pregnancy was also associated with 84.2% higher probability of developing pneumonia (aPR: 1.842) and a 163% higher probability of its following admission (aPR: 2.639). There were no significant differences in COVID-19 case-fatality rates between pregnant and non-pregnant women (1.178, 95% CI: 0.68-1.67). Pregnancy was associated with a higher probability of COVID-19, pneumonia, hospitalization, and ICU admission. Results also suggest that the	An analysis of outcomes comparing pregnant women and non-pregnant women infected with SARS-CoV-2 across varied ages and altitudes in Mexico showed that pregnancy was associated with a higher probability of COVID-19, pneumonia, hospitalization, and ICU admission. Results also suggest that the risk of COVID-19 and its related outcomes, except for intubation, decrease with altitude.	Leon-Abarca JA, Pena-Gallardo MT, Soliz J, et al. Clinical evolution of COVID-19 during pregnancy at different altitudes: A population-based study. medRxiv. 2020. doi: 10.1101/2020.09.14.20193177

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					risk of COVID-19 and its related outcomes, except for intubation, decrease with altitude.		
Placenta, maternal, vertical transmission, Switzerland, villitis, malperfusion	18-Sep-20	Placental Pathology Findings during and after SARS-CoV-2 Infection: Features of Villitis and Malperfusion	Pathobiology	Original Research	Since the beginning of the COVID-19 pandemic, there has been a debate about the risk for pregnant women and the possibility of vertical transmission through the placenta. The authors present a case series of 5 placentas from SARS-CoV-2 positive women diagnosed with either mild or asymptomatic disease before birth in Switzerland. They also provide a histopathologic description of morphological changes and an analysis of SARS-CoV-2 in the placental tissue. All the placentas were from term deliveries. One SARS-CoV-2 positive patient presented with cough and dyspnea, and this placenta showed lymphohistiocytic villitis and intervillitis as well as signs of maternal-fetal malperfusion. Viral RNA was present in both the placental tissue and umbilical cord. SARS-CoV-2 tests were negative at the time of delivery for 3 of the 5 women, and their placentas did not show increased inflammatory infiltrates. Signs of maternal-fetal malperfusion were present in 100% and 40% of cases, respectively. Additionally, all tests for SARS-CoV-2 of umbilical cord blood, breast milk, and amniotic fluid were negative. There was no transplacental transmission to the infant. A varied spectrum of findings may be present in women infected with SARS-CoV-2 during pregnancy.	The authors describe a case series of 5 placentas from women who tested positive for SARS-CoV-2 before delivery. They determined that in acute COVID-19 infection, prominent lymphohistiocytic villitis may occur and be attributed to SARS-CoV-2 infection of the placenta. Furthermore, pathological findings of maternal-fetal malperfusion might indicated an altered coagulative state induced by SARS-CoV-2.	Menter T, Mertz KD, Jiang S, Chen H, Monod C, Tzankov A, Waldvogel S, Schulzke SM, Hösli I, Bruder E. Placental Pathology Findings during and after SARS-CoV-2 Infection: Features of Villitis and Malperfusion. Pathobiology. 2020 Sep 18:1-9. doi: 10.1159/000511324. Epub ahead of print. PMID: 32950981.
Chest, children, computed tomography, MIS-C, radiography, utilization, USA	18-Sep-20	Imaging of children with COVID-19: experience from a tertiary children's hospital in the United States	Pediatric Radiology	Original Article	This study aimed to describe the utilization of imaging findings in children with COVID-19 along with comorbidities, treatment, and short-term outcomes. The authors reviewed children (<18 years) who tested positive for SARS-CoV-2 and were treated at the Children's Hospital of Philadelphia (USA) or an affiliated hospital between March 17 and May 21, 2020. During the study, 5969 children were tested for COVID-19, with 313 (5%) testing positive. Of these, 92/313 (29%) were asymptomatic and 55/313 (18%) had imaging and were admitted to the hospital for treatment. 41 of 55 patients (75%) with imaging had comorbidities. Chest radiographs were the most common examination (51/55, 93%) with most demonstrating no abnormality (34/51, 67%). Children with MIS-C were more likely to have interstitial opacities and pleural effusions. Ultrasound, CT or MRI were performed in 23/55 (42%) children, 9 of whom had MIS-C. Only 1 chest CT was performed. In this study, most pediatric patients with COVID-19 did not require hospital admission or imaging. Most children with imaging had comorbidities but children with MIS-C were more likely to have no comorbidities. Children with imaging mostly had normal chest radiography. Advanced imaging was less common for the care of these children.	This study investigated the utilization of imaging findings in children younger than 18 years who tested positive for COVID-19 in Philadelphia (USA) suggesting that most children with imaging had comorbidities, but children with MIS-C were more likely to have no comorbidities.	Biko DM, Ramirez-Suarez KI, Barrera CA, et al. Imaging of children with COVID-19: experience from a tertiary children's hospital in the United States. Pediatr Radiol. 2020 Sep 18. doi: 10.1007/s00247-020-04830-x. Epub ahead of print. PMID: 32945888.

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Emergency management, online consultation, pediatric dentistry, China	18-Sep-20	Online Consultation and Emergency Management in Pediatric Dentistry During the COVID-19 Epidemic in Wuhan: A Retrospective Study	International Journal of Pediatric Dentistry	Original Research	This retrospective study analyzed children's dental online health consultations during the COVID-19 pandemic in China. The authors collected online consultation information from a university in Wuhan, China, from February 2 - March 31, 2020. 474 consultations over 59 days were included (age range 0-12 years). 190 (40.1%) were treated as dental emergencies and 284 (59.9%) non-emergencies. Only one case was classified by the authors as a real dental emergency due to uncontrolled bleeding, which was reported by a 6-year-old child with hemophilia A suffering from deciduous tooth trauma. The authors provide recommendations for distinguishing true dental emergencies from non-emergencies, prioritizing urgent cases, and incorporating palliative treatment until the pandemic recedes.	In this retrospective study, the authors analyzed telemedicine records for dental emergencies and non-emergencies in Wuhan, China. The authors also offer suggestions for prioritization and care of urgent dental cases.	Yang F, Yu L, Qin D, et al. Online Consultation and Emergency Management in Paediatric Dentistry During the COVID-19 Epidemic in Wuhan: A Retrospective Study. Int J Paediatr Dent. 2020; doi:10.1111/ipd.12722.
Public health, respiratory illness, syncytial virus, children, New South Wales, Australia	18-Sep-20	COVID-19 public health measures and respiratory syncytial virus	The Lancet	Correspondence	In New South Wales (NSW), Australia, the public health response was highly effective in controlling the early phase of the COVID-19 pandemic. During this time, clinicians reported fewer than expected presentations and admissions with acute respiratory illness to the Sydney Children's Hospitals Network (SCHN). Respiratory syncytial virus (RSV) is among the most common viruses that cause hospitalization in children and has predictable winter seasonality. The authors analyzed three separate datasets from the SCHN electronic records from Jan 1, 2015, to June 30, 2020 in children < 16 years old. They found lower frequencies of RSV detection, admission to hospital for bronchiolitis, and emergency department attendance for acute respiratory illnesses in 2020 compared with preceding years. The aggressive public health interventions aimed at preventing SARS-CoV-2 transmission has created a natural environment of their effect on RSV-associated illness and other communicable diseases. The authors note that population lockdowns are justifiable to contain transmission in high lethality pandemics but are undesirable due to their wider negative impacts on society.	The authors of this correspondence examined various COVID-19 public health measures and the effectiveness of them on respiratory syncytial virus in children < 16 years old in the Sydney Children's Hospitals Network in Australia.	Britton P, Hu N, Saravanos G et al. COVID-19 public health measures and respiratory syncytial virus. Lancet Child Adolesc Health. 2020. doi:10.1016/s2352-4642(20)30307-2
COVID-19, SARS-CoV-2, Pediatrics, Children, Radiology, Imaging	17-Sep-20	Perceived Impact of COVID-19 on Pediatric Radiology Departments Around the World: WFPI COVID-19 Task Force Survey Results from 6 Continents	Radiology: Cardiothoracic Imaging	Original Research	The authors of this study aimed to investigate how COVID-19 has impacted pediatric radiology practice around the world at the present time. The study was based on a survey conducted by the World Federation of Pediatric Imaging (WFPI) COVID-19 Task Force and consisted of 17 questions related to the impact of, concerns surrounding, and education pertaining to COVID19 on pediatric radiology. The survey response rate was 87% (72/83) and comprised of representatives from 71 countries and Hong Kong across 6 continents. 92% (66/72) of respondents indicated that COVID-19 has resulted in moderate (29%, 21/72), significant (50%, 36/72), or complete (13%, 9/72) change in radiology departments practices in their countries. The two most frequent concerns over the next four months were personal/family health	The authors of this study aim to investigate how COVID19 has impacted pediatric radiology practice around the world at the present time. 92% (66/72) of respondents indicated that COVID-19 has resulted in moderate (29%, 21/72), significant (50%, 36/72), or complete (13%, 9/72) change in radiology departments	Foust A, Johnston PR, Kasznia-Brown J, et al. Perceived Impact of COVID-19 on Pediatric Radiology Departments Around the World: WFPI COVID-19 Task Force Survey Results from 6 Continents. Radiol Cardiothorac Imaging. 2020;2(5):e200422. Published 2020 Sep 17. doi:10.1148/ryct.2020200422

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					(75%, 54/72) and exposure (67%, 48/72). 79% (57/72) of respondents indicated some level of discomfort in identifying pediatric COVID-19 imaging manifestations. Changes in resident education were reported by 94% (68/72) respondents, and 31% (22/72) were concerned that the likelihood of current trainees pursuing a career in pediatric radiology will be impacted. In conclusion, COVID-19 has had a substantial negative impact on pediatric radiology practice around the world.	practices in their countries. In conclusion, COVID-19 has had a substantial negative impact on pediatric radiology practice around the world.	
Anxiety, COVID-19, obsessive-compulsion, pregnancy, SARS-CoV-2	17-Sep-20	Anxiety levels and obsessive compulsion symptoms of pregnant women during the COVID-19 pandemic	Turkish Journal Of Obstetrics And Gynecology	Original Research	The authors conducted a study of 203 pregnant and 101 non-pregnant women in Turkey in April 2020 to identify anxiety levels and obsessive-compulsive symptoms during the SARS-CoV-2 pandemic using the State-Trait Anxiety inventory (STAI) and Maudsley Obsessive-Compulsive inventory (MOCI). STAI-S scores range from 20-80, and scores >40 suggest clinically significant symptoms of anxiety. The mean STAI-S questionnaire score of pregnant and non-pregnant women was 41.96±9.15 and 46.62±12, respectively (p=0.001). The overall incidence of anxiety in pregnant and non-pregnant women was 62.6% and 73.3%, respectively. MOCI scores range from 0-30, and scores >13 suggest clinically significant obsessive-compulsive symptoms. The mean total score of MOCI was 15.4±5.1 and 12.4±5.6 in pregnant and non-pregnant women, respectively (p<0.001). The overall incidence of obsessive-compulsive symptoms in pregnant and non-pregnant women was 61.6% and 30.7%, respectively. Pregnant women showed increased obsessive-compulsive symptoms and decreased anxiety levels compared to non-pregnant women.	The authors conducted a study of pregnant and non-pregnant women in Turkey in April 2020 to identify anxiety levels and obsessive-compulsive symptoms during the SARS-CoV-2 pandemic. Pregnant women showed increased obsessive-compulsive symptoms and decreased anxiety levels compared to non-pregnant women.	Yassa M, Yassa A, Yirmibeş C, et al. Anxiety levels and obsessive compulsion symptoms of pregnant women during the COVID-19 pandemic. Turk J Obstet Gynecol. 2020;17(3):155-160. doi:10.4274/tjod.galenos.2020.91455
Antitransglutaminase, biopsy-sparing approach, celiac disease, European Society of Pediatric Gastroenterology Hepatology and Nutrition guidelines	17-Sep-20	ESPGHAN 'biopsy-sparing' guidelines for celiac disease in children with low antitransglutaminase during COVID-19	European Journal of Gastroenterology & Hepatology	Short Article	Recent guidelines from the European Society of Pediatric Gastroenterology Hepatology and Nutrition (ESPGHAN) allow children with a high anti-trans-glutaminase (TGA-IgA) titer [>10 times the upper limit of normal (ULN)] and positive endomysial antibodies (EMAs) to be diagnosed with celiac disease without undergoing endoscopy/biopsy. In children with a low TGA-IgA titer, however, esophago-gastro-duodenoscopy is necessary for this diagnosis. The cessation of many pediatric endoscopy procedures during the COVID-19 pandemic has led to delayed diagnosis and treatment of celiac disease. These authors analyzed the feasibility and accuracy of a biopsy-free approach to diagnosing celiac disease, in children with low TGA-IgA values. They retrospectively analyzed all biopsy-confirmed diagnoses of celiac disease in their medical center, between 2014 and 2019. Of 430 pediatric celiac disease patients (F: 274; mean age 7.54 years, no range given) diagnosed by endoscopy, 84 (F: 46; mean age 8 years) had TGA-IgA of 5-10 ULN and positive EMA. The positive predictive value of TGA-IgA of 5-10 ULN and positive EMA was	The cessation of many pediatric endoscopy procedures during the COVID-19 pandemic has led to delayed diagnosis and treatment of celiac disease. These authors conclude that, during the pandemic, a biopsy-sparing diagnostic approach to celiac disease could be considered in children with endomysial antibodies and with anti-trans-glutaminase titers of 5-10 times the upper limit of normal.	Trovato, Chiara Maria; Montuori, Monica; Cucchiara, Salvatore; Oliva, Salvatore ESPGHAN 'biopsy-sparing' guidelines for celiac disease in children with low antitransglutaminase during COVID-19, European Journal of Gastroenterology & Hepatology: September 17, 2020 - Volume Publish Ahead of Print - Issue - doi: 10.1097/MEG.0000000000001924

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					0.93 (95% confidence interval 0.90–0.96). All these children had symptom resolution and antibody normalization with a gluten-free diet. The authors conclude that, during the COVID-19 outbreak, a biopsy-sparing diagnostic approach to celiac disease could be considered in EMA-positive children with TGA-IgA of 5-10 ULN.		
Newborn, cell-culture, isolation, Italy	17-Sep-20	Sars-CoV-2 isolation from a 10-day-old newborn in Italy: A case report	IDCases	Case Report	This is the first described case of SARS-CoV-2 isolation in Vero E6 cell culture from a 10-day-old male neonate in Italy. The child was born on 9 August 2020 in "Mater Dei" hospital (Bari, Apulia region), at which time the mother tested negative using nasopharyngeal swab for SARS-CoV-2 detection despite manifesting cold symptoms without fever. The mother and child were released home after 3 days but 10 days after birth, the newborn developed low-grade fever and mild respiratory symptoms. A real time PCR for SARS-CoV-2 performed by Allplex 2019-nCoV Assay Kit (Seegene, Seoul, Korea) at Miulli hospital (Acquaviva delle Fonti, Apulia region) on 20 August, 2020 resulted positive showing the amplification of the E gene with cycle threshold (CT) 9.7, RdRp gene with CT 13.3, and N gene with CT 14.5. The newborn was transferred to the pediatric hospital Giovanni XXIII (Bari) and his nasopharyngeal swab was sent to the BSL-3 laboratory of the Istituto Zooprofilattico Sperimentale della Puglia e della Basilicata (Foggia, Apulia region) for isolation test. The isolation of the virus in cell culture had a cytopathic effect visible after 48 hrs which indicates that the viral load of the newborn was quite high, but only mild symptoms were observed. The newborn manifested fever for 3 days following the admission, after which his health conditions stabilized.	This is the first described case of Sars-CoV-2 isolation in Vero E6 cell culture from a 10-day-old male neonate in Italy after he tested positive by real-time PCR. The isolation of the virus in cell culture had a cytopathic effect visible after 48 hrs which indicates that the viral load of the newborn was quite high, but only mild symptoms were observed.	Lenoci G, Galante D, Ceci E. Sars-CoV-2 isolation from a 10-day-old newborn in Italy: A case report. IDCases. 2020;22:e00960. doi:10.1016/j.idcr.2020.e00960
Pregnancy, breastfeeding, counseling, social support, community health services, public health, primary health care, Belgium	17-Sep-20	SARS-CoV-2 Infections and Impact of the COVID-19 Pandemic in Pregnancy and Breastfeeding: Results from an Observational Study in Primary Care in Belgium	International Journal of Environmental Research and Public Health	Article	This cross-sectional observational study in Belgium aimed to assess the susceptibility of pregnant women to SARS-CoV-2 and the impact of the pandemic on breastfeeding practices, medical counseling and social support. Pregnant and breastfeeding women and women who breastfed in the preceding four weeks were eligible to participate. 2647 pregnant and 3823 breastfeeding women participated through an online survey in April 2020. Overall, 0.3% of all respondents reported to have tested positive for SARS-CoV-2, which does not indicate higher susceptibility. More than 90% refuted that the pandemic affected their breastfeeding practices. Half even considered giving breastmilk for longer because of COVID-19. In contrast, 53% of the pregnant women indicated that the pandemic influenced their current pregnancy follow-up to some extent. These women indicated less medical counseling from midwives (65%), obstetricians (62%), medical specialists (42%) and general practitioners (42%). 39% of the breastfeeding women reported	This cross-sectional observational study in Belgium aimed to assess the susceptibility of pregnant women to SARS-CoV-2 and women's perceived impact of the pandemic on breastfeeding practices, medical counseling and social support. While a negative impact was reported on medical counseling and social support, no higher susceptibility of pregnant women to COVID-19 or	Ceulemans M, Verbakel JY, Calsteren KV. SARS-CoV-2 Infections and Impact of the COVID-19 Pandemic in Pregnancy and Breastfeeding: Results from an Observational Study in Primary Care in Belgium. Int J Environ Res Public Health. 2020;17(18), 6766. doi: https://doi.org/10.3390/ijerph17186766

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					an impact on the extent of social support they received. These women indicated less support from family (87%), friends (87%), perinatal organizations (86%), and maternity assistance at home (68%). There was a substantial difference in the total number of women reporting less social support according to the duration of breastfeeding (≤ 6 weeks: 73%; 6 weeks–6 months: 52%; > 6 months: 12%; $p < 0.001$). Women without breastfeeding experience were more likely to report reduced social support during breastfeeding (45% vs. 34%; $p < 0.001$). The authors recommend alternative supportive measures such as tele-visits by midwives or perinatal organizations for these women.	negative impact on breastfeeding practices were found.	
Nutrition, meal service, food insecurity, children, school closure, United States	17-Sep-20	School Closures During COVID-19: Opportunities for Innovation in Meal Service	American Journal of Public Health	Analytic Essay	The authors describe how access to free or reduced-price meals in the USA has been disrupted as a result of long-term school closures related to the COVID-19 pandemic, potentially decreasing both student nutrient intake and household food security. By the week of March 23, 2020, the number of weekly missed breakfasts and lunches served at school reached a peak of 169.6 million which remained steady throughout April 2020. The US Department of Agriculture granted 18 nationwide waivers to provide flexibility for states in determining where and how school meals could be served during closures, allowing states and school districts to expand meal service to 7 days/week, offering grab-and-go meals in outdoor locations, and providing up to a week of meals at once. The challenges school nutrition operators face in keeping children fed during the pandemic highlight preexisting hurdles associated with running school nutrition programs when schools are not in session, and the authors argue that this period can provide many useful lessons for future out-of-school meal provision.	The authors describe strategies used by states and school districts to replace missed meals as a result of school closures related to the COVID-19 pandemic. The possible solutions to improve school nutrition services can inform and strengthen future school nutrition policies for out-of-school time.	Kinsey EW, Hecht AA, Dunn CG, et al. School Closures During COVID-19: Opportunities for Innovation in Meal Service [published online 2020 Sep 17]. <i>Am J Public Health</i> . 2020:e1-e9. doi:10.2105/AJPH.2020.305875
Pregnancy, postpartum, cesarean section, lymphopenia, neutrophilia, hematology, Iran	17-Sep-20	Changes of Leukocytes, Neutrophils, and Lymphocytes Count and Dependent Variables in Pregnant Women with Coronavirus Disease 2019 (COVID-19) Before and After Cesarean Delivery	Journal of Medical Virology	Original Research	Complete blood count (CBC) values are often altered in COVID-19 infection, and some findings, such as increased neutrophil-to-lymphocyte ratio (NLR), are associated with worsening COVID-19 disease. These authors aimed to investigate the pathophysiology of COVID-19 during pregnancy, by examining CBC values before and after C-section in patients with COVID-19. They performed a retrospective study in 5 hospitals in Iran between 3 March and 10 May 2020. They included 20 otherwise healthy pregnant patients with COVID-19 diagnosed by RT-PCR, or suggested by chest CT. 15 (75%) of the patients were symptomatic. A control group was comprised of 38 healthy women with C-sections in October 2019. Pre-C-section lymphocyte counts and lymphocyte-to-leukocyte ratios were lower in the COVID-19 group than the controls ($p=0.004$ and $p=0.005$, respectively), but these differences were not significant after delivery. When comparing only the symptomatic COVID-19 patients to controls before delivery, the	These authors aimed to investigate the pathophysiology of COVID-19 during pregnancy, by examining CBC values before and after c-section in patients with COVID-19. They concluded that, in patients with COVID-19, a decreased lymphocyte count or a sizeable increase in NLR just after C-section could indicate worsening disease.	Norooznezhad AH, Eskandarion S, Akbari R, et al. Changes of Leukocytes, Neutrophils, and Lymphocytes Count and Dependent Variables in Pregnant Women with Coronavirus Disease 2019 (COVID-19) Before and After Cesarean Delivery [published online ahead of print, 2020 Sep 17]. <i>J Med Virol</i> . 2020;10.1002/jmv.26525. doi:10.1002/jmv.26525

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					symptomatic patients had lower lymphocyte counts ($p < 0.01$), lower lymphocyte-to-leukocyte ratios ($p < 0.05$), higher neutrophil-to-leukocyte ratios ($p < 0.01$), and higher NLR ($p < 0.05$). In the control group, the lymphocyte ratio decreased and prevalence of lymphopenia increased after delivery; these changes were not observed in the COVID-19 group. The authors concluded that, in patients with COVID-19, a decreased lymphocyte count or a large increase in NLR just after C-section could indicate worsening disease.		
Intestinal failure, intestinal rehabilitation, pandemic, telemedicine, United States, health systems	17-Sep-20	The Effect of the COVID-19 Pandemic on Pediatric Intestinal Failure Healthcare Delivery	Journal of Parenteral and Enteral Nutrition	Original Article	The authors describe the effects of the COVID-19 pandemic on health care delivery for pediatric patients in the USA with intestinal failure. The authors administered a survey to members (physicians, nurses, and registered dietitians) of the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition Intestinal Rehabilitation Special Interest Group from May 18-28, 2020. The survey consisted of 3 sections: demographics (location and number of patients receiving parenteral nutrition (PN)), patient care and the intestinal rehabilitation team challenges, and caregiving challenges. Data were analyzed by 1) patient population size (< 50 patients or ≥ 50 patients receiving PN) and 2) the number of COVID-19 cases in the state (centers located in states with $< 40,000$ COVID-19 cases and $> 40,000$ cases) using a χ^2 test. Centers that followed ≥ 50 patients on PN were more likely than those with < 50 patients to: have social workers present in telemedicine visits ($p < 0.01$), postpone elective procedures for patients receiving PN ($p = 0.03$), observe central line difficulties among patients ($p = 0.04$), and report changes in the number of caregivers handling the central line due to COVID-19 ($p = 0.04$). Centers located in states with $< 40,000$ reported cases of COVID-19 reported: having to obtain emergency medical licensing to deliver telehealth to out of state patients ($p = 0.03$), seeing patients less frequently than normal ($p = 0.03$) and being less inclined to make changes to PN or wean aggressively ($p = 0.01$) compared to centers in states with $> 40,000$ cases. The survey also revealed a significant degree of financial hardship and food insecurity among families.	The authors found that many aspects of pediatric intestinal failure health care delivery have been impacted by the COVID-19 pandemic, both for healthcare centers and for caregivers.	Galloway DP, Mathis MS, Wilkinson LT, et al. The Effect of the COVID-19 Pandemic on Pediatric Intestinal Failure Healthcare Delivery [published online 2020 Sep 17]. JPEN J Parenter Enteral Nutr. 2020. doi:10.1002/jpen.2000
School children, pandemic response, Hong Kong	17-Sep-20	Letter to the editor: COVID-19 cases among school-aged children and school-based measures in Hong Kong, July 2020	Eurosurveillance	Letter to the Editor	The authors of this letter discuss the communication by Stein-Zamir et al. regarding a major outbreak at an Israeli high school, which had been attributed to crowded conditions in classrooms and exemptions from wearing facemasks. They subsequently share their perspective from Hong Kong, where cases among school-aged children have been reported but did not lead to school outbreaks. They explain how schools in Hong Kong did not resume at the end of January 2020 and that classes were scheduled online. When schools eventually resumed, various	The authors of this letter to the editor discuss the strategies used in Hong Kong with regard to school reopening during the COVID-19 pandemic. There have been less outbreaks among schoolchildren in Hong Kong, where strict	Fong MW, Cowling BJ, Leung GM, Wu P. Letter to the editor: COVID-19 cases among school-aged children and school-based measures in Hong Kong, July 2020. Euro Surveill. 2020;25(37):10.2807/1560-7917.ES.2020.25.37.2001671.

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					infection control measures were adopted by local schools, such as staff and students undergoing daily temperature checks, face masks being worn at all times, and schools switching from full-day to half-day mode while omitting lunch hours. They also discuss the urgent need to have standardized preparedness plans. These measures should outline procedures to be taken by schools in response to the confirmation of cases or contacts of a COVID-19 case among staff and/or students.	infection control measures were employed, than other countries such as Israel.	doi:10.2807/1560-7917.ES.2020.25.37.2001671
Vertical transmission, pregnancy, newborn, postpartum, Iran	17-Sep-20	Vertical transmission of COVID-19 in a 1-day-old neonate	Travel Medicine and Infectious Disease	Case Report	The authors share the case of a 29-year-old pregnant woman in Iran, with a history of hypothyroidism and gestational diabetes, who was admitted to the hospital in active labor at term. She had no COVID-19 symptoms and no known exposure to infected persons, although she did live in an area with high COVID-19 prevalence. A male neonate was born by C-section on 11 April 2020. He had no contact with the mother after delivery due to respiratory distress, and he was transferred to a NICU at a different hospital within 4 hours of birth. Biochemical testing was initially normal, but leukocytes decreased, and C-reactive protein increased on postpartum day 2. Antibiotic treatment was started. At this time, nasopharyngeal swabs were collected from the infant and mother, and both were positive for COVID-19. Testing of the umbilical cord and amniotic fluid was not available. The infant's respiratory symptoms started improving on postpartum day 3, and he began breastfeeding. He was discharged to home on postpartum day 4. Although it was not discussed within the article, the authors presumably believe this to be a case of vertical transmission of COVID-19, based on the report title.	This report presents the case of a term male neonate in Iran, who developed respiratory symptoms immediately after delivery and tested positive for COVID-19 on postpartum day 2. The authors presumably believe this to be a case of vertical transmission of COVID-19.	Bordbar A, Kashaki M, Rezaei F, Jafari R. Vertical transmission of COVID-19 in a 1-day-old neonate. <i>Travel Med Infect Dis.</i> 2020 Sep 17:101879. doi: 10.1016/j.tmaid.2020.101879. Epub ahead of print. PMID: 32950662.
Neonatology, therapeutics, case report, asymptomatic, neonates, spontaneous breathing	17-Sep-20	Coronavirus infection in neonates: a systematic review	Archives of Disease in Childhood: Fetal & Neonatal	Review	This review summarizes currently reported neonatal cases of SARS-CoV-2 infection. A search strategy was designed to retrieve all articles published from 1 December 2019 to 12 May 2020 in MEDLINE/Pubmed, Scopus, Web of Science, MedRxiv, the Cochrane Database of Systematic Review and the WHO COVID-19 database. 26 studies (18 case reports and 8 case series) with 44 newborns with confirmed SARS-CoV-2 infection were included. Studies were mainly from China and Italy. Half of the neonates had a documented contact with the infected mother and 1 out of 3 infected neonates was admitted from home. The median age at diagnosis was 5 days. 1 out of 4 neonates was asymptomatic, and the remaining showed mild symptoms typical of acute respiratory infections and/or gastro-intestinal symptoms. Most neonates with SARS-CoV-2 infection were asymptomatic or presented mild symptoms, were left in spontaneous breathing and had a good prognosis after median 10 days of hospitalization.	This review analyzes 18 case reports and 8 case series with 44 newborns with confirmed SARS-CoV-2. Most neonates with SARS-CoV-2 infection were asymptomatic or presented mild symptoms and had a good prognosis.	Trévisanuto D, Cavallin F, Cavicchiolo ME, et al. Coronavirus infection in neonates: a systematic review. <i>Arch Dis Child Fetal Neonatal Ed.</i> 2020 Sep 17:fetalneonatal-2020-319837. doi: 10.1136/archdischild-2020-319837. Epub ahead of print. PMID: 32943533.

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Mental health, psychological impacts, adolescent, children, pediatric, school closure, policy, USA	17-Sep-20	Mental Health Crisis Secondary to COVID-19-Related Stress: A Case Series From a Child and Adolescent Inpatient Unit	The Primary Care Companion for CNS Disorders	Case Report	In this article, the authors presented a case series of adolescents from USA who were admitted to an inpatient psychiatric facility with mental health crisis and safety concerns due to COVID-19-related stress. They varied from difficulty getting away from their families after a conflict or an argument to being unable to see their friends, significant others, or pastor due to restrictions on traveling and implementation of social distancing norms. All 4 patients were discharged home to either a step down to partial hospitalization program or to outpatient psychiatry and therapy follow-up. Detailed descriptions of all 4 patients (age range 11 years- 17 years) are included in the article. In conclusion, this case series emphasized the impact that the COVID-19 pandemic has had on the mental health of children and adolescents with a previous history of psychiatric illness and even in those with no previous history of mental health issues. The authors argued that it is imperative that families, schools, and health care providers monitor this high-risk group closely and provide support to improve overall emotional well-being.	This case series presented 4 adolescents from USA who were admitted to an inpatient psychiatric facility with mental health crisis and safety concerns due to COVID-19-related stress. These patients varied from difficulty getting away from their families after a conflict or an argument to being unable to see their friends, significant others, or pastor due to restrictions on traveling and implementation of social distancing norms.	Jolly TS, Batchelder E, Baweja R. Mental Health Crisis Secondary to COVID-19-Related Stress: A Case Series From a Child and Adolescent Inpatient Unit. Prim Care Companion CNS Disord. 2020 Sep 17;22(5):20102763. doi: 10.4088/PCC.20102763.
Canada, anxiety, food allergy, pediatric	17-Sep-20	High anxiety and health-related quality-of-life in families with children with food allergy during COVID-19	Annals of Allergy, Asthma & Immunology	Original Research	The objective of this mixed methods study in Canada was to characterize the levels of anxiety of mothers of food allergic children aged 0-8 years (average 4 years), compared to families without a food allergic child, alongside health-related quality of life (HRQL) amongst food allergic children during the COVID-19 pandemic. Participants provided demographic data and completed age-appropriate anxiety questionnaires between 14-28 April 2020. Cases also provided food allergy-related data, and completed the Food Allergy Quality of Life Questionnaire (FAQLQ). Of n=580, 5.5% were cases and 94.5% were controls. For mothers with children 0-1.5 years, anxiety levels did not differ between cases and controls, and for mothers with children 1.5-8 years, anxiety levels were higher in cases vs. controls (p<0.05). Amongst cases, neither overall nor domain-specific FAQLQ scores differed between age groups (0-3 vs. 4-7 years). Qualitatively, 3 themes were identified: Unexpected challenges of food shopping; Less food-related food anxiety during the pandemic; and Differences/delays in food allergy testing and therapy. The authors conclude that while mothers with food allergic children report high anxiety and poor HRQL scores, the day-to-day food allergy management has been better during the pandemic.	The authors investigated the effects of the COVID-19 pandemic on anxiety in families with food-allergic children. They state that while there as generally higher levels of anxiety, there is better allergy management during the pandemic.	Protudjer JLP, Golding M, Salisbury MR, et al. High anxiety and health-related quality-of-life in families with children with food allergy during COVID-19. Ann Allergy Asthma Immunol. 2020 Sep 17. doi: 10.1016/j.ana.2020.09.010.

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Intestinal failure, intestinal rehabilitation, telemedicine, North America	17-Sep-20	The Effect of the COVID-19 Pandemic on Pediatric Intestinal Failure Healthcare Delivery	The Journal of Parenteral and Enteral Nutrition (JPEN)	Original Communication	The authors sought to ascertain the effects of the COVID-19 pandemic on health care delivery for pediatric patients with intestinal failure (IF). A 20-question survey was administered to members of the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition Intestinal Rehabilitation (IR) Special Interest Group. Input values were "yes" and "no," along with a free-text response. Following a 10-day open survey period, data were divided into cohorts based on patient population size and disease burden by state. Responses from 29 centers were included. Centers that followed >50 patients on parenteral nutrition (PN) were more likely to have social workers present in telemedicine visits and observed more central line difficulties among families. Centers located in states with <40,000 reported cases of COVID-19 saw patients less frequently and were more likely to withhold changes to PN prescriptions. Additionally, the survey revealed a significant degree of financial hardship and food insecurity among families. Many aspects of pediatric IF health care delivery have been impacted by the pandemic, both for care providers and caregivers. Despite the availability of telemedicine, IR centers should remain attentive to the global needs of the pediatric IF patient, as well as their families.	This survey investigated the impact COVID-19 has had on the pediatric intestinal failure community in North America, particularly concerning patients currently receiving parenteral nutrition.	Galloway DP, Mathis MS, Wilkinson LT, et al. The Effect of the COVID-19 Pandemic on Pediatric Intestinal Failure Healthcare Delivery. JPEN J Parenter Enteral Nutr. 2020 Sep 17. doi: 10.1002/jpen.2000. Epub ahead of print.
Children, symptoms, chest imaging, fever, cough	17-Sep-20	Trends in clinical presentation of children with COVID-19: a systematic review of individual participant data	Pediatric Research	Review	There are sparse patient-level data available for children with COVID-19. Therefore, there is an urgent need for an updated systematic literature review that analyzes individual children rather than aggregated data in broad age groups. 6 databases (MEDLINE, Scopus, Web of Science, CINAHL, Google Scholar, medRxiv) were searched for studies indexed from January 1 to May 15, 2020. 1241 records were identified, of which only unique papers in English with individual patient information and documented COVID-19 testing were included. A total of 123 patients from 5 countries were identified. 46% were females. The median age was 5 years (range 0-19 years)(IQR = 8). At presentation, 62% had a fever, 32% had a cough, 58% had a single symptom, and 21% were asymptomatic. Abnormal chest imaging was seen in 62% (65/105) of imaged and 76.9% (20/26) of asymptomatic children. A minority of children had elevated platelets, C-reactive protein, lactate dehydrogenase, and D-dimer. Data from this independent participant data systematic review revealed that the majority of children with COVID-19 presented with either no symptoms or a single, non-respiratory symptom.	This review compiled individual participant data for 123 children from 5 countries with documented SARS-CoV-2 infection, indicating that the majority of children with COVID-19 presented with either no symptoms or a single, non-respiratory symptom.	Christophers B, Marin BG, Oliva R, Powell WT, et al. Trends in clinical presentation of children with COVID-19: a systematic review of individual participant data. Pediatr Res. 2020 Sep 17. doi: 10.1038/s41390-020-01161-3. Epub ahead of print.

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Ultrasound, pediatrics, point-of-care, emergency department, POCUS, New York, USA	17-Sep-20	Lung Point-of-Care Ultrasound in Pediatric COVID-19: A Case Series [Free Access to Abstract Only]	Pediatric Emergency Care	Case Series	The objective of this case series is to describe lung point-of-care ultrasound (POCUS) findings performed in a pediatric emergency department in New York, USA in 3 pediatric patients with COVID-19. Point-of-care ultrasound revealed bilateral abnormalities in all patients, including pleural line irregularities, scattered and coalescing B-lines, consolidations, and pleural effusions. Lung POCUS has been shown to have excellent sensitivity and specificity for the diagnosis of pneumonia in children and may reduce the need for radiography in patients under investigation for COVID-19. However, increased exposure time is necessary for the healthcare provider performing the POCUS study. There is currently no pathognomonic feature identified by lung POCUS for COVID-19, but the authors conclude that the pathology identified can be used to assess the burden of pulmonary disease and may help direct management.	This case series reports the findings of pediatric lung point-of-care ultrasound (POCUS) performed in three patients with COVID-19 in the Emergency Department. Lung POCUS may help reduce the need for radiographic images and help guide clinical management for children with COVID-19.	Kennedy TM, Malia L, Dessie A, et al. Lung Point-of-Care Ultrasound in Pediatric COVID-19. Pediatric Emergency Care: September 10, 2020. doi: 10.1097/PEC.0000000000002254
COVID-19, surfactant, lung infection, pulmonary edema	16-Sep-20	Phosphatidylglycerol and surfactant: A potential treatment for COVID-19? [Free Access to Abstract Only]	Medical Hypothesis	Review	This review proposes a hypothesis concerning surfactant supplementation for the treatment of critically ill patients with COVID-19, along with a brief summary of the data in the literature supporting this idea. Surfactant is approved by the Food and Drug Administration for intratracheal administration to pre-term infants to treat neonatal respiratory distress syndrome. In infants there are few side effects, and infants who receive surfactant have shorter hospital stays and better survival. The authors present two tables and figures detailing types of surfactant and its mechanism of action in microbiology. It is thought that surfactant could benefit individuals with COVID-19 by: (1) restoring surfactant damaged by lung infection and/or decreased due to the virus-induced death of the type II pneumocytes that produce it and (2) reducing surface tension to decrease the work of breathing and limit pulmonary edema. In addition, a constituent of surfactant, phosphatidylglycerol, could mitigate COVID-19-induced lung pathology by: (3) decreasing excessive innate immune system stimulation via its inhibition of toll-like receptor-2 and -4 activation by microbial components and cellular proteins released by damaged cells, thereby limiting inflammation and the resultant pulmonary edema, and (4) possibly blocking spread of the viral infection to non-infected cells in the lung. The authors recommend that surfactant preparations containing phosphatidylglycerol be tested for their ability to improve lung function in critically ill patients with COVID-19.	Surfactant is approved by the Food and Drug Administration for intratracheal administration to pre-term infants to treat neonatal respiratory distress syndrome. This review recommends surfactant supplementation for the treatment of critically ill patients with COVID-19.	Bollag WB, Gonzales JN. Phosphatidylglycerol and surfactant: A potential treatment for COVID-19?. <i>Med Hypotheses</i> . 2020;144:110277. doi:10.1016/j.mehy.2020.110277
24-h day; COVID-19; adolescents; children; physical	16-Sep-20	COVID-19 Impact on Behaviors across the 24-Hour Day in	Children	Commentary	This commentary discusses the impact of COVID-19-related social restrictions on behaviors including physical activity, sedentary behavior, and sleep among children (5–12 years old) and adolescents (13–17 years old), and provides strategies for	This commentary discusses the impact of COVID-19-related social restrictions on behaviors including	Bates LC, Zieff G, Stanford K, et al. COVID-19 Impact on Behaviors across the 24-Hour Day in Children and Adolescents:

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activity; sedentary behavior; sleep		Children and Adolescents: Physical Activity, Sedentary Behavior, and Sleep			behavior change using the socio-ecological model. Preliminary evidence reports significant decreases in physical activity, increases in sedentary behavior, and disrupted sleep schedules/sleep quality in children and adolescents. The socio-ecological model provides strategies for lasting behavior change, recognizes an individual within the context of the environment, and helps contextualize strategies for healthy behavior adoption and maintenance during the COVID-19 pandemic. 4 unique levels in the socio-ecological model include intra-individual (e.g., enjoyment, self-efficacy), inter-individual (e.g., social support), physical environment (e.g., neighborhood), and policy (e.g., government guidelines) determinants. Intra-individual recommendations include finding enjoyable physical activity, breaking up sedentary behavior, and mindfulness practices. Inter-individual recommendations include group physical activity challenges and talking to family members to promote connectivity. Environment recommendations include screen time limits and physical activity engagement with objects at home. Policy recommendations include closing streets to allow for socially distanced physical activity, educating parents about sedentary behavior, and spreading information on the importance of sleep schedules and quality sleep. Using the socio-ecological model, policymakers, educators, parents/guardians, healthcare providers, and community organizations can identify and implement simple, enjoyable, and creative strategies to increase physical activity, decrease sedentary behavior, and promote optimal sleep in order to preserve health in children and adolescents during the COVID-19 pandemic.	physical activity, sedentary behavior, and sleep among children (5–12 years old) and adolescents (13–17 years old). The article provides strategies for behavior change using the socio-ecological model.	Physical Activity, Sedentary Behavior, and Sleep. Children (Basel). 2020;7(9):138. Published 2020 Sep 16. doi:10.3390/children7090138
Vertical transmission, in-utero transmission, placental histopathology, neonate, pregnancy, USA	16-Sep-20	In Utero Vertical Transmission of Coronavirus Disease 2019 in a Severely Ill 29-week Preterm Infant	Case Reports	Case Report	In this case report of possible in-utero transmission of SARS-CoV-2., a 31-year-old Gravida 2 Para 1 woman with an uncomplicated pregnancy presented on April 9, 2020 in New York, USA with the chief complaint of fever, respiratory distress, and decreased fetal movement. Her fever started the day before presentation (maximum of 102°F) with respiratory symptoms developing 10 days prior to presentation. Fetal heart tracing showed decreased variability and late decelerations with a biophysical profile score of 2/10. The decision was made for immediate C-section. All personnel observed airborne precautions, and the mother was given an N-95 mask during the surgery. The infant was born limp with poor respiratory effort and Apgar scores of 3, 5, and 7 at 1, 5, and 10 minutes. The infant had no contact with the mother after birth. Maternal rapid PCR for COVID-19 returned positive right after delivery. Neonatal PCR COVID-19 testing was sent at 24 hours of life and was positive, with repeat PCR on day 4, 6, 12, 18, and 25 all positive. Neonatal serology for IgG and IgM were	This case report of maternal and neonatal SARS-CoV-2 infection in New York, USA provides evidence for possible in-utero transmission based on clinical characteristics, laboratory, and serology findings.	Gupta A, Malhotra Y, Patil U, et al. In Utero Vertical Transmission of Coronavirus Disease 2019 in a Severely Ill 29-week Preterm Infant. AJP Rep. 2020 Jul;10(3):e270-e274. doi: 10.1055/s-0040-1715177.

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					also positive. Placental histopathology findings of villitis, intervillitis, and hemorrhage were consistent with COVID-19 infection. The authors conclude that the clinical characteristics, laboratory, and serology findings are most compatible with a case of in-utero transmission.		
Fractures, trauma, Iran, Covid-19, SARS-CoV-2, Pandemic, Lock-down, Children, Trauma, Epidemiology, Fracture	16-Sep-20	Epidemiological pattern of pediatric trauma in COVID-19 outbreak: Data from a tertiary trauma center in Iran	Injury	Original Research	This study sought to investigate the change in number of pediatric fractures in the Taleghani Hospital tertiary trauma center during the COVID-19 pandemic in Iran. Data was collected from March 1 - April 15, 2020, and compared to mean data from the previous 2 years. Compared to the non-COVID era, the number of pediatric trauma admissions dropped from 589 to 288. Altogether 117 of the 288 trauma patients (40.62%) had a fractured bone (145 fractures). Fracture patients were mostly boys, with a mean age of 9.87 years (SD=5.27). In Iran, pediatric trauma has decreased during the outbreak. This study has implications for allocating appropriate resources during the COVID-19 pandemic.	This study sought to investigate the change in number of pediatric fractures in the Taleghani Hospital tertiary trauma center during the COVID-19 pandemic in Iran. Compared to the previous 2 years, the number of pediatric trauma admissions dropped from 589 to 288. Altogether 117 of the 288 trauma children (40.62%) had a fractured bone (145 fractures).	Nabian MH, Vosoughi F, Najafi F, et al. Epidemiological pattern of pediatric trauma in COVID-19 outbreak: Data from a tertiary trauma center in Iran. Injury. 2020;51(12):2811-2815. doi:10.1016/j.injury.2020.09.015
COVID-19, child abuse and neglect, spatiotemporal analysis, strong start index, Los Angeles, USA	16-Sep-20	A spatiotemporal analysis of the impact of COVID-19 on child abuse and neglect in the city of Los Angeles, California	Child Abuse & Neglect	Article	The COVID-19 pandemic has created an urgent need to identify child abuse and neglect (CAN) and efficiently allocate resources to improve coordinated response. This study combined CAN incident data (involving all children <18 years old) with additional datasets to analyze dual trajectories of COVID-19 and child maltreatment in the city of Los Angeles (USA). Spatial analysis utilized the following data: California Strong Start Index scores (12 variables summarizing conditions into which children are born); school absenteeism; poverty; labor force participation; and housing affordability. Temporal analysis utilized data from the Apple Mobility Trends Report. Results point to an 8% decline in the number of CAN reports during the COVID-19 pandemic (January 21 - July 19, 2020) as compared to the same time period preceding it (July 24, 2019–January 20, 2020), consistent with an observed 50% decrease in child abuse hotline calls in April 2020. The authors note this may reflect a decline in CAN detection rather than an actual decline in CAN, highlighting the utility of measuring data of known risk factors for child abuse exacerbated by the COVID-19 pandemic. Severe rental burden and school absenteeism were strongly related to increased CAN reports ($\beta=1.29$, $p<0.001$ and $\beta=2.66$, $p<0.001$, respectively). These results suggest that measures designed to reduce housing burden will also protect children from victimization. To inform CAN prevention and intervention, the authors provide maps of co-	This study combined incident data on child abuse and neglect with additional datasets to provide an analysis of dual trajectories of COVID-19 and child maltreatment in the city of Los Angeles (USA), drawing heavily on spatial analysis for exploring social and disease vulnerability. Results suggest measures designed to reduce housing burden will also protect children from victimization.	Barboza GE, Schiamberg LB, Pacht L. A spatiotemporal analysis of the impact of COVID-19 on child abuse and neglect in the city of Los Angeles, California. Child Abuse Negl. 2020 Sep 16:104740. doi: 10.1016/j.chiabu.2020.104740. Epub ahead of print. PMID: 33067002; PMCID: PMC7494263.

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					occurring risk factors indicating vulnerable areas of the city and emerging hot spots of CAN during the COVID-19 pandemic.		
SARS-CoV-2, Vertical Transmission, Pregnancy, Neonatal	16-Sep-20	New evidences that discard the possible vertical transmission of SARS-CoV-2 during pregnancy - letter to the editor	Medicina Clinica	Letter to the Editor	This letter was written in response to a recent study by Elosegui et. al. 2020 that claimed there was no evidence of vertical transmission of SARS-Co-V-2 in the 2nd trimester of pregnancy. This letter pushes back on that claim. It outlines that (1) more kinds of specimens (i.e. intra-uterine and postpartum samples) from more infected pregnant woman and newborns should be collected to make such a claim. (2) A recent study suggested that mother/fetus transmission is lower in SARS-Co-V-2 than Zika because of a deficiency in ACE2. Without this receptor, SARS-Co-V-2 cannot enter cells. (3) Transplacental transmission was confirmed by Vivanti et. al. who showed that the virus can be found in placental cells as well as neonatal infection. Thus, the authors suggest that vertical transmission of SARS-Co-V-2 is possible during the last weeks of pregnancy and urge others to increase their specimen numbers and long-term follow-up of infants born to infected mothers.	Authors respond to the claim that vertical transmission of SARS-Co-V-2 is not possible in the 2nd trimester of pregnancy. They assert that due to incomplete specimen collection, as well as emerging studies from other groups that vertical transmission is possible during the last weeks of pregnancy.	Cai J, Zhang Y, Mi T. New evidences that discard the possible vertical transmission of SARS-CoV-2 during pregnancy - letter to the editor. Medicina Clínica. September 2020. doi:10.1016/j.medcli.2020.09.021 .
Italy, biologics, allergic diseases	16-Sep-20	Biologic Use in Allergic and Asthmatic Children and Adolescents During the COVID-19 Pandemic	Pediatric Allergy, Immunology, and Pulmonology	Original Research	This article strives to assess the severity of COVID-19 symptoms alongside treatment with various biologics agents. A multi-center, nationwide study in Italy was conducted in a total of 20 pediatric centers, using an 11-question survey designed to determine (1) the number of allergic children and adolescents treated with omalizumab, mepolizumab, or dupilumab for asthma, atopic dermatitis, and chronic urticaria; (2) the number of these patients who developed COVID-19; and (3) the severity of COVID-19 symptoms. 108 children and adolescents (mean age 12.8 years) [no age range given] were treated with biologics. Three subjects treated with omalizumab experienced paucisymptomatic COVID-19 (those symptoms promptly resolved). Nine patients were treated with mepolizumab with no COVID-19 or asthma exacerbations. Six asthmatic subjects and 7 patients with chronic urticaria were treated with dupilumab, none with a COVID-19 diagnosis. Additionally, there was no worsening of any of the underlying diseases. The authors state that these preliminary outcomes suggest that the continuation of treatment using biologics seems to be safe. They suggest that biologics should be continued in patterns with severe allergic diseases but should be withheld once COVID-19 develops.	The aim of this study was to determine if biologics had a negative effect on the progression of COVID-19 in children. They found no worsening of symptoms, and state that biologic treatment should only be discontinued if the patient contracts SARS-CoV-2.	Licari A., Castagnoli R., Votto M., et al. Biologic Use in Allergic and Asthmatic Children and Adolescents During the COVID-19 Pandemic. Pediatric Allergy, Immunology, and Pulmonology 2020. doi: 0.1089/ped.2020.1214

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Maternal mortality, African-Americans, health inequities, social determinants of health, USA	16-Sep-20	Expected Surge in Maternal Mortality and Severe Morbidity among African-Americans in the Era of COVID-19 Pandemic	International Journal of Maternal and Child Health and AIDS	Short Research Communication	Prior to the COVID-19 pandemic, African American mothers were three times as likely to die from pregnancy-related causes compared to white mothers. The impact of the pandemic among African Americans could further worsen the racial disparities in maternal mortality (MM) and severe maternal morbidity (SMM). This study creates a theoretical framework delineating the contributors to an expected rise in maternal mortality (MM) and severe maternal morbidity (SMM) among African Americans in the context of the COVID-19 pandemic in the United States. The authors identified the following socio-economic and health determinants that may contribute to future adverse maternal health outcomes: unemployment, lack of insurance coverage, reduced access and utilization of reproductive and maternal health services, and increased prevalence of diabetes, hypertension, and obesity. Given the historical context of systemic racism among African Americans, there is a need to intensify advocacy, implement culturally acceptable programs, and formulate policies to address social determinants of health.	This study creates a theoretical framework delineating the contributors to an expected rise in maternal mortality and severe maternal morbidity among African Americans in the context of the COVID-19 pandemic in the United States.	Yusuf KK, Dongarwar D, Ibrahim S, Ikedionwu C, Maiyegun SO, Saliyu HM. Expected Surge in Maternal Mortality and Severe Morbidity among African-Americans in the Era of COVID-19 Pandemic. Int J MCH AIDS. 2020;9(3):386-389. doi:10.21106/ijma.405
Complication, cytokine hemo-absorption, cytokine storm, pneumonia, pregnant woman, Turkey	16-Sep-20	Cytokine Hemoabsorption in the Management of a Pregnant Woman with COVID-19 Pneumonia: Case Report	SN Compr Clin Med	Case Report	Extra-corporeal blood purification techniques may be helpful in patients with cytokine storm with severe COVID-19. These authors share the case of a 22-year-old pregnant woman who presented with fever and respiratory symptoms at 32 weeks of pregnancy. The patient was treated with supportive care and anti-viral and anti-inflammatory agents. However, her status deteriorated and on day 3 she was admitted to the ICU, where she developed respiratory failure and acute respiratory distress syndrome. Cytokine storm was suspected, based on clinical and lab findings. Thus, extra-corporeal cytokine hemo-adsorption and cytokine filter were performed at regular intervals, to remove inflammatory cytokines from circulation, and reduce inflammatory response. With this treatment, the patient's fever improved, and her C-reactive protein elevation decreased. Due to worsening hypoxemia and fetal status, a C-section was performed on day 7 of ICU admission. The infant tested negative for COVID-19. The patient was intubated, and mechanical ventilation was initiated on post-operative day 2. Her status continued to worsen, and the patient died on day 22 after ICU admission. Despite this outcome, the authors conclude that, in the treatment of COVID-19 and its complications during pregnancy, cytokine filter and hemo-adsorption treatment can be beneficial in cytokine storm.	These authors share the case of a 22-year-old pregnant woman who was treated with cytokine hemo-adsorption in the setting of COVID-19-related cytokine storm.	Karabulut Keklik ES, Dal H, Bozok Ş. Cytokine Hemoabsorption in the Management of a Pregnant Woman with COVID-19 Pneumonia: Case Report. SN Compr Clin Med. 2020 Sep 16:1-5. doi: 10.1007/s42399-020-00508-5. Epub ahead of print. PMID: 32954212; PMCID: PMC7492132.

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Children social care, child protection, social work	16-Sep-20	The impact of COVID-19 on Children's Social Care in England	Child Abuse and Neglect	Original Article	As a response to the COVID-19 pandemic, the population of England was asked to stay at home and work from home whenever possible. This included those working in children's social care (CSC) who have responsibility for child protection and other safeguarding duties. The authors of this study wanted to understand how CSC made the transition from an office-based agency to one where the majority of social workers were based at home. They also aimed to understand how CSC perceived the impact on children and their families. 9 interviews were conducted by video call in June 2020: 3 by telephone and 3 were initial written responses followed up with phone calls. Service delivery was maintained across all the authorities. Most visits were made virtually after assessments of risk was conducted on the cases. Multi-agency working had improved with greater involvement of general practitioners and pediatricians. Overall activity in CSC was lower than normal but as lockdown eased this changed. However, concern was expressed about how to respond to the expected level of harm that had been hidden by the pandemic. While responses to COVID-19 prompted widespread innovation, continued initiatives for children and families should be continually evaluated.	The authors of this study conducted a series of interviews to examine the impact of the COVID-19 pandemic on children's social care in England. While multi-agency working improved during the pandemic, there were concerns about how to address harms that had occurred unnoticed.	Baginsky M, Manthorpe J. The impact of COVID-19 on Children's Social Care in England. Child Abuse Negl. 2020 Sep 16:104739. doi: 10.1016/j.chiabu.2020.104739. Epub ahead of print. PMID: 32977986; PMCID: PMC7494292.
Adverse childhood experience (ACE), children and young people, parenting, telemedicine, United Kingdom	16-Sep-20	The indirect impact of COVID-19 on child health	Pediatrics and Child Health	Review	The authors review some of the evidence of downstream effects of the COVID-19 pandemic on children and young people in the UK, including the harmful implications for physical health, education, and psychological impacts. Stressors that could impact mental health of children and young people include comorbid mental illness, poor physical health, length of isolation, fear of infection and lack of information, frustration and boredom, lack of contact with friends and family, bereavement, family difficulties, parental mental health, and socio-economic background. Children and young people have been exposed to very severe stressors which if not addressed, could have even worse outcomes in the future. The authors provide advice to health care professionals and conclude that governments, communities, non-governmental organizations and healthcare professionals need to work in collaboration to prevent causing irreversible damage to a generation.	The authors review the physical and psychological effects of COVID-19 on children and young people in the UK, discuss the role of parenting and education, and offer practical advice about how to best provide support as a health care professional.	Ashikalli L, Carroll W, Johnson C. The indirect impact of COVID-19 on child health [published online ahead of print, 2020 Sep 16]. Paediatr Child Health (Oxford). 2020. doi:10.1016/j.paed.2020.09.004
CSF, encephalitis, pediatric, neurology, Senegal	16-Sep-20	Post infectious encephalitis at Covid19: About one pediatric observation and review of the literature	Revue Neurologique	Letter to the Editor	In this letter, the authors describe a 7-year-old female pediatric patient in Senegal with COVID-19-associated encephalitis. On day 6 of the patient's hospitalization for COVID-19, she had 4 generalized tonic-clonic seizures, lasting about 1 minute each. Injectable diazepam and sodium valproate partially reduced the seizures. After 11 days of hospitalization and 2 negative SARS-CoV-2 RT-PCR tests, the patient was discharged; however, 3 days later, she was admitted to a neurology unit for a gait and	This letter reports on the case of a 7-year-old female pediatric patient with COVID-19-associated encephalitis in Senegal. The authors include a short review detailing related cases and call for	Kahwagi J, Diagne R, Fall M, et al. Post infectious encephalitis at Covid19: About one pediatric observation and review of the literature. Revue Neurologique. 2020; doi: 10.1016/j.neurol.2020.09.001

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					behavioral disorder. A neurological examination found a confusional syndrome and osteo-tendinous hyper-reflex, and the patient had an abnormal electro-encephalogram. Carbamazepine was added to sodium valproate, which decreased seizure incidence to 1 per month. The behavioral and walking disorders disappeared over the follow-up period of 2 months. The authors also include a brief review of related cases and note that their patient is the second from a pediatric population to have reported SARS-CoV-2 encephalitis, which has been associated with seizures, disturbance of consciousness, and behavioral disorders. The authors note that the potential impacts of SARS-CoV-2 infection on cerebrospinal fluid and neurological disease have yet to be understood, especially in pediatric populations, and urge further investigation.	further studies investigating SARS-CoV-2's neurological impacts, especially in pediatric patients.	
Professional ethics, public health, reproductive technologies, right to health care	16-Sep-20	Navigating assisted reproduction treatment in the time of COVID-19: concerns and considerations	Journal of Assisted Reproduction and Genetics	Commentary	The COVID-19 pandemic has fueled debate over whether assisted reproductive technology (ART) care is "essential." Early in the pandemic, many fertility treatments were suspended. Upon re-opening, clinics have adopted protocols such as COVID-19 testing and increased PPE. The authors suggest prioritizing care for time-sensitive cases, although the effect of treatment delays on outcomes is unclear. The article highlights the importance of patients' views on postponing treatment, emphasizing the additional anxiety that infertile patients may suffer during this pandemic. Additionally, the impact of COVID-19 infection on embryos and pregnancy is currently uncertain, and some drugs used for COVID-19 treatment are contra-indicated in pregnancy. Therefore, the authors raise bio-ethical concerns with in-vitro fertilization (IVF) during this time. However, if pregnancy should not be promoted for infertile couples, the authors ponder why no scientific society has issued a respective concern for pregnancies conceived naturally. They speculate that failure to provide IVF treatment would discriminate against the rights of infertile patients. ART providers face a dilemma between the principle of non-maleficence and that of patient autonomy. The authors stress the importance of fully informed consent and shared decision-making among patients and ART clinicians during the COVID-19 pandemic.	This article considers the implications of providing assisted reproductive technology (ART) care during the COVID-19 pandemic. Providers must honor the reproductive rights of infertile couples, while safeguarding the health of the intended parents and children during this uncertain time.	Simopoulou M, Sfakianoudis K, Giannelou P, et al. Navigating assisted reproduction treatment in the time of COVID-19: concerns and considerations [published online ahead of print, 2020 Sep 16]. <i>J Assist Reprod Genet.</i> 2020;10.1007/s10815-020-01942-z. doi:10.1007/s10815-020-01942-z
Children, diabetic ketoacidosis, diabetes mellitus, UK	16-Sep-20	Paediatric critical care referrals of children with diabetic ketoacidosis during the COVID-19 pandemic	Archives of Disease in Childhood	Letter to the Editor	In a national survey of UK pediatricians, 32% of clinicians reported witnessing delayed presentations to emergency care due to restrictions and measures introduced to mitigate the COVID-19 pandemic. Delayed diagnosis of type 1 diabetes mellitus in children leads to a higher likelihood of complications such as diabetic ketoacidosis (DKA). The authors report the frequency of referral of children ≤ 15 years old with DKA to a regional pediatric critical care advice and transport service in the	The authors report an increase in referral of children ≤ 15 years old with diabetic ketoacidosis (DKA) in the UK during the COVID-19 pandemic compared with previous years, at a time when	Basatemur E, Jones A, Peters M, Ramnarayan P. Paediatric critical care referrals of children with diabetic ketoacidosis during the COVID-19 pandemic [published online 2020 Sep 16]. <i>Arch Dis Child.</i> 2020.

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					UK before and during the COVID-19 pandemic. 31 children were referred with DKA between March-July 2020, compared with a median of 12 children (range 11–20) over corresponding months in the preceding 5 years. The overall number of referrals to the service for all conditions was lower during the pandemic period compared with previous years. The authors explored whether there was any difference in the severity of DKA cases by comparing the clinical characteristics of 105 children referred between January 2018-February 2020 with those of 31 children referred between March-July 2020. There were no significant differences between the groups in: reported duration of symptoms prior to hospital attendance, blood gas analysis parameters at presentation, intensive care unit admission rates, or intubation rates. The increase in referral of children with DKA during the COVID-19 pandemic could be due to reduced access to primary care services or parental anxiety about accessing healthcare providers during the pandemic, although some evidence suggests that COVID-19 infection itself may trigger the development of ketoacidosis.	overall referral activity to the service was lower than usual. This could be due to delayed diagnosis in type 1 diabetes mellitus because of reduced access to primary care services or parental anxiety about accessing healthcare providers during the pandemic, although some evidence suggests that COVID-19 infection itself may trigger the development of ketoacidosis.	doi:10.1136/archdischild-2020-320471
Brazil, hematopoietic stem cell transplant, immunosuppression, children	16-Sep-20	COVID-19 after hematopoietic stem cell transplantation: report of two children	Bone Marrow Transplantation	Letter to the Editor	The authors report 2 cases in Brazil of pediatric patients diagnosed with COVID-19 who were immunosuppressed following hematopoietic stem cell transplantation. The first case was a 2-year old boy who received a bone marrow transplant in 2019 following diagnosis with acute myeloid leukemia. In March 2020, the child was diagnosed with COVID-19 infection by RT-PCR. He was asymptomatic and remained immunosuppressed. His immune function 15 days before COVID-19 diagnosis showed the following levels: CD19 8/mm ³ ; CD3 1598/mm ³ ; CD4 496/mm ³ ; CD8 1067/mm ³ ; and natural killer, NK 48/mm ³ . The second case is a 17-month-old girl who was diagnosed with a JAK3-deficient severe combined immunodeficiency after recurrent pneumonia episodes and disseminated Calmette–Guerin bacillus infection. At 11 months of age she received an allogeneic stem cell transplantation. On March 30, 2020 she was admitted to the bone marrow transplant ward with fever and diagnosed with COVID-19 by RT-PCR. The patient was receiving intravenous immunoglobulin every 4 weeks with some immune recovery present. Her immune marker levels were: CD19 0/mm ³ ; CD3 188/mm ³ ; CD4 21/mm ³ ; CD8 146/mm ³ ; NK 211/mm ³ . The authors speculate the degree of immunosuppression and the lack of immune response prevented severe COVID-19 disease symptoms.	The authors report the cases in Brazil of two immunosuppressed pediatric patients diagnosed with COVID-19. The authors speculate the degree of immunosuppression and the lack of immune response prevented severe spectrum of COVID-19 in both cases.	Zamperlini-Netto G, Fernandes JF, Garcia JL, et al. COVID-19 after hematopoietic stem cell transplantation: report of two children [published online 2020 Sep 16]. Bone Marrow Transplant. 2020. doi:10.1038/s41409-020-01041-8
Kawasaki Disease, treatment	16-Sep-20	Kawasaki-like disease in	Rheumatology International	Review Article	This study investigated children with typical and atypical Kawasaki disease (KD) likely to be associated with COVID-19. By conducting a search through Pubmed/MEDLINE from inception to	This review compiles 4 case studies detailing the presentation of Kawasaki-	Akca UK, Kesici S, Ozsurekci Y, et al. Kawasaki-like disease in children with COVID-

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		children with COVID-19			August 2020, 4 children (ages 7, 10, 2, and 2 years old) were identified that fit the criteria. The literature review revealed 36 articles describing 320 children with Kawasaki-like disease associated with COVID-19. SARS-CoV-2 RT-PCR was negative in 120 (65.5%) of 183 patients while the serology was positive in 130 (83.8%) of 155 patients. The 4 chosen case studies were selected because they contained sufficient patient details. The clinical features were consistent with incomplete KD in 3 of the 4 patients. Corticosteroids, anakinra, intravenous immunoglobulin (IVIG), and acetylsalicylic acid were used in the treatment. Three patients recovered after the treatment while one patient died. The authors state that pediatric COVID-19 may present with typical/incomplete Kawasaki-like disease, and that treatment of this condition requires aggressive management.	like disease likely associated with COVID-19. The authors conclude that COVID-19 in pediatric populations may present with typical/atypical Kawasaki-like disease, and treatment of this condition requires aggressive management.	19. Rheumatol Int. 2020; doi:10.1007/s00296-020-04701-6
Mental health, children, policy, US, post-disaster recovery	16-Sep-20	A Marshall Plan for Children's Mental Health After COVID-19	Psychiatric Services	Viewpoint	The COVID-19 pandemic's economic impacts will increase poverty, homelessness, and hunger for many children and families. The authors propose a plan for children's mental health that rests on two cornerstones: children-first ethics and a post-disaster recovery approach to encourage resilience. Adapted from Building Back Better, a post-disaster recovery approach pioneered by the United Nations, these four components are central to recovery: inclusion of families and local communities in driving their own recovery, fairness and equity in recovery, valid and reliable data collection on access and outcomes to monitor improvement, and financial flexibility to spark innovative solutions. Support services should be made convenient and accessible, utilizing Women, Infants, and Children programs, churches, schools, shopping malls, community centers, or virtual platforms. Community-level navigators, paraprofessionals, and certified parent-support specialists can help expand access to services, rather than relying exclusively on high-cost specialists. Policy solutions include strengthening economic supports, such as job skills training, paid sick leave, extension of family leave policies, and restoration of a livable minimum wage. Coordination-enhancing agreements embedded into local regulations or policies will allow mental health care to be linked to other sectors, such as special education, foster care, and juvenile justice.	The authors propose a plan for children's mental health that rests on two cornerstones: children-first ethics and a post-disaster recovery approach to encourage resilience. Specific strategies for strengthening local policy and service delivery (with a focus on the US context) are provided based on aspects of the United Nations' Building Back Better recovery model.	Hoagwood KE, Kelleher KJ. A Marshall Plan for Children's Mental Health After COVID-19 [published online, 2020 Sep 16]. Psychiatr Serv. 2020;appips202000258. doi:10.1176/appi.ps.202000258
Pediatric, vertical transmission, household transmission, knowledge gap, epidemiology,	16-Sep-20	The evolving picture of SARS-CoV-2 and COVID-19 in children: critical knowledge gaps	BMJ Global Health	Commentary	In this commentary, the authors argued that data on how SARS-CoV-2 affects children and adolescents remain limited and conflicting, with an increased spectrum of disease manifestations emerging. They illustrated that 1) more data are needed to describe a full epidemiologic assessment of COVID-19/SARS-CoV-2 infection in children; 2) the true incidence of pediatric SARS-CoV-2 infection is unknown; 3) transmission from children to	This commentary described the critical knowledge gaps regarding how SARS-CoV-2 affects children and adolescents.	Idele P, Anthony D, You D, et al. The evolving picture of SARS-CoV-2 and COVID-19 in children: critical knowledge gaps. BMJ Glob Health. 2020 Sep;5(9):e003454. doi: 10.1136/bmjgh-2020-003454.

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clinical presentation					adults and other children within schools remains undefined; 4) the mother-to-child vertical transmission of SARS-CoV-2 has not been confirmed; 5) there is lack of data on clinical aspects of SARS-CoV-2 in children; 6) full extent of pediatric disease in children remains to be clarified. In conclusion, the authors commented that these critical knowledge gaps have significant public policy and program implications and warrant further studies.		
Child and adolescent health, rights to health, hospital care	16-Sep-20	Safeguarding children's right to health in hospital during COVID-19	The Lancet - Child and Adolescent Health	Comment	Children's hospitals have long been advocates of a rights-based approach to health care and will be crucial for ensuring that the rights of children are protected during future COVID-19 surges. Although few children required admission to a hospital because of COVID-19, social isolation, school closures, missed or delayed medical care, increased family stress, and the loss of state safeguarding structures have all taken their toll on child health. With the nearly exclusive focus on adult care, the authors make the argument that society has not adequately protected children's right to health during the pandemic. With the seasonal increase in respiratory illness, pediatric ICUs will likely reach capacity. Ensuring a child's right to high quality health care will require having both professional expertise and sufficient resources available. This could be challenging, since the availability of pediatric-specific equipment is often scarce because of low volume needs. Children's hospitals, health systems, and policymakers should act now to ensure the rights of children are central to pandemic planning efforts.	The authors urge children's hospitals, as anchors of pediatric care in various communities, to assume the moral responsibility to ensure that the rights of children are protected and promoted in COVID-19 pandemic response planning.	McIntosh J, Aresté M, Brierley J et al. Safeguarding children's right to health in hospital during COVID-19. Lancet Child Adolesc Health. 2020. doi:10.1016/s2352-4642(20)30300-x
Morbidity, mortality, pregnancy, outcomes, maternal health, neonatal health, USA	16-Sep-20	Characteristics and Maternal and Birth Outcomes of Hospitalized Pregnant Women with Laboratory-Confirmed COVID-19 – COVID-NET, 13 States, March 1–August 22, 2020	Morbidity and Mortality Weekly Report	Report	This analysis used population-based surveillance data from 13 states in the U.S from March 1–August 22, 2020, to summarize the clinical characteristics and birth outcomes of 598 hospitalized pregnant women with COVID-19 (aged 15–49 years). 55% women were asymptomatic at admission. Severe illness occurred among symptomatic pregnant women, including ICU admissions (16%), mechanical ventilation (8%), and death (1%). Pregnancy losses occurred for 2% of pregnancies completed during COVID-19-associated hospitalizations. Among pregnancies resulting in live births, preterm delivery was reported for 23.1% of symptomatic women and 8.0% of asymptomatic women. Women hospitalized during the first or second trimester were more frequently symptomatic (84.0%) than were those hospitalized during the third trimester (39.9%). The proportion of hospitalized women aged 15–49 years with COVID-19 who were pregnant in this study (26.5%) suggests that pregnant women have disproportionately higher rates of COVID-19-associated hospitalizations compared to nonpregnant women.	This analysis used population-based surveillance data from 13 states in the U.S. to summarize the clinical characteristics and birth outcomes of hospitalized pregnant women with COVID-19. Results suggest that pregnant women have disproportionately higher rates of COVID-19-associated hospitalizations compared to nonpregnant women.	Delahoy MJ, Whitaker M, O'Halloran A, et al. Characteristics and Maternal and Birth Outcomes of Hospitalized Pregnant Women with Laboratory-Confirmed COVID-19 – COVID-NET, 13 States, March 1–August 22, 2020. MMWR Morb Mortal Wkly Rep. ePub: 16 September 2020. DOI: http://dx.doi.org/10.15585/mmwr.mm6938e1external icon

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Pregnant women, hospitalizations, characteristics, United States	16-Sep-20	SARS-CoV-2 Infection Among Hospitalized Pregnant Women: Reasons for Admission and Pregnancy Characteristics — Eight U.S. Health Care Centers, March 1–May 30, 2020	Morbidity and Mortality Weekly Report	Report	This report describes the findings from the Vaccine Safety Datalink surveillance of COVID-19 hospitalizations during March 1–May 30, 2020 for pregnant women in the US. 105 hospitalized pregnant women with SARS-CoV-2 infection were identified; the median age was 30 years (range = 17–54 years). 62 (59%) were hospitalized for obstetric reasons (of which 81% were asymptomatic) and 43 (41%) were hospitalized for COVID-19 illness without an obstetric reason. Among these 43 women, 13 (30%) required ICU admission, six (14%) required mechanical ventilation, and one died from COVID-19. Pre-pregnancy obesity was more common (44%) among pregnant women hospitalized for COVID-19 than among asymptomatic pregnant women hospitalized for obstetric reasons (31%). Likewise, the rate of gestational diabetes (26%) among pregnant women hospitalized for COVID-19 was higher than it was among women hospitalized for obstetric reasons (8%). Preterm delivery occurred in 15% of pregnancies among 93 women who delivered, and stillbirths (fetal death at ≥ 20 weeks' gestation) occurred in 3%. Intensive care was required for 30% (13 of 43) of pregnant women admitted for COVID-19, of which 1 died.	This report describes characteristics of hospitalized pregnant women in the US identified to have SARS-CoV-2 infection from the Vaccine Safety Datalink surveillance during March 1–May 30, 2020. Findings suggest pre-pregnancy obesity and gestational diabetes may be associated with COVID-19-related hospitalization among pregnant women.	Panagiotakopoulos L, Myers TR, Gee J. SARS-CoV-2 Infection Among Hospitalized Pregnant Women: Reasons for Admission and Pregnancy Characteristics — Eight U.S. Health Care Centers, March 1–May 30, 2020. MMWR 2020;69. doi: http://dx.doi.org/10.15585/mmwr.mm6938e2
COVID-19; pregnancy; birth companion	15-Sep-20	Role of birth companion in COVID-19: Indispensable for her and an auxiliary hand for us	The Pan African Medical Journal	Article	The authors discuss the importance of birth companions during the COVID-19 pandemic. According to the WHO, pregnant women, including those with presumed or confirmed SARS-CoV-2 infection, have the right to a 'safe and positive childbirth experience,' which includes a companion. The birth companion, as defined by the authors, is present at all times with the patient, from the initiation of labor through breastfeeding, and provides physical, psychological, and emotional support. As the pandemic continues, the number of infected antenatal females is expected to increase. If a birth companion is trained in basic intrapartum and postpartum observation and care, he/she can be utilized to minimize unnecessary patient-clinician interactions, and optimize health care staffing in this critical time. In this case, a trustworthy, asymptomatic birth companion should be identified before labor, and the clinical situation of the patient must be explained to him/her at the time of admission or labor. A written consent must be obtained to ascertain the companion's willingness to voluntarily participate, and explain the possibility of acquiring SARS-CoV-2 infection, its consequences, and the importance of following recommended precautions.	The authors discuss the importance of birth companions during the COVID-19 pandemic. If a birth companion is trained in basic intrapartum and postpartum observation and care, he/she can be utilized to minimize unnecessary patient-clinician interactions and optimize health care staffing in this critical time.	Kathuria P, Khetarpal A, Singh P. Role of birth companion in COVID-19: indispensable for her and an auxiliary hand for us. Pan Afr Med J. 2020;37:62. doi:10.11604/pamj.2020.37.62.23565.
Abortion; Autonomy; COVID-19; Reproductive health;	15-Sep-20	Legal and policy responses to the delivery of abortion care during COVID-19	International Journal of Gynecology and Obstetrics	Review Article	This article examines barriers to abortion care during the COVID-19 pandemic globally, as well as government responses and potential solutions. Barriers that are described include having to travel far for care, conflicting patient responsibilities, inability to maintain confidentiality, limited access to transportation, and	The authors describe barriers to abortion care globally, as well as barriers that have been exacerbated during the	Romanis EC, Parsons JA. Legal and policy responses to the delivery of abortion care during COVID-19. Int J Gynaecol Obstet.

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Reproductive rights; Sexual health; Telemedicine					timing with legally permitted gestational limits. The COVID-19 pandemic has exacerbated these barriers due to increased caregiver responsibilities, increasing difficulty of maintaining confidentiality due to stay-at-home measures, fear of SARS-CoV-2 infection while accessing care, public transit interruption, clinic closures, clinic staffing irregularities, and increased domestic violence during the COVID-19 pandemic. Provision of abortion services through telehealth is a potential solution to these compounding barriers, though barriers to provision of these services include legal restrictions on task-sharing in abortion care and limited internet access. Government responses are categorized into progressive, neutral, and regressive policies. The authors encourage governments to recognize abortion as essential healthcare, and to ensure that laws do not interfere with providers' ability to adapt to shifting circumstances, such as the COVID-19 pandemic.	COVID-19 pandemic. An overview of government responses to this issue is provided, along with a call to action.	2020;151(3):479-486. doi:10.1002/ijgo.13377
Pediatric; Mental health; Anxiety; Depression; Suicide; Emergencies; Emergency department; COVID-19; United States of America	15-Sep-20	A dangerous pandemic pair: COVID-19 and adolescent mental health emergencies	The American Journal of Emergency Medicine	Commentary	In this commentary, the authors highlighted how the COVID-19 pandemic is impacting adolescent mental health. They discussed the speculation that the loss of educational routine, peer groups, and supports within schools would increase isolation, depression, substance use and suicidality amongst teens. They also stressed the dangers of not seeking help due to fear of COVID-19. At a children's hospital in Portland, Oregon, USA, the authors observed a decrease in adolescents presenting for acute mental health emergencies at the beginning of the pandemic, but then during times of lower restrictions, the number of teens seeking emergent mental health was twice the normal number for that time of year. They warn about this fluctuating cycle. They reported that while Emergency Departments should provide acute care to patients with mental health emergencies, they cannot substitute for a mental health care system, while also acting as frontline providers during the pandemic. The lack of schools, which often are the frontline of the pediatric mental health system, necessitates better methods of tracking adolescents' mental health. Additionally, the authors call for the development of telehealth resources to reach struggling youth during the pandemic.	The authors of this commentary discuss the impacts of COVID-19 on adolescents in terms of mental health emergencies, and they call for improved surveillance and management of adolescents' mental health needs in the United States.	Cloutier, R. L., & Marshaall, R. (2020). A dangerous pandemic pair: Covid19 and adolescent mental health emergencies. <i>The American journal of emergency medicine</i> , S0735-6757(20)30795-6. Advance online publication. https://doi.org/10.1016/j.ajem.2020.09.008
US, COVID-19, early child-care, education, nutrition, meal subsidizing, food security, CACFP, ECE	15-Sep-20	A Safety Net Unraveling: Feeding Young Children During COVID-19 (Free Access to Abstract Only)	American Journal of Public Health (AJPH)	Commentary	This commentary focuses on early child-care and education programs (ECE) and meal subsidizing for young children, along with areas of weakness and interventions to strengthen ECE. The emergence of COVID-19 in the United States led most states to close or severely limit the capacity of their ECE programs. This loss affected millions of young children, including many of the 4.6 million low-income children who are provided free meals and snacks by their ECE programs through support from the federal	This commentary focuses on early child-care and education programs (ECE), meal subsidizing for young children, areas of weakness, and interventions to strengthen ECE in the	Bauer KW, Chriqui JF, Andreyeva T, et al. A Safety Net Unraveling: Feeding Young Children During COVID-19 [published online ahead of print, 2020 Nov 19]. <i>Am J Public Health</i> . 2020;e1-e4. doi:10.2105/AJPH.2020.305980

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					Child and Adult Care Food Program (CACFP). Although Congress swiftly authorized waivers that would allow CACFP-participating ECE programs to continue distributing food to children, early evidence suggests that most ECE programs did not have the capacity to do so, leaving a fragmented system of federal, state, and local food programs to fill the gaps created by this loss. Critical steps are needed to repair the US's fragile ECE system, including greater investment in CACFP in the form of improved access, support for early childcare and education, improved data systems and improved emergency food access.	United States. The authors call for greater investment in ECE programs, improved data systems, and improved emergency food access.	
case report; COVID-19; neonate; PPHN; pregnancy; SARS-CoV-2; Saudi Arabia	15-Sep-20	A Novel Case of Severe Respiratory Symptoms and Persistent Pulmonary Hypertension in a Saudi Neonate With SARS-CoV-2 Infection	Cureus	Case Report	These authors describe the case of a 37-year-old primigravida admitted to a hospital in Saudi Arabia in June 2020, at 31 weeks' gestation, for vaginal bleeding. At 34 weeks, she developed fever and shortness of breath, and chest X-ray suggested COVID-19. A C-section was performed at 34 weeks' gestation under spinal anesthesia, for fetal heart rate concerns. All staff followed infection-control guidelines, and none had COVID-19 symptoms. Apgar scores for the female neonate were 8 and 8 at 1 and 5 minutes. The infant and mother had no skin-to-skin contact, because the neonate was intubated at 15 minutes of age for respiratory distress. The neonate was transferred to the Neonatal ICU with airborne and contact precautions. She was mechanically ventilated, and initial chest X-ray showed a ground-glass appearance. Repeated X-rays showed bilateral opacities with bronchial wall thickness and hyper-inflated lungs. The neonate's blood gases demonstrated metabolic acidosis, and echocardiogram indicated severe persistent pulmonary hypertension. Blood and cerebrospinal fluid cultures were negative. On postpartum day 3, the mother's SARS-CoV-2 test returned positive, so the infant was tested, and was also positive. Hydrocortisone was administered to the newborn. Lab results indicated acute kidney injury and decreased platelets in the infant. A brain ultrasound showed hemorrhage with dilatation in lateral ventricles. The infant's pulmonary hypertension responded poorly to inhaled nitric oxide and respiratory support, and on day 11, she developed bradycardia and died. Despite the use of COVID-19 guidelines and treatment protocol, this infant developed severe respiratory symptoms with persistent pulmonary hypertension, which progressed significantly to her death. The authors state that this case suggests vertical transmission of SARS-CoV-2, although droplet transmission cannot be ruled out.	These authors describe the case of a female infant delivered by C-section at 34 weeks' gestation to a mother with COVID-19. Despite the use of COVID-19 guidelines and treatment protocol, the infant developed severe respiratory symptoms with persistent pulmonary hypertension, which progressed significantly to her death.	Algadeeb KB, AlMousa HH, AlKadhem SM, Alduhilan MO 2nd, Almatawah Y. A Novel Case of Severe Respiratory Symptoms and Persistent Pulmonary Hypertension in a Saudi Neonate With SARS-CoV-2 Infection. Cureus. 2020 Sep 15;12(9):e10472. doi: 10.7759/cureus.10472. PMID: 33083174; PMCID: PMC7566984.
Italy, children, quality of sleep	15-Sep-20	Early impact of COVID-19 lockdown on	Journal of Clinical Sleep Medicine	Letter to the Editor	The aim of this study was to investigate the impact of lockdown on children's sleep quality, specifically the inter- and intra-individual daily variation of preschooler's sleep duration and	The authors of this article analyze the sleep quality of preschool-aged children	Dellagiulia A, Lionetti F, Fasolo M, et al. Early impact of COVID-19 lockdown on children's sleep: a 4-

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		children's sleep: a 4-week longitudinal study			quality across the first 4 weeks of the pandemic in Italy. 37 mothers of preschool children in central Italy received a questionnaire investigating sleep duration, sleep quality, and bedtime routine twice a day (9:45 pm and 9:30 am) on their mobile device from February 25 - March 25, 2020. Higher scores reflected higher sleep quality and an ideal bedtime routine. Responding mothers' mean age was 38.94 years (SD = 4.58; range, 29–49 years), and the average age for children was 3.81 years (SD = 0.74; range, 3–6 years; 48.65% female). The authors state that a critical decrease in sleep duration occurred in the initial phase of the pandemic followed by a stabilization in the reduction rate. Additionally, a linear and decreasing pattern from the first day of the study until March 1 was observed in bed-time routine and quality of sleep. The authors state that this data suggests that COVID-19 had an early impact on sleep quality in children and that interventions to promote family well-being should be scheduled from the very beginning of the emergency period if a pandemic returns.	in Italy due to COVID-19 lockdown restrictions . They state that COVID-19 had an early negative impact on sleep quality in children.	week longitudinal study. J Clin Sleep Med. 2020;16(9):1639–1640.
Asymptomatic; characteristics, child, infant, radiography	15-Sep-20	Clinical Characteristics of Asymptomatic and Symptomatic Pediatric Coronavirus Disease 2019 (COVID-19): A Systematic Review	Medicina	Review Article	Characterization of pediatric COVID-19 is necessary to control the pandemic, as asymptomatic or mildly infected children may act as carriers. This study compares characteristics of SARS-CoV-2 infection pediatric patients (0-17 years old) by symptomology (symptomatic vs asymptomatic) and between age groups (<10 vs ≥10 years old). A systematic review was conducted for articles from January - 4 September 2020; comments/letters, reviews, and literature not written in English were excluded. Out of 817 identified publications, 43 articles encompassing 158 pediatric COVID-19 cases were included. No mortalities were reported. Abnormal lab findings better distinguished symptomatic from asymptomatic pediatric COVID-19, with lymphocytosis and high C-reactive protein associated with symptomatic infection (p<0.05). Abnormal chest CT (ground-glass opacities) more accurately detected COVID-19 in patients ≥10 years (p<0.05) than in younger ones (<10 years), particularly so for asymptomatic patients ≥10 years old (p<0.01). Overall, clinical characteristics were similar between age groups. The authors call for more prospective studies which could reveal predisposing factors of symptomatic or asymptomatic infection and guide prevention efforts.	This systematic review serves to identify distinguishing features of symptomatic from asymptomatic infection and characterize COVID-19 in young (<10 years) and older (10–17 years) pediatric populations. Data are presented on patient demographics, clinical characteristics, radiologic and laboratory findings.	Yoon S, Li H, Lee KH, et al. Clinical Characteristics of Asymptomatic and Symptomatic Pediatric Coronavirus Disease 2019 (COVID-19): A Systematic Review. Medicina (Kaunas). 2020 Sep 15;56(9):E474. doi: 10.3390/medicina56090474. PMID: 32942705.
Pediatric emergency care, health care delivery, PPE, telehealth, children, USA	15-Sep-20	Pediatric Care in the Age of COVID-19 [Free Access to Abstract Only]	Pediatric Annals	Feature Article	Two pediatricians based in the United States share their perspectives on patient experience and delivery, future health care encounters, and social implications during the COVID-19 pandemic. The article highlights changes to the delivery of pediatric care that could impact quality of care, such as making medication adjustments without seeing patients in person,	This article summarizes the perspectives of two pediatricians based in the United States on patient experience and delivery, future health care	Rodriguez C, Morris C, Hsu AL. Pediatric Care in the Age of COVID-19. Pediatr Ann. 2020 Sep 1;49(9):e403-e404. doi: 10.3928/19382359-20200822-01. PMID: 32929516.

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					postponing non-urgent inpatient admissions, and spending less time with patients to conserve PPE. One hospital recommended placing IV pumps outside of a patient's room to conserve PPE, making it harder for nursing staff to notice clinical changes in the patient directly. Limitations on hospital visitors, closures of child-friendly hospital playrooms, and heavy attention to COVID-19 may increase fear and anxiety for younger patients. They also point to an alarming decrease in vaccination rates as a significant collateral effect of the COVID-19 pandemic. Educational disparities will also likely widen, especially among those with limited access to technology at home.	encounters, and social implications for children during the COVID-19 pandemic.	
Infection control, hospital management, Italy, pediatric cancer, children, screening	15-Sep-20	Successful management plan of COVID-19 in a pediatric hemato-oncology department: a single-centre experience	British Medical Journal (BMJ) Paediatrics Open	Original Research Letter	The COVID-19 pandemic has raised concerns about management of patients with pediatric cancer. The authors present the adaptations to operations applied by the hemato-oncology department of a hospital in Naples, Italy. In order to screen admitted patients and to reduce the risk of cross-infection, the department was divided into three zones: 1) surveillance and screening; 2) quarantine; and 3) COVID-19 free. From 3 April until 29 May 2020, all patients and their caregivers underwent rapid serological tests every 6 days in zone 1 before admission. Everyone who entered the hospital was screened for body temperature, symptoms, or close contact with a suspect case; facial surgical masks and disposable overcoats were provided and worn at all times. 662 patients and caregivers underwent rapid serological tests for a total of 1397 assays. Patients screened negative were admitted to zone 3 while positive ones were isolated in zone 2 where nasopharyngeal swab was performed. No cases of SARS-CoV-2 infection were found. The authors conclude this strategy was effective and cost-efficient for their setting.	The authors present the adaptations to operations applied by the hemato-oncology department of a hospital in Naples, Italy, focusing on screening and surveillance procedures to limit cross-infection of SARS-CoV-2.	Stellato P, Granata A, De Matteo A, et al. Successful management plan of COVID-19 in a pediatric hemato-oncology department: a single-centre experience. BMJ Paediatr Open. 2020;4(1):e000818. Published 2020 Sep 15. doi:10.1136/bmjpo-2020-000818
Placenta, immunomodulation, anti-inflammatory, therapeutics, placenta extract	15-Sep-20	Antiviral properties of placental growth factors: A novel therapeutic approach for COVID-19 treatment	Placenta	Original Article	Aqueous extract of human placenta contains growth factors, cytokines/chemokines, natural metabolic and other compounds, which individually or in combination show accelerated cellular metabolism, immunomodulatory and anti-inflammatory effects, cellular proliferation, and stimulation of tissue regeneration processes. In this article, the authors discuss in detail the pathogenesis of COVID-19, current treatment options, and review at length the therapeutic potential of placental biomolecules (especially growth factors) in COVID-19 treatment. They propose using placental growth factors, chemokines, and cytokines to improve patients' immunological responses to COVID-19.	The authors discuss the therapeutic potential of placental growth factors in the treatment of COVID-19, given their anti-inflammatory properties.	Joshi MG, Kshersagar J, Desai SR, Sharma S. Antiviral properties of placental growth factors: A novel therapeutic approach for COVID-19 treatment. Placenta. 2020 Sep 15;99:117-130. doi: 10.1016/PMID: 32798764; PMCID: PMC7406421.
Pediatric, public health, emergency medicine, delayed	15-Sep-20	Assessing the Impact of COVID-19 Public Health Stages on	International Journal of Environmental	Original Research	This study outlines the impact of COVID-19 on pediatric emergency department (ED) utilization and assesses the extent of healthcare avoidance during each stage of the public health response strategy. Records of children <16 years old from 5 EDs	This study conducted in Ireland shows that presentations to the pediatric emergency	McDonnell, T.; Nicholson, E.; Conlon, C.; Barrett, M.; Cummins, F.; Hensey, C.; McAuliffe, E. Assessing the Impact of COVID-19

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attendance, avoidance, Ireland		Paediatric Emergency Attendance	Research and Public Health		and 1 urgent care center in Ireland, representing approximately 48% of national annual public pediatric ED attendances, are analyzed to determine changes in characteristics of attendance during the 3 months following the first reported COVID-19 case in Ireland. ED attendance reduced by 27–62% across all categories of diagnosis in the Delay phase and remained significantly below prior-year levels as the country began Phase One of Reopening (incident rate ratio=0.58). The decrease was predominantly attributable to reduced attendance for injury and viral/viral-induced conditions resulting from changed living conditions imposed by the public health response. However, attendance for complex chronic conditions also reduced and had yet to return to pre-COVID levels as reopening began. Attendances referred by general practitioners (GP) dropped by 13% in the Delay phase and remained at that level. While changes in living conditions explain much of the decrease in overall attendance and GP referrals, reduced attendance for complex chronic conditions may indicate avoidance behavior and continued surveillance is necessary.	department of children <16 years old declined sharply, in the weeks immediately following the onset of the pandemic. The sustained decrease in medical attendance for complex chronic conditions may be indicative of avoidance behavior.	Public Health Stages on Paediatric Emergency Attendance. Int. J. Environ. Res. Public Health 2020, 17, 6719.
Pediatric multisystem inflammatory syndrome, PMIS, children, living systematic review, LSR	15-Sep-20	Pediatric Coronavirus Disease-19 (COVID-19): Meta-analyzing Literature Versus Natural History: Authors' Reply	Indian Pediatrics	Correspondence	The author of this correspondence and his colleagues originally published a systematic review on pediatric COVID-19 in June 2020. They received a comment from a reader, suggesting that they should have included pediatric multi-system inflammatory syndrome (PMIS) in their review. In this brief correspondence, one of the original authors provides a rationale for not including pediatric multisystem inflammatory syndrome (PMIS) in their past literature review. When they concluded a literature search on 10 May 2020, few PMIS cases were reported. Since the authors did not include case reports or case series with less than 10 cases, the emerging condition was not included in their review. The author does not agree with a commenter's suggestion of including PMIS in the screening strategy for COVID-19 in children. PMIS is rare and poorly understood, and the preliminary case definition is too complex to use it for screening. While living systematic review (LSR), in which a review is updated frequently and published online-only, is an emerging approach during the pandemic, the process is time-consuming and costly. The author also mentions the complexity of data synthesis methodology and the risk of an inflated false-positive rate due to frequent statistical analyses. He believes LSR should be considered as supplementary to a conventional review. An ideal meta-analysis should not have significant heterogeneity, and these authors' literature review meets this criterion because they did not find significant differences in the pooled estimates of clinical or laboratory parameters.	The author does not agree with a commenter's suggestion to include the pediatric multisystem inflammatory syndrome in the literature screening strategy for COVID-19 in children. Given the time constraint and the complexity of data synthesis methodology, a living systematic review should be considered as supplementary to a conventional review.	Kumar J. Pediatric Coronavirus Disease-19 (COVID-19): Meta-analyzing Literature Versus Natural History: Authors' Reply. Indian Pediatr. 2020 Sep 15;57(9):870. doi: 10.1007/s13312-020-1978-4. PMID: 32999125; PMCID: PMC7498556.

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Maternal and child health, big data, artificial intelligence	15-Sep-20	Using Nominal Group Technique to Elucidate a COVID-19 Research Agenda for Maternal and Child Health (MCH) Populations	International Journal of Maternal and Child Health and AIDS	Article	This study aims to elucidate an agenda for COVID-19 research with particular focus on its impact on maternal and child health (MCH). This was achieved using the Nominal Group Technique through which 5 researchers with expertise in public health, health equity, statistical analysis, obstetrics and gynecology, and maternal and child health identified and ranked 12 research topics across various disciplines relating to MCH in the setting of COVID-19. Each topic was assigned a score based on the perceived importance weight by each researcher ranging on a scale of 1 to 10, 1 being of least importance and 10 corresponding with utmost importance. A composite score was calculated, and the topics ranked in descending order from highest to least as a measure of significance as part of an MCH research agenda based on contemporary COVID-19 issues. Proposed research topics included vaccine development, genomics, and artificial intelligence, among others. Social determinants of health, inclusive clinical trials, and the role of health disparities were some of the most relevant research agenda ideas identified in relation to MCH and COVID-19 with a composite score of 50, 48.5 and 48 respectively out of a maximum score of 50. In contrast, the lowest scoring research agenda idea was modelling studies for the theoretical risk on MCH, with a composite score of 31. The proposed research priorities could serve as a template for a vigorous COVID-19 research agenda by the National Institutes of Health and other funding agencies in the US.	This study aims to elucidate an agenda for COVID-19 research with particular focus on its impact on maternal and child health through the use of the Nominal Group Technique. The proposed research priorities could serve as a template for a vigorous COVID-19 research agenda by the National Institutes of Health and other funding agencies in the US.	Ikediwu CA, Dongarwar D, Yusuf KK. Using Nominal Group Technique to Elucidate a COVID-19 Research Agenda for Maternal and Child Health (MCH) Populations. Int J MCH AIDS. 2020;9(3):394-396. doi: 10.21106/ijma.410.
Autism Spectrum Disorder, childcare, social isolation, behavioral health	15-Sep-20	The impact of the COVID-19 pandemic on children with autism spectrum disorders [Free access to abstract only]	Journal of Pediatric Rehabilitation Medicine	Article	On top of existing challenges, the COVID-19 crisis imparts unique difficulties for children with special health needs. In this paper, the authors examine why children with Autism Spectrum Disorder (ASD) are uniquely vulnerable to the negative impacts of the COVID-19 pandemic, recommend strategies to mitigate these stressors for children with ASD and their parents, explore potential challenges of re-integration into society as conditions improve, and examine the obligations of healthcare and community stakeholders to support these families. Challenges include delayed screening, diagnosis, and treatment of ASD, increased risk of severe COVID-19 (due to frequent co-occurrence with auto-immune disorders), decreased access to quality therapy, increased stress on parents/caregivers to provide behavioral support without adequate training, and financial burden due to inconsistent insurance coverage for online therapies (e.g. applied behavioral analysis, speech therapy, and occupational therapy). The authors recommend increasing access to support and training for parents and caregivers, increasing insurance coverage for online therapies and necessary	In this paper, the authors examine why children with Autism Spectrum Disorder (ASD) are uniquely vulnerable to the negative impacts of the COVID-19 pandemic. They recommend strategies to mitigate these stressors for children with ASD and their parents, explore potential challenges of re-integration into society as conditions improve, and examine the obligations of healthcare and community stakeholders to support these families.	Bellomo TR, Prasad S, Munzer T, Laventhal N. The impact of the COVID-19 pandemic on children with autism spectrum disorders. J Pediatr Rehabil Med. 2020 Sep 15. doi: 10.3233/PRM-200740. Epub ahead of print. PMID: 32986631.

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					equipment, replacing re-inforcers that may not be available with a token-based economy, and establishing routines with activity blocks, clear transitions, and visible timers and schedules.		
Infection control, school closures, daycares, childcare, children, adolescents, Germany	15-Sep-20	Measures to maintain regular operations and prevent outbreaks of SARS-CoV-2 in childcare facilities or schools under pandemic conditions and co-circulation of other respiratory pathogens	German Medical Science (GMS) Hygiene and Infection Control	Statement	In the context of COVID-19, the data for children <10 years old seem to indicate that their role for transmission dynamics is less important than for adolescents, indicating that strategies should be differentiated according to age. The authors call for the re-opening of daycares and schools, citing the right of children to education, participation, support, and care. Based on recommendations from the Robert Koch Institute in Germany, this document describes in detail how schools and daycares can be re-opened safely, while taking into account the safety of educators and the needs of families. Guidance is provided for the following: maintenance of regular operations and prevention of SARS-CoV-2 outbreaks in day-care centers and schools; risk-based protection of staff in day-care centers and schools; consultation with occupational health physicians; preventive measures taken by staff; outbreak management and measures; and testing for SARS-CoV-2 in children in an outpatient treatment context.	In this statement, the authors call for the re-opening of daycares and schools and provide age-specific guidelines for safe re-opening based on recommendations from the Robert Koch Institute in Germany.	Simon A, Huebner J, Berner R, et al. Measures to maintain regular operations and prevent outbreaks of SARS-CoV-2 in childcare facilities or schools under pandemic conditions and co-circulation of other respiratory pathogens. GMS Hyg Infect Control. 2020 Sep 15;15:Doc22. doi: 10.3205/dgkh000357. PMID: 32974120; PMCID: PMC7492754.
Immunization, child health, vaccination	15-Sep-20	COVID-19 and Child Vaccination: A Systematic Approach to Closing the Immunization Gap	International Journal of Maternal and Child Health and AIDS	Short Research Communication	The COVID-19 pandemic threatens to set back major successes that have been achieved in global vaccine initiatives. This rapid review and synthesis of the literature on immunization provision and utilization since the onset of the COVID-19 pandemic analyzes 11 papers comprising peer-reviewed articles and key policies and guidelines, published between January 1 - June 15, 2020. Widespread disruptions of routine immunization and vaccination campaigns were reported leaving millions of children worldwide at risk; measles and polio campaigns have been suspended in countries at high-risk, infants vaccinations have been suspended across several low- and middle-income countries, and travel restrictions have disrupted the availability of vaccines and other supplies worldwide. The authors present an expanded model of the WHO's Global Routine Immunization Strategic Plan action areas as a tool to help countries quickly adapt to immunization challenges in the presence of COVID-19 and close the emerging immunization coverage gaps.	This rapid review and synthesis of the literature on immunization provision and utilization since the onset of the COVID-19 pandemic indicated widespread disruptions of routine immunization and vaccination campaigns among children and infants. The authors reference WHO's strategic plan for adapting to immunization challenges.	Olorunsaiye CZ, Yusuf KK, Reinhart K, Saliyu HM. COVID-19 and Child Vaccination: A Systematic Approach to Closing the Immunization Gap. Int J MCH AIDS. 2020;9(3):381-385. doi:10.21106/ijma.401
Preterm, infant, apnea, Reims, France	15-Sep-20	COVID-19 Associated With Life-Threatening Apnea in an Infant Born Preterm: A Case Report	Frontiers in Pediatrics	Case Report	The authors report the case of a prematurely born infant in Reims, France, who was extracted at 30+2 gestational age by emergency C-section due to the mother's severe pre-eclampsia. On March 23rd (age 1 month), the boy presented with mild cough, rhinorrhea, and abnormal paleness progressing to life-threatening apneas at home requiring mouth-to-mouth resuscitation. Upon admission, his respiratory rate was 52 breaths per minute except for unexpected, recurrent apneas, along with mild cough and non-obstructive rhinitis. SARS-CoV-2	The authors reported the clinical features of a child, born prematurely in France, who developed life-threatening apnea at age 1 month in association with COVID-19, implicating that SARS-CoV-2 may	Loron Gauthier, Tromeur Thibault, Venot Perrine, et al. COVID-19 Associated With Life-Threatening Apnea in an Infant Born Preterm: A Case Report. Frontiers in Pediatrics.DOI=10.3389/fped.2020.00568

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					was identified via nasopharyngeal RT-PCR. He did not present with bronchiolitis or hypoxic failure as described in severe forms of COVID-19. The outcome was favorable in a few hours. The occurrence of apneas is not uncommon during viral respiratory infections in early infancy; however, there are very few descriptions related to a documented SARS-CoV-2 respiratory tract infection. In light of this clinical case, it seems necessary to quickly bring up potential COVID-19 contamination in infants admitted for life-threatening apnea, in order to properly report and isolate these patients to avoid further nosocomial dissemination of SARS-CoV-2.	cause apnea in very young infants.	
COVID-19, return to schools	15-Sep-20	Can Students Safely Return to School in the Age of COVID-19?	Pediatric Annals	Editorial	In this editorial, the author summarizes reports to indicate whether the return to schools for in-person instruction is safe or not. The author presents guidelines issued by the US CDC to mitigate the spread of COVID-19 in schools, which include monitoring of COVID-19 transmission, personal hygiene, frequent disinfection, social distancing, cohort-based learning, and symptom screening. Implementing these strategies successfully would have to engage multidisciplinary involvement and decision-making with regular review of transmission rates. The main priority of schools should be to keep everyone as safe as possible from the potential of acquiring COVID 19. Factors associated with keeping children at home were lower income, unemployment, and having a flexible job. Additionally, a fear of COVID-19 (and associated co-morbidities), confidence in schools, and challenges in homeschooling were also factors associated with keeping children at home. The author also highlighted studies that reported worsening mental health for parents and children, as well as increasing food insecurity. Lowering of employer-provided healthcare insurance for children, in addition to the loss of childcare, were also causes of concern. Thus, decisions about in-person learning should be made taking considering multiple factors. The author concluded that in-person instruction should resume, given that safety measures are followed adequately.	In this editorial, the author highlights reports concerning the guidelines issued by the CDC for return to in-person instruction in schools. The author also highlights the worsening of mental health and food insecurity, concluding that schools should reopen in-person following adequate guidelines to keep students and staff safe.	Hageman J. Can Students Safely Return to School in the Age of COVID-19?. <i>Pediatr Ann.</i> 2020; 49: e363-e364. doi: 10.3928/19382359-20200818-01
Lockdown, child welfare, child protection, remote counseling, face-to-face contacts, Germany	15-Sep-20	Child welfare in the midst of the coronavirus pandemic—Emerging evidence from Germany	Child Abuse and Neglect	Literature Review	This article discusses the current literature on the welfare of families and children in Germany, and examines the challenges addressed by child protection practitioners during the COVID-19 pandemic. The authors reviewed German- and English-language academic and media articles and position papers associated with child welfare and COVID-19, between 19 April and 27 August 2020. Although some households have reported benefits of lifestyle adjustments during lockdown, the COVID-19 pandemic has strained many families and heightened risks to child welfare. The authors report increased demand for helplines and phone	This article discusses the current literature on the welfare of families and children, particularly in Germany, and examines the challenges addressed by child protection practitioners during the COVID-19 pandemic.	Jentsch B, & Schnock, B. Child welfare in the midst of the coronavirus pandemic—Emerging evidence from Germany. <i>Child Abuse & Neglect.</i> 2020 Sep 15. doi:10.1016/j.chiabu.2020.104716

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					counseling services. At the same time, the closure of schools and child-care facilities has meant the loss of standard maltreatment reporting channels. Youth welfare agencies have been less able to provide routine services, but they have also shown resiliency. This article highlights their innovative endeavors to carry out face-to-face contacts safely, and the emergence of digitalized work processes. In fact, although in-person contacts are integral to social work with children, remote services could reduce access barriers and expand the range of social services, even beyond the pandemic.		
Pediatric, infants, vaccination, rotavirus, France	15-Sep-20	COVID-19: An opportunity to vaccinate infants against rotavirus infections	Bulletin de l'Academie Nationale de Medecine	Position Paper	Rotavirus is responsible for a heavy annual disease burden on infants in France each winter. Two effective rotavirus vaccines are currently available for this population. Studies show that the benefits of rotavirus vaccination far exceed the risks. The vaccination against rotavirus has been recommended in 15 European countries, but not in France. Since gastro-intestinal symptoms of rotavirus in infants could mimic those of COVID-19, the authors anticipate that a large number of RT-PCR tests would be required to screen for SARS-CoV-2 infection in such patients. The French National Academy of Medicine recommends that infant vaccination be considered, to prevent a winter rotavirus epidemic concomitant with the COVID-19 pandemic.	The French National Academy of Medicine recommends that infant rotavirus vaccination be considered, to prevent a winter rotavirus epidemic concomitant with the COVID-19 pandemic.	COVID-19: An opportunity to vaccinate infants against rotavirus infections. Bull Acad Natl Med. 2020 Sep 15. doi: 10.1016/j.banm.2020.09.009. Epub ahead of print. PMID: 32952179; PMCID: PMC7491372.
Croup, stridor, emergency department, pediatrics	15-Sep-20	A case series of pediatric croup with COVID-19	American Journal of Emergency Medicine	Case Report	This article describes three cases of previously healthy children who experienced croup as a manifestation of SARS-CoV-2 infection. All three cases (ages 11 months, 2 years, and 9 years old) presented with non-specific upper respiratory tract symptoms that developed into a barking cough with associated stridor at rest and respiratory distress, and were diagnosed with SARS-CoV-2 by PCR testing. Each received multiple (≥ 3) doses of nebulized racemic epinephrine with minimal to no improvement shortly after medication and had a prolonged period of time from initiation of presentation to resolution of their stridor at rest (13, 19, and 21h). Additionally, all patients received more than one treatment of dexamethasone, an unusual occurrence, due to the severe prolonged duration of symptoms. The authors state that while pathogen testing is not usually indicated in croup, this new emergence of "COVID-19 croup" warrants pathogen testing as cases can present with significant pathology and might not improve as rapidly as those with typical croup.	This article reports on three pediatric cases of croup as a manifestation of SARS-CoV-2. The authors stress that given the potential for severe presentation, physicians should employ pathogen testing upon first diagnosis.	Venn AMR, Schmidt JM, Mullan PC. A case series of pediatric croup with COVID-19. Am J Emerg Med. 2020. doi: 10.1016/j.ajem.2020.09.034.
Obstetric patients, pregnancy, testing screening, questionnaire	15-Sep-20	Performance of an extended triage questionnaire to detect suspected cases of Severe	PLoS One	Research Article	To evaluate the rate of infection among healthcare workers involved in women's care, the authors conducted a prospective cohort study of obstetric patients admitted to a hospital in Northern Italy from March 16th - May 22nd, 2020. 1,177 women were screened on admission by a questionnaire investigating symptoms of infection and high-risk contacts in the last 14 days.	The results of this prospective cohort study of obstetric patients admitted to a hospital in Northern Italy and screening for SARS-CoV-2	Ornaghi S, Callegari C, Milazzo R, et al. Performance of an extended triage questionnaire to detect suspected cases of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)

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		Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) infection in obstetric patients: Experience from two large teaching hospitals in Lombardy, Northern Italy			The questionnaire yielded a positive result in 130 (11.0%) cases and SARS-CoV-2 assessment was performed by RT-PCR on nasopharyngeal swabs in 865 (73.5%) patients, identifying 51 (5.9%) infections. Until April 7th, SARS-CoV-2 testing was triggered by a positive questionnaire; from April 8th, a universal testing approach was implemented. During the first period, there were 29 infected mothers, 4 (13.8%) of whom had a negative questionnaire. After universal testing implementation, there were 22 (3%, 95% CI 1.94% - 4.04%) infected mothers, 13 (59.1%) of whom had a negative questionnaire; rate of infection among asymptomatic women was 1.9%. The questionnaire's negative predictive value for SARS-CoV-2 infection was 93.2% in the context of targeted testing and 98.1% during universal viral screening. Isolated olfactory or taste disorders were identified in 15.7% of infected patients. Rate of infection among healthcare workers was 5.8%. Extension of the assessed time-frame to 30 days may be worth considering to increase the questionnaire's performance.	indicate that an exhaustive triage questionnaire can effectively discriminate women at low risk of SARS-CoV-2 infection in the context of a targeted and a universal viral testing approach.	infection in obstetric patients: Experience from two large teaching hospitals in Lombardy, Northern Italy. PLoS One. 2020 Sep 15;15(9):e0239173. doi: 10.1371/journal.pone.0239173. PMID: 32931524; PMCID: PMC7491723.
Pediatrics, children, Italy	15-Sep-20	SARS-CoV-2 infection in pediatric population	Acta Biomedica	Review	This review investigates COVID-19 in the pediatric population, including critical issues, symptoms, laboratory findings, the prevalence of severe morbidity and mortality, risk factors for severe development of the disease, and therapy. While COVID-19 can significantly impact children's health, they are infected less commonly and less severely than the adult population. Children should be monitored and provided with supportive care. Children with underlying health conditions can rapidly deteriorate. The disease is associated with increased serum levels of lactic dehydrogenase creatine kinase, D-dimers, and ferritin, and leucopenia, and in CT imaging bilateral peripheral, subpleural ground-glass, and consolidative opacities in the lower lobes of the lung are most commonly seen. While there is currently no known treatment, antivirals can be effective. While children may not become infected at similar rates as adults, they can still transmit the virus widely.	This review describes themes of COVID-19 in the pediatric population, including critical issues, symptoms, laboratory findings, the prevalence of severe morbidity and mortality, risk factors for severe development of the disease, and therapy.	Manti S, Licari A, Montagna L, et al. SARS-CoV-2 infection in pediatric population. Acta Biomed. 2020 Sep 15;91(11-S):e2020003. doi: 10.23750/abm.v91i11-S.10298. PMID: 33004773.
Neonates, infants, trained immunity, clinical course, Brazil	15-Sep-20	The younger the milder clinical course of COVID-19: even in newborns	Pediatric Allergy and Immunology	Original Article	This study evaluated the severity of COVID-19 symptoms in neonates (younger than 28 days) in Brazil compared to infants (29 days to two years of age). Data on gender, age, symptoms, and comorbidities of 3213 SARS-CoV-2 positive children (including 749 neonates) were gathered from the Brazil Ministry of Health. Data were publicly available through a mandatory notification system and collected 11 June 2020. The findings suggested that neonates experienced more severe clinical courses compared to infants. Neonates had higher case fatality rates compared to infants (0.8% vs. 0.5%), respectively and a shorter period from symptom onset to death (2.5 days in	The author suggests that the clinical course of COVID-19 in neonates is more severe than in infants as evidenced by increased case fatality rates and shorter periods from symptom onset to death. The differences between neonates and infants may be due to age-	Leung C. The younger the milder clinical course of COVID-19: even in newborns? Pediatr Allergy Immunol. 2020;10.1111/pai.13371. doi:10.1111/pai.13371

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					neonates vs. 24.5 days in infants, $p=0.001$). The findings also suggested the presence of both upper and lower respiratory tract infections in neonates as opposed to only upper respiratory tract symptoms observed in infants. This is evidenced by a more prominent presence of symptoms such as dyspnea, sore throat, and cough in neonates compared to infants. The author concluded by suggesting that differences in the clinical course of COVID-19 exist between neonates and infants and may be explained by age-related immune system variances.	related immune system variances.	
Multisystem Inflammatory Syndrome in Children Associated with COVID-19, MIS-C, Kawasaki Disease, KD, India	15-Sep-20	Multisystem Inflammatory Syndrome in Children Associated with COVID 19 Treated with Oral Steroid	The Indian Journal of Pediatrics	Scientific Letter	Multi-system inflammatory syndrome in children (MIS-C) shares clinical features with Kawasaki disease and toxic shock syndrome. Antibody-dependent enhancement is the proposed pathogenesis leading to cytokine storm, and intravenous immunoglobulin with or without aspirin and methyl-prednisolone are suggested for its management. The authors present a case report on a 3-year-old male who completely recovered from MIS-C with oral steroid only. The patient presented with fever and urticarial rashes for 4 days, loose stool for 2 days, and facial puffiness, non-purulent bulbar conjunctivitis, and edema of hands and feet. Vital signs and echo-cardiography were normal. Blood tests demonstrated neutrophilic leukocytosis with lymphopenia, thrombocytosis with high erythrocyte sedimentation rate, high D-dimer, and elevated C-reactive protein. While the patient was being managed with antibiotics, antihistamines, antipyretics, and oral prednisolone, he tested positive for SARS-CoV-2 and was diagnosed with MIS-C. The patient had dramatic clinical improvement and was kept on an oral steroid, and inflammatory and biochemical parameters normalized on day 5. Pediatricians should be aware of MIS-C, and could consider oral steroids as a treatment option for mild forms of the disease, but further research is needed before this can be recommended.	The authors report a case of complete recovery from multi-system inflammatory syndrome in children (MIS-C), managed by oral steroids only. Oral steroids may be a treatment option for mild forms of COVID-19 without shock or cardiac involvement, but more extensive research is required.	Jain MK, Sahu SK, Behera JR, Patnaik S. Multisystem Inflammatory Syndrome in Children Associated with COVID 19 Treated with Oral Steroid [published online ahead of print, 2020 Sep 15]. <i>Indian J Pediatr.</i> 2020;10.1007/s12098-020-03497-4. doi:10.1007/s12098-020-03497-4
Children, immunotherapy, cancer, granulocyte-macrophage colony stimulating factor, inflammation, USA	15-Sep-20	Severe COVID-19 infection in a child receiving immunotherapy for cancer	Pediatric Blood & Cancer	Letter to the Editor	The authors present the case of a child with cancer and SARS-CoV-2 infection and recommend caution in the administration of immune-activating therapies as they may increase infection severity. An asymptomatic 23-month-old girl was admitted to a hospital in Texas, USA for her third cycle of consolidation therapy (treatment to kill any remaining cancer cells) for high-risk neuroblastoma in remission. She was treated with dinutuximab, a granulocyte-macrophage colony-stimulating factor (GM-CSF) and isotretinoin. Surveillance testing for SARS-CoV-2 by RT-PCR 48 hours prior to admission was negative, with no known COVID-19 positive contacts. On hospital day 4, she developed fever, tachypnea, and hypoxemia. Worsening fever, respiratory failure, and shock necessitated mechanical ventilation and vasoactive support. Repeat SARS-CoV-2 RT-PCR testing was positive.	The authors present the case of a 23-month-old girl with asymptomatic COVID-19 and high-risk neuroblastoma admitted for therapy with granulocyte-macrophage colony-stimulating factor (GM-CSF). The authors hypothesize that underlying COVID-19 infection during therapeutic GM-CSF administration caused	Smith VR, Whittle SB, Coleman RD, et al. Severe COVID-19 infection in a child receiving immunotherapy for cancer. <i>Pediatr Blood Cancer.</i> 2020. doi:10.1002/pbc.28710

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					Dexamethasone and anakinra were initiated to control inflammation. Remdesivir was administered on hospital day 20. Worsening pulmonary hypertension and respiratory status required initiation of veno-arterial extracorporeal membrane oxygenation (ECMO) on hospital day 23. Clinical improvement allowed weaning of ECMO support on hospital day 36. Multiple pneumothoraces developed on hospital day 40. Despite maximal support, the patient died. Given the clinical course and previously normal echocardiogram, the authors hypothesize that underlying COVID-19 infection during therapeutic GM-CSF administration caused overwhelming pulmonary inflammation, leading to abnormally high pulmonary vascular resistance and acute clinical deterioration.	overwhelming pulmonary inflammation, leading to abnormally high pulmonary vascular resistance and death.	
Acute alcohol intoxication, hand sanitizer, children, Australia	15-Sep-20	COVID-19 pandemic danger: Acute alcohol intoxication in a 5-year-old following ingestion of an ethyl-alcohol-based hand sanitiser	Journal of Pediatrics and Child Health	Instructive Case	The authors report the case of a previously healthy 5-year-old girl who presented to the emergency department of a metropolitan hospital in Australia with acute onset ataxia and confusion. She was noted by teachers to have difficulty walking and holding a spoon shortly after doing some spinning and dancing exercises at school. Her mother described her behavior as abnormal, and she was unable to hold herself upright. On examination, she was alert but distressed and confused, and occasionally became combative. Due to the sudden-onset nature of the symptoms, a vascular or toxin cause was favored. Further history revealed that this patient had been very interested in hand sanitizer, and her parents had noticed that she was occasionally smelling and licking her hands after its use. The patient was ultimately diagnosed with acute alcohol poisoning, and she reported licking a small amount of hand sanitizer off her hands at school. The particular brand of hand sanitizer had 70% alcohol, and it was in a bright green color which was appealing to the patient. The authors note that parental education and intensified child supervision are the indicated measures of prevention for unintentional alcohol poisoning, especially during the COVID-19 pandemic	In this case report, the authors describe a 5-year-old girl who presented with alcohol poisoning after ingesting hand sanitizer. It is important to have a high degree of suspicion for alcohol ingestion in every child presenting to emergency care with acute confusion or ataxia. Hand sanitizers are being widely used during the COVID-19 pandemic and children may find them appealing.	Patidar N, Juengling A, Narayanan M, Spencer J. COVID-19 pandemic danger: Acute alcohol intoxication in a 5-year-old following ingestion of an ethyl-alcohol-based hand sanitiser. J Paediatr Child Health. 2020. doi:https://doi.org/10.1111/jpc.15144
Perinatal health, mental health	15-Sep-20	Perinatal mental health and the COVID-19 pandemic	World Psychiatry	Commentary	The author of this commentary discusses the work of Howard and Khalifeh who provided an account of the epidemiology of perinatal mental health, the importance of social determinants of mental ill health, and the state of the current evidence to inform delivery models. The author explains that once the worst impacts of the COVID-19 pandemic have passed, the questions that should concern health professionals are: a) how well prepared were we for event on this scale; b) what service delivery and intervention strategies are the most effective in supporting parent mental health when families and communities are faced with such large-scale upheaval, and c) what can be done to guard	The author discusses the higher prevalence of perinatal mental health disorders among women experiencing adverse circumstances during the COVID-19 pandemic. Mental health clinicians, health services, and communities have an important role in	Brown S. Perinatal mental health and the COVID-19 pandemic. World Psychiatry. 2020;19(3). doi:https://doi.org/10.1002/wps.20779

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					against events such as COVID-19 further entrenching mental health inequalities both within high income countries, and between low, middle and high income countries. The contribution of social and environmental factors such as gender-based violence, racism, and forced migration is reflected in higher prevalence of perinatal mental health disorders among women experiencing adverse life circumstances. The COVID-19 pandemic necessitates worldwide action to strengthen both public health interventions promoting perinatal mental health and the capacity of mental health care services. This is essential to support and enable the resilience of families dealing with cumulative social and economic stresses during times of crisis	developing responses to limit the escalation and persistence of perinatal mental health disorders precipitated by the pandemic.	
Infectious diseases, pediatrics, Kawasaki, pediatric multisystem inflammatory syndrome	15-Sep-20	Pediatric case of prolonged COVID-19 manifesting as PMIS-TS and atypical Kawasaki	BMJ Case Reports	Case Report	The authors present the case of a 9-year-old boy in the United Kingdom with SARS-CoV-2. Initial laboratory testing supported pediatric multisystem inflammatory syndrome temporally associated with SARS-CoV-2 (PMIS-TS) and he went on to develop atypical Kawasaki disease. The patient presented with a 2-day history of fever >38.0°C, headache, neck pain, abdominal pain, and diarrhea. He tested positive for SARS-CoV-2 via oropharyngeal swab 4 weeks prior to admission and two days prior to arrival at the hospital. On hospital day 3 a CT scan of the abdomen showed terminal ileitis with mesenteric adenitis and bilateral pleural effusion and his blood showed a rise in cardiac inflammatory markers. Abdominal ultrasound scan demonstrated evidence of inflammation within the lymph nodes and confirmed thickening of the bowel wall. These radiological findings coupled with his biochemical markers portrayed a clear picture of an evolving inflammatory process secondary to COVID-19. As the patient showed coronary artery anomalies and was noted to have conjunctival injection of one eye (day 4 of admission), he was considered to belong more to the 'atypical' Kawasaki-disease spectrum of this hyperinflammatory syndrome. The authors recommend consideration of PMIS-TS in children with prolonged fevers not responding to antimicrobial treatment. It is unclear whether the patient remained positive throughout the 4 weeks between testing or recovered with reactivation of the virus.	The authors present a case of a 9-year-old boy with pediatric multisystem inflammatory syndrome temporally associated with SARS-CoV-2 (PMIS-TS) who went on to develop atypical Kawasaki disease. The authors recommend consideration of PMIS-TS in children with prolonged fevers.	Masih M, Moll S, Raza N. Paediatric case of prolonged COVID-19 manifesting as PMIS-TS and atypical Kawasaki. BMJ Case Rep. 2020;13(9):e237194. Published 2020 Sep 15. doi:10.1136/bcr-2020-237194
Pediatrics, resuscitation, United Kingdom	15-Sep-20	Atypical case of COVID-19 in a critically unwell 5-week old infant	BMJ Case Reports	Case Report	This case report describes a 5-week-old white Caucasian boy who presented atypically with severe COVID-19 infection in the United Kingdom. The infant was born prematurely at 32(+4) weeks gestation via C-section due to maternal type 1 diabetes mellitus and was admitted to the neonatal unit for prematurity and respiratory distress. Although maternal steroids were given, the infant required surfactant at 24 hours of age and 12-hour mechanical ventilation before weaning to continuous positive airway pressure (CPAP) for 4 days, and later high flow nasal	The authors describe the youngest reported case in the UK at the time (age 5 weeks) to require mechanical ventilation and intensive care treatment as a direct result of COVID-19 following horizontal transmission.	Namasivayam A, Soe T, Palman J. Atypical case of COVID-19 in a critically unwell 5-week old infant. BMJ Case Rep. 2020;13(9). doi: 10.1136/bcr-2020-237142

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					cannula (HFNC). On day 17, he was off respiratory support and started breastfeeding. He was treated with antibiotics for 48 hours with suspected sepsis and discharged on day 22. At day 34, the infant was brought to the pediatric emergency department due to reduced feeding and lethargy. He had no fever, cough or breathing problem. On initial assessment, the infant was found to be quiet but alert, with a heart rate of 125bpm, respiratory rate of 26/min, oxygen saturation at 80% and hypothermia. IV access was obtained to deliver ceftriaxone and amoxicillin for suspected sepsis, after which the infant unexpectedly became unresponsive and bradycardic with minimal respiratory effort which gradually deteriorated with tachypnoea, grunting, nasal flaring and intercostal recession. Frequent apnoeas prompted the use of mechanical ventilation. Nose and throat swabs for coronavirus PCR returned positive for SARS-CoV-2 RNA. The infant required high frequency oscillation ventilation for 48 hours with a trial of inhaled nitric oxide and intermittently kept in prone position. He was ventilated for a further 4 days before weaning to CPAP and later HFNC till day 11 of hospitalization. He was given a 10-day remdesivir course along with cefotaxime, clarithromycin and acyclovir and had been on inotropic support via a peripherally inserted central catheter line. The infant is thriving well but remains on dalteparin after developing femoral thrombus. This is the youngest reported case in the UK at the time to require mechanical ventilation and intensive care treatment as a direct result of COVID-19 following horizontal transmission.		
Neurology, encephalopathy, Italy	15-Sep-20	Concomitant SARS-CoV-2 infection and severe neurologic involvement in a late preterm neonate	Neurology	Case Study	This article presents a case study of an infant in Italy who presented with COVID-19 infection and neurological impairment. The female infant was born prematurely at 35 weeks as one of a set of twins and was discharged from the hospital 5 days after birth in good health. At 18 days of age, she was admitted to the hospital with mild respiratory distress where she was intubated. SARS-CoV-2 and Haemophilus Influenza bacteria were detected in her respiratory tract, and soon after admittance to the hospital, she developed signs of encephalopathy including loss of primitive reflexes. The patient was treated with broad-spectrum antimicrobial therapy, oxygen supplementation, and intravenous caffeine as a respiratory analeptic. After 48 hours the patient became more reactive and displayed rapid clinical improvement and was extubated after 4 days. Neurological disorders in conjunction with COVID-19 are rare, however, given a lack of plausible alternative causes, the authors speculate that the neurological impairment was associated with COVID-19.	The authors present the case of an 18-day old preterm infant with SARS-CoV-2 who developed neurological impairment. While neurological disorders in conjunction with COVID-19 are rare in pediatric patients, the present case study suggests that respiratory failure in infants due to neurological impairment from COVID-19 is possible.	Nicola PD, Ceratto S, Dalmazzo C, et al. Concomitant SARS-CoV-2 infection and severe neurologic involvement in a late preterm neonate. Neurology Sep 2020, DOI: 10.1212/WNL.000000000010729

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Children and young people, vulnerability, disability, mental health, financial hardship, migrant, rural	15-Sep-20	COVID-19 pandemic: The impact on vulnerable children and young people in Australia	Journal of pediatrics and child health	Viewpoint	The COVID-19 pandemic and associated system disruptions are impacting all children and young people (CYP) in Australia. For vulnerable groups of CYP, who already experience poorer health and well-being, these impacts are amplified. Challenges include reduced access to usual services, reduced community supports, financial instability, unemployment, and other life circumstances that threaten to widen pre-existing inequities. This article present the reasons for the vulnerability of CYP during the pandemic and to focus on actions by health professionals that mitigate additional challenges to their health and well-being. Using a rapid review of the literature and team-based discussions, 8 vulnerable groups were identified: CYP with disabilities, mental health conditions, and chronic diseases; CYP facing financial hardship; within the child protection system; Aboriginal; migrant and refugee; in residential care; rural; and isolated CYP. Action is required at the level of governments, health professionals, and researchers. Recommendations include enhancing access to health and social supports, prioritizing vulnerable CYP in resuming health activity, and elevating the voice of CYP in designing the response. The authors also recommend targeted actions focused on improving health outcomes for each vulnerable group.	This article identified 8 vulnerable groups of children and young people in Australia during the COVID-19 pandemic and suggests actions that can be taken by governments, health professionals, and researchers for each group.	Jones B, Woolfenden S, Pengilly S, et al. COVID-19 pandemic: The impact on vulnerable children and young people in Australia. Journal of pediatrics and child health. 15 September 2020 https://doi.org/10.1111/jpc.15169
Myocardial dysfunction, elevated troponin, acute inflammatory markers, acute myocardial injury, children, MIS-C	15-Sep-20	Myocarditis in Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with Coronavirus Disease 2019 (COVID-19) [Free Access to Abstract Only]	Cardiology in Review	Review Article	The authors present their experiences managing 3 children (aged 5, 6, and 15 years) in a New York hospital (USA) with COVID-19-related acute myocardial injury. The 3 patients represent a spectrum of the cardiac involvement, including myocarditis presenting as cardiogenic shock or heart failure with biventricular dysfunction, valvulitis, coronary artery changes and pericardial effusion. Myocardial injury, as defined by an elevated troponin level, can occur due to myocardial ischemia or non-ischemic myocardial processes including myocarditis. This may be linked directly to virus replication within the myocardium or to an indirect harmful immune response caused by viral infection. It has been suggested that a cytokine storm may lead to increased vascular wall permeability and myocardial edema. Cardiovascular magnetic resonance (CMR) findings in one of the cases were consistent with myocardial inflammation, in the setting of clinically suspected myocarditis. CMR was useful to document myocarditis in the absence of tissue diagnosis. The authors provide images of CMR findings, along with thoracic echocardiograms, and full lab results.	The authors review 3 cases with COVID-19 related MIS-C presenting with severe myocardial dysfunction at a New York children's hospital (USA). Prompt recognition and treatment with aggressive immuno-modulation and heart failure management lead to successful outcomes and complete recovery.	Jain S, Nolan SM, Singh AR, et al. Myocarditis in Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with Coronavirus Disease 2019 (COVID-19) [published online, 2020 Sep 15]. Cardiol Rev. 2020. doi:10.1097/CRD.0000000000000341

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Pregnancy, recommendation, Rheumatic diseases	15-Sep-20	Coronavirus disease 2019 (COVID-19) during pregnancy in patients with rheumatic diseases	Rheumatology International	Review	This systematic review analyzes 18 articles to provide an overview of the current data for COVID-19 in pregnant patients with rheumatic diseases. Articles were identified by searches in Embase, MEDLINE, and Scopus on April 11, 2020, for articles in English using the following combination of keywords: “pregnancy”, “novel coronavirus”, “COVID-19”, “SARS-CoV-2”, “rheumatic diseases”. While multiple organizations have published recommendations for the prevention and treatment of SARS-CoV-2 for pregnant and rheumatic patients separately, little is known about the impact of COVID-19 in pregnant patients with rheumatic diseases. Pandemic recommendations for pregnant patients include limited clinical visits, stringent social distancing, and specific breastfeeding hygiene. Most of the articles concluded that there was no risk of vertical transmission from infected mother to child. Clinical recommendations for patients with rheumatic diseases include telemedicine appointments where possible and continuing use of immune-suppressive drugs unless a patient becomes infected. Though no cases of SARS-CoV-2 in pregnant patients with rheumatic diseases had been reported at the time of this article's publication, the authors note that treatment with anti-inflammatory or disease-modifying anti-rheumatic drugs may contribute to an immune-compromised status in these patients. Providers should therefore monitor pregnant patients with rheumatic diseases carefully for SARS-CoV-2 and disease complications.	This systematic review includes COVID-19 recommendations for pregnant patients and patients with rheumatic diseases. The authors make particular healthcare suggestions for pregnant patients with rheumatic diseases.	Boyadzhieva VV, Stoilov NR, Stoilov RM. Coronavirus disease 2019 (COVID-19) during pregnancy in patients with rheumatic diseases. Rheumatol Int. 2020; doi:10.1007/s00296-020-04698-y
Aortic rupture, d-dimer	15-Sep-20	Contained aortic rupture in a term pregnant patient during the COVID-19 pandemic	British Medical Journal	Case Report	This case study discusses a 33-year old patient who experienced an acute contained thoracic aortic aneurysm rupture at 38 weeks of pregnancy. The patient underwent urgent valve-sparing aortic root replacement and was released at post-operative day 5. Aortic dissection or rupture is incredibly rare, although pregnancy increases its occurrence. Its incidence is 5.5 per million patients in pregnancy, compared to 1.7 per million in non-pregnant patients. It can present similarly to more common maladies in pregnancy, such as pre-eclampsia, and is usually diagnosed through patient history and/or CT angiogram. During the COVID-19 pandemic, this hospital had begun to include D-dimer tests as standard of care for pregnant women due to the association of D-dimer elevation with severe pneumonia in pregnancy. The elevated D-dimer result and negative COVID-19 test result for the present patient motivated the physicians to consider pulmonary embolism and led to her diagnosis.	This case study presents a 33-year pregnant patient who experienced an acute contained thoracic aortic aneurysm at 38 weeks of pregnancy. A D-dimer test, which became standard of care during the COVID-19 pandemic, helped lead to her diagnosis.	Bogaert K, Christensen K, Cagliostro M, Ferrara L. Contained aortic rupture in a term pregnant patient during the COVID-19 pandemic. BMJ Case Rep. 2020 Sep 15;13(9):e238370. doi: 10.1136/bcr-2020-238370. PMID: 32933917.

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Children, death, characteristics, United States	15-Sep-20	SARS-CoV-2–Associated Deaths Among Persons Aged <21 Years – United States, February 12–July 31, 2020	Morbidity and Mortality Weekly Report	Report	This report describes characteristics of persons aged <21 years in the United States who died in association with SARS-CoV-2 infection, as reported by public health jurisdictions. Among 121 SARS-CoV-2–associated deaths in persons aged <21 years reported to CDC between February 12–July 31, 2020, 12 (10%) were infants and 85 (70%) were aged 10–20 years; the median age at death was 16 years (IQR=7–19 years). Among the 121 decedents, 120 (99%) decedents met the confirmed or probable COVID-19 case definition, 15 (12%) met the MIS-C case definition, and 14 (12%) met both case definitions. 76 (63%) were male, 54 (45%) were Hispanic, 35 (29%) were Black, and five (4%) were American Indian/Alaska Native. 33% of deaths occurred outside of a hospital.	This report describes characteristics of persons aged <21 years in the United States who died in association with SARS-CoV-2 infection, as reported to CDC by public health jurisdictions between February 12–July 31, 2020. 10% were infants and 70% were aged 10–20 years	Bixler D, Miller AD, Mattison CP. SARS-CoV-2–Associated Deaths Among Persons Aged <21 Years – United States, February 12–July 31, 2020. <i>MMWR</i> 2020;69. doi: http://dx.doi.org/10.15585/mmwr.mm6937e4
Pediatrics, dentistry, aerosol droplets	15-Sep-20	How to deal and learn from the threat of COVID-19 in paediatric dentistry	European Journal of Paediatric Dentistry	Interdisciplinary Update	Dentists have been identified as the working professionals at the highest risk of contracting COVID-19 during the pandemic, since they work in close proximity to the oral cavities of their patients. COVID-19 can be transmitted through aerosols and droplets, therefore any dental treatment which produces aerosol must be performed cautiously. Pediatric dentistry is an age-defined specialty that provides primary, comprehensive, preventive, and therapeutic oral health care for infants and children through adolescence. The authors provide protective protocol suggestions for pediatric dentists and their patients to follow. For example, pediatric dentists should properly screen all patients and consider all patients and parents carriers of the virus. Pediatric dental patients and their families should contact the pediatric dentist by phone first to determine the need for evaluation. Ultimately, the role of the pediatric dentist may be more preventive in the current pandemic as routine treatments cannot be performed.	The authors of this update provide protocols that pediatric dentists, their patients, and their patients’ families should follow, in order to safely and effectively operate during the COVID-19 pandemic.	Acharya S., Singh B., Godhi B., Pandey S. (2020). How to deal and learn from the threat of COVID-19 in paediatric dentistry. <i>EJPD</i> . 21(3). DOI 10.23804/ejpd.2020.21.03.0
COVID-19, Preeclampsia, SARS-CoV-2, hypertensive disorders, case series, Peru	14-Sep-20	Is COVID-19 a Risk Factor for Severe Preeclampsia? Hospital Experience in a Developing Country	European Journal of Obstetrics & Gynecology and Reproductive Biology	Correspondence	The authors present 2 case series describing the clinical course of hypertensive disorders of pregnancy in pregnant women with SARS-CoV-2 infection in a Peruvian Social Security hospital. The first case series reported by Huerta et al. from March to April 2020 included 41 pregnant women with COVID-19, of which 68 % were asymptomatic, 19.5 % had mild disease, and 4.8 % had severe pneumonia requiring ICU admission and non-invasive ventilation. The most frequent type of delivery was by cesarean section (76.5%), with the most common indications being a history of cesarean section (48.3%), dystocia (20.7%), and hypertensive disorders of pregnancy (10.3%). There were no maternal or fetal deaths reported. The second case series performed by the authors from May to September 2020 involved 20 pregnant women with SARS-CoV-2 infection who developed preeclampsia. The authors observed that 15% of pregnant women met the criteria for preeclampsia without signs of	Findings from this case series suggest that SARS-CoV-2 infections predispose pregnant women to greater severity of preeclampsia. Although no maternal deaths were reported, the fetal mortality rate was 9.5% in the authors’ study.	Coronado-Arroyo JC, Concepción-Zavaleta MJ, Zavaleta-Gutiérrez FE. Is COVID-19 a risk factor for severe preeclampsia? Hospital experience in a developing country. <i>European Journal of Obstetrics & Gynecology and Reproductive Biology</i> . September 2020. https://doi.org/10.1016/j.ejogrb.2020.09.020 .

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					severity. However, 70% met the criteria for severe hypertensive disorders of pregnancy, of whom 9 (45%) had severe preeclampsia, 2 (10%) had eclampsia, and 5 (25%) had abnormal labs showing hemolysis, elevated liver enzymes, and a low platelet count. There were no maternal deaths, but the fetal death rate was 9.5%. These findings suggest that SARS-CoV-2 infection predisposes pregnant women to greater preeclampsia severity, even when severe respiratory symptoms are absent.		
Child hood cancer; COVID-19	14-Sep-20	Survival in pediatric patients with cancer during the COVID-19 pandemic: scoping systematic review	Boletín Médico del Hospital Infantil de México	Systematic Review	The authors reviewed 8 cross-sectional studies published from December 2019 to June 2020 to analyze the available data on SARS-CoV-2 infection in pediatric cancer patients. The articles reviewed involved anyone < 18 years old and was from the most affected countries early in the pandemic. As a preliminary review, the authors found little available data and no reported deaths, which they state is probably due to early cohorts from cross-sectional studies. The highest numbers of patients positive for the virus were those with acute lymphoblastic leukemia. Children seem to be less likely to develop severe COVID-19 symptoms; however, interruptions and the length of chemotherapy delays in pediatric patients positive for SARS-CoV-2 needs to be studied further. It also needs to be determined if all pediatric cancer patients should be tested for the virus. The authors stress the need to conduct medium and long-term follow-up studies to determine the actual risk for pediatric cancer and SARS-CoV-2 coinfection, along with the best treatment approaches for this vulnerable population.	In this early review of SARS-CoV-2 infections of pediatric cancer patients, it appears that the virus does not affect cancer mortality. However, delays in chemotherapy and best practices must be determined to care for these patients. Further medium and long-term studies are needed to understand how SARS-CoV-2 affects pediatric cancer patients.	Dorantes-Acosta E, Ávila-Montiel D, Klünder-Klünder M, Juárez-Villegas L, Márquez-González H. Survival in pediatric patients with cancer during the COVID-19 pandemic: scoping systematic review. <i>Sobrevida en pacientes pediátricos con cáncer durante la pandemia de COVID-19: revisión sistemática exploratoria. Bol Med Hosp Infant Mex.</i> 2020;77(5):234-241. doi:10.24875/BMHIM.20000174
Medical student, clinical clerkship, pediatric, medical school, clinical skill examinations, CSE, Korea	14-Sep-20	New Paradigm of Pediatric Clinical Clerkship during the Epidemic of COVID-19	Journal of Korean Medical Science	Perspective	The COVID-19 pandemic has forced medical schools to change the way they teach clinical clerkship to medical students. The authors discuss their clinical clerkship teaching experience from March to July 2020 in the Department of Pediatrics at two national universities in Korea. Medical students followed infection control protocols such as wearing masks, maintaining social distancing, and washing hands or using hand sanitizers. All students were required to enter the hospital through only one gate after checking body temperature and washing hands. During the 20 weeks of clinical clerkship, no COVID-19 cases were detected among the medical students or staff. Clinical skills examinations (CSE) were conducted successfully with standardized patients while enforcing the mask-wearing rule. No one was infected during the CSE despite close contact with standardized patients. The authors describe problems encountered in pediatric clinical clerkship. The number of pediatric patients has drastically decreased during the COVID-19 pandemic, as parents have postponed their children's vaccinations and routine examinations. To counter the missed	The authors discuss their pediatric clinical clerkship teaching experience at hospitals in Korea during the COVID-19 pandemic. Continuing clinical practice education for medical students while taking measures to protect patients, medical staff, and students is critical.	Lee YM, Park KD, Seo JH. New Paradigm of Pediatric Clinical Clerkship during the Epidemic of COVID-19. <i>J Korean Med Sci.</i> 2020 Sep;35(38):e344. https://doi.org/10.3346/jkms.2020.35.e344

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					educational opportunities, the authors have incorporated actual patient encounter-based and clinical performance-based role play. While taking measures to protect patients, medical staff, and students is important, training student doctors for better clinical performance at hospitals is equally crucial.		
Acute appendicitis, pediatric abdominal surgery, children, Bosnia and Herzegovina	14-Sep-20	Decreased number of acute appendicitis cases in pediatric population during the COVID-19 pandemic: Any link?	Journal of Pediatric Surgery	Correspondence	Non-emergent surgical procedures and outpatient services have been suspended in many countries to re-allocate hospital resources, particularly in regions heavily affected by COVID-19. However, non-traumatic abdominal surgical emergencies have remained common and are likely to continue to appear in the pediatric population. The authors discuss the impact of COVID-19 on pediatric surgery practice and summarize conservative treatment approaches adopted for pediatric COVID-19 patients having surgical emergencies such as non-surgical management (using antibiotics) and laparoscopic treatment. However, the authors caution that an “antibiotics-first” strategy may cause increased rates of complications such as peritonitis. Retrospective analysis comparing cases of acute appendicitis (AA) seen in their pediatric surgery practice in Bosnia and Herzegovina shows 4-8 times fewer cases were confirmed histo-pathologically and treated surgically from March 15 - May 25, 2020 in comparison to the same period in previous years (2015-2019). The authors argue that exposure to various microbes has been substantially reduced during lockdown periods and consequently may have affected the frequency of AA in the pediatric population.	The authors discuss the impact of COVID-19 on pediatric surgery practice and summarize conservative treatment approaches adopted for pediatric COVID-19 patients having surgical emergencies. They report changes observed in their pediatric surgery practice in Bosnia and Herzegovina and compare to reports from other sites.	Zvzdic Z, Vranic S. Decreased number of acute appendicitis cases in pediatric population during the COVID-19 pandemic: Any link? [published online, 2020 Aug 21]. J Pediatr Surg. 2020;S0022-3468(20)30594-7. doi:10.1016/j.jpedsurg.2020.08.016
Breastfeeding, transmission, mother-infant separation, neonatal, skin-to-skin contact, breast milk expressing	14-Sep-20	Breastfeeding during the COVID-19 pandemic – a literature review for clinical practice	International Breastfeeding Journal	Review	To plan and support breastfeeding during the COVID-19 pandemic, more needs to be understood about the clinical characteristics of COVID-19 as it applies to breastfeeding along with the protective properties of breastfeeding and the practice of skin-to-skin care. This review summarizes current evidence on the safety of breastfeeding during COVID-19 and uses this evidence to create guidelines for healthcare professionals and mothers. Current evidence states that SARS-CoV-2 is not transmitted via breastmilk. Breastmilk is beneficial to the infant's microbiome, reduces morbidity and mortality in diarrhea by 64%, and reduces the severity of Respiratory Syncytial Virus by 74% and its hospitalization by 72%. Skin-to-skin breastfeeding increases blood glucose levels 75–90 min after birth which improves cardio-respiratory stability, indicating the benefits of breastfeeding outweigh possible risks during the COVID-19 pandemic. General infection control measures (respiratory and hand hygiene) should be in place and adhered to strictly. If mothers are too ill to breastfeed, they should be supported to express their milk, and the infant should be fed by a healthy	This review summarizes how to manage breastfeeding during COVID-19 and uses this evidence to create guidelines for healthcare professionals and mothers, available as a chart for quick clinical reference. Based on current evidence indicating no risk of SARS-CoV-2 transmission via breastmilk, the authors conclude that breastfeeding should be encouraged with skin-to-skin contact and mothers and infants should be cared for together.	Lubbe W, Botha E, Niela-Vilen H, Reimers P. Breastfeeding during the COVID-19 pandemic - a literature review for clinical practice. Int Breastfeed J. 2020;15(1):82. Published 2020 Sep 14. doi:10.1186/s13006-020-00319-3

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					individual. Guidelines based on current evidence are available as a chart for quick clinical reference.		
Neonatal care, staff-parent communication, stress reduction, video messaging, family involvement, breastmilk expression, visitation restrictions	14-Sep-20	Asynchronous Video Messaging Promotes Family Involvement and Mitigates Separation in Neonatal Care	Archives of Disease in Childhood. Fetal and Neonatal Edition	Original Research	In light of the current COVID-19 pandemic and family visitation restrictions, the authors present the results of a multi-centered, neonatal study evaluating the changes in perception of the NICU experience by parents and staff with the addition of a secure, cloud-based asynchronous video messaging service. They utilized pre and post-implementation surveys in five level II-III neonatal units in the UK undertaken between July to November 2019 to measure factors such as parental experience, stress reduction, involvement in care, parent-staff relationships, and breastmilk expression. The authors observed high levels of self-reported stress by parents in the pre-implementation surveys. Post-implementation surveys revealed that 90% of the parents reported an overall positive impact of video messaging on their neonatal experience, including improved emotional closeness with their infant, relationships with staff, extended family involvement, anxiety, breastmilk expression, and sleep. The staff's pre-implementation survey revealed additional workload and service security concerns. Post-implementation, the staff surveys reported improved communication, trust, and expressions of appreciation between staff and parents. However, the staff did note a modest increase in workload and the need to balance parent expectations with workload realities.	This multicentered neonatal study evaluating the addition of an asynchronous video messaging service showed enhancement in both the parent's and the staff's neonatal care experience. The authors highlight that the use of this asynchronous video service may mitigate the consequences of family separation and be particularly relevant during COVID-19-induced visitation restrictions, not only in neonatal units, but also in adult and pediatric inpatient units.	Kirolos S, Sutcliffe L, Giatsi Clausen M, et al. Asynchronous video messaging promotes family involvement and mitigates separation in neonatal care [published online, 2020 Sep 14]. Arch Dis Child Fetal Neonatal Ed. 2020;fetalneonatal-2020-319353. doi:10.1136/archdischild-2020-319353
Pediatric, gender-affirming care, gender diverse, adolescent	14-Sep-20	Considerations for Providing Pediatric Gender-Affirmative Care During the COVID-19 Pandemic	Journal of Adolescent Health	Commentary	This article offers guidance on gender-affirmative care of youth during the COVID-19 pandemic. Gender diverse youth face disproportionate mental health disparities, which may worsen during the pandemic. Isolation at home may be difficult for youth whose families do not support their gender identities. Health providers can guide family members who are struggling with acceptance of their gender diverse youth. The authors discourage chest binding, especially in individuals with COVID-19, as the practice could worsen respiratory symptoms. Assessments of pubertal onset, as well as gender-affirming hormone treatments, should be individualized based on local policies and disease prevalence. Virtual visits and instructional videos can help patients with hormone administration. Even during the pandemic, fertility preservation is an important part of counseling before medical transition. New considerations during the pandemic, such as pre-procedure COVID-19 testing and additional PPE, affect patients planning surgical gender transition. Surgical delays can be especially stressful for gender diverse youth; clinicians should validate patient experiences and advocate for their prioritization. The authors stress that gender-affirmative care is "essential," even during a pandemic.	This article offers guidance on gender-affirmative care of youth during the COVID-19 pandemic. The authors stress that this care is "essential," even during a pandemic.	Roberts SA, Williams CR, Grimstad FW. Considerations for Providing Pediatric Gender-Affirmative Care During the COVID-19 Pandemic [published online ahead of print, 2020 Sep 14]. J Adolesc Health. 2020;S1054-139X(20)30497-3. doi:10.1016/j.jadohealth.2020.08.018

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Breastfeeding, physical distancing, puppet, tele-lactation	14-Sep-20	Telelactation: A Necessary Skill With Puppet Adjuncts During the COVID-19 Pandemic	Journal of Human Lactation	Original Article	Due to social and physical distancing measures in place to prevent the spread of COVID-19, health care providers, including lactation support providers, are restricted in their ability to be physically close to their clients. The authors argue that a shift to tele-lactation is necessary in order to continue to provide essential care. The transition to tele-lactation can be challenging, as demonstration and observation are optimal with physical presence. Tele-lactation has advantages such as lower cost, convenience, and accessibility, but tele-lactation is often viewed as a viable, yet inferior, form of care. The authors recommend the use of a simple hand puppet and knitted breast to aid in the tele-lactation consultations of breastfeeding women experiencing challenges around proper latch and positioning. By utilizing puppets and other demonstration devices, lactation support providers can enhance communication in tele-lactation consults between provider and client.	The authors describe the advantages of tele-lactation such as lower cost, convenience, and accessibility, but tele-lactation is often viewed as a viable, yet inferior, form of care. In response to increasing tele-lactation consults due to COVID-19, the authors recommend lactation support providers utilize puppets and other demonstration devices to enhance communication between provider and client.	Dhillon S, Dhillon PS. Telelactation: A Necessary Skill With Puppet Adjuncts During the COVID-19 Pandemic [published online 2020 Sep 14]. <i>J Hum Lact</i> . 2020;890334420958623. doi:10.1177/0890334420958623
MIS-C, Multisystem Inflammatory Syndrome, Kawasaki-like Disease, children, systematic review	14-Sep-20	The Natural History of SARS-CoV-2 Related Multisystem Inflammatory Syndrome in Children (MIS-C): A Systematic Review	Journal of the Pediatric Infectious Diseases Society	Systematic Review	The clinical manifestations and natural history of SARS-CoV-2 related Multi-system Inflammatory Syndrome in Children (MIS-C) are poorly defined. The authors conducted a systematic review of individual cases and case series to provide a detailed clinical description and natural history of MIS-C. 16 reports describing 505 children with MIS-C from 3 June to 23 July 2020 were reviewed following PRISMA guidelines. The authors present tables summarizing key clinical features such as median age, symptoms, laboratory tests, inflammatory markers, echo-cardiographic results, and therapeutic interventions and outcomes. Among the patients diagnosed with MIS-C, fever was present in all cases, and abdominal pain, vomiting, and/or diarrhea occurred in 88.0% (n=442) of cases. Clinical signs of Kawasaki's syndrome including rash, conjunctivitis, cheilitis, edema/erythema of the hands and feet, and cervical lymphadenopathy were often present. The authors warn that these symptoms in a school-aged child or adolescent should increase diagnostic suspicion of MIS-C. Myocardial injury and dysfunction are the most common complications of MIS-C. Currently, first-line therapy with intravenous immunoglobulin and methyl-prednisolone or prednisone is typically used, but comparative data are lacking. Prospective studies are critical to better define the biochemical and inflammatory changes in MIS-C and effective therapies for the syndrome.	MIS-C symptoms following SARS-CoV-2 infection frequently involve gastrointestinal complaints and/or rash, conjunctivitis, cheilitis, and/or extremity changes. Serious complications occur frequently and respond to aggressive supportive therapy.	Aronoff SC, Hall A, Del Vecchio MT. The Natural History of SARS-CoV-2 Related Multisystem Inflammatory Syndrome in Children (MIS-C): A Systematic Review [published online ahead of print, 2020 Sep 14]. <i>J Pediatric Infect Dis Soc</i> . 2020;piaa112. doi:10.1093/jpids/piaa112
Adherence, disease management, chronic illness,	14-Sep-20	The Impact of COVID-19 on Pediatric Adherence and	Journal of Pediatric Psychology	Original Research Article	The COVID-19 pandemic has the potential to both positively and negatively affect pediatric adherence and self-management in youth with chronic medical conditions. This article discusses how these circumstances (e.g., stay-at-home orders, school closures,	This article discusses how the COVID-19 pandemic impacts pediatric disease management at the	Plevinsky JM, Young MA, Carmody JK, et al. The Impact of COVID-19 on Pediatric Adherence and Self-Management [published

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children, telemedicine, self-management		Self-Management			changes in pediatric healthcare delivery) impact disease management at the individual, family, community, and healthcare system levels. The authors also discuss how barriers to pediatric adherence and self-management exacerbated by the pandemic may disproportionately affect underserved and vulnerable populations, leading to greater health disparities. Ongoing monitoring and promotion of adherence and self-management is critical. Technology offers several opportunities for this via telemedicine, electronic monitoring, and mobile apps. Moreover, pediatric psychologists are uniquely equipped to develop and implement adherence-promotion efforts to support youth and their families in achieving and sustaining optimal disease management. Research efforts addressing the short- and long-term impact of the pandemic on pediatric adherence and self-management are needed to identify both risk and resilience factors affecting disease management and subsequent health outcomes.	individual, family, community, and healthcare system levels and proposes strategies for pediatric providers to promote better adherence and disease management.	online, 2020 Sep 14]. J Pediatr Psychol. 2020;jsaa079. doi:10.1093/jpepsy/jsaa079
COVID toes, chilblains, pediatric, clinical manifestation, Australia	14-Sep-20	COVID toes in stay-at-home adolescents: An epiphenomenon?	Emergency Medicine Australasia: EMA	Case Letter	A new cutaneous phenomenon has been observed globally in children and adolescents; lesions similar in appearance to chilblains; this phenomenon is labeled as 'COVID toes'. The case letter described a cluster of 5 chilblain-like presentations (age range 13 years - 22 years) seen in the pediatric emergency department Sunshine Hospital, Melbourne, Victoria, Australia in May 2020 amidst the COVID-19 pandemic. Victoria was under level 3 restrictions in May, during which individuals were allowed to leave the house only for essential services; healthcare, exercise, grocery shopping and work or education if unable to do from home. None of the patients had a history of chilblains or related health conditions and no exposure to the typical context of chilblains. Two patients tested negative for SARS-CoV-2 infection by PCR and the other three asymptomatic patients were not tested. The authors concluded that their observations questioned the notion that chilblain-like lesions alone are a manifestation of a COVID-19.	The article from Victoria, Australia described a cluster of 5 chilblain-like presentations seen in the pediatric emergency department in May 2020. Their observation of no SARS-CoV-2 infected patients questioned the notion that chilblain-like lesions alone are a manifestation of a COVID-19.	Kluckow E, Krieser DM, Slaa M. COVID toes in stay-at-home adolescents: An epiphenomenon? Emerg Med Australas. 2020 Sep 14. doi: 10.1111/1742-6723.13630.
Pediatrics, MIS-C, diagnostic criteria, Saudi Arabia	14-Sep-20	A challenging case of multisystem inflammatory syndrome in children related to coronavirus Disease-19 hospitalized under adult medical service	ID Cases	Case Report	The authors present a case of a 16-year-old male who was hospitalized in July 2020 in Saudi Arabia due to Kawasaki-like disease symptoms and diagnosed with MIS-C related to COVID-19. He initially presented with a 7-day history of fever, diarrhea, vomiting, and generalized abdominal pain, and reported a history of upper respiratory tract infection 4 weeks prior, which had resolved. His physical exam on admission was notable for fever, bilateral conjunctivitis, fissuring of lower lip, hypopigmented macular rash, and bilateral elbow and knee effusions. He also had elevated inflammatory markers, elevated serum troponin, and an echocardiogram showing hypokinesis of the inferior wall,	The authors present a case of MIS-C related to COVID-19 in Saudi Arabia, which met the case definition of MIS-C based on: Age, persistent fever ≥ 3 days, multiorgan involvement, Kawasaki like symptoms, and elevated inflammatory markers. Because the patient was hospitalized to	Alnashri H, Aljohani N, Tayeb S, Rabie N, AlBenayan E, Alharthi A, Samannodi M. A challenging case of multisystem inflammatory syndrome in children related to coronavirus Disease-19 hospitalized under adult medical service. IDCases. 2020;doi: 10.1016/j.idcr.2020.e00957. Epub 2020 Sep 14.

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					however SARS-CoV-2 nasopharyngeal testing was negative. He was hospitalized on the adult medical floor and IV antibiotics were initiated (ciprofloxacin and metronidazole). On day 3 of hospitalization, he subsequently developed hypotension with blood pressure 83/50 mmHg which responded appropriately to fluid resuscitation. After Infectious Disease consultation and SARS-CoV-2 antibody testing, a diagnosis of MIS-C related to COVID-19 was established by clinical features, elevated inflammatory markers, and positive SARS-COV 2 IgG. Intravenous Ig and tocilizumab (interleukin-6 inhibitor) were given and symptoms resolved after 72 hours. The authors conclude that clinicians who practice adult medicine should also be familiar with the signs and symptoms of MIS-C and start therapy as soon as possible.	the adult medicine service, the authors recommend that clinicians who practice adult medicine should also be familiar with the signs and symptoms of MIS-C.	
Telemedicine, technology, hospital, United Kingdom	14-Sep-20	The Response of a Tertiary Paediatric Urology Unit to the COVID-19 Pandemic in central London: what have we learned?	British Journal of Surgery	Letter to the Editor	The authors report the experiences of a pediatric urology unit in London, UK, during the 2020 COVID-19 pandemic. The hospital shifted the roles of junior doctors, to focus on necessary COVID-19 care. This change increased the junior doctors' COVID-19 exposure, and decreased their opportunities in specialty areas. To counteract this effect, senior doctors provided virtual training and support. The pediatric urology department restricted non-urgent care and avoided laparoscopy during the peak of the COVID-19 crisis. The postponement of elective surgeries generated a large back-log of cases, which now need attention. Clinic appointments were converted to phone visits when possible, and follow-up appointments were reduced. The hospital created "one-stop clinics" that coordinated multiple appointments with different clinicians, to stream-line patient care. Virtual meetings became a vital means of team communication and cohesiveness during the pandemic. The authors anticipate that virtual communication among staff and with patients will be a positive ongoing result of the pandemic response.	The authors report the experiences of a pediatric urology unit in London, UK, during the 2020 COVID-19 pandemic.	Garriboli M, Mishra P, Taghizadeh A, Paul A. The Response of a Tertiary Paediatric Urology Unit to the COVID-19 Pandemic in central London: what have we learned? Br J Surg. 2020 Sep 14. doi: 10.1002/bjs.11978. Epub ahead of print. PMID: 32924140.
Prematurity, infants, vulnerable populations, respiratory compromise, ACE2	14-Sep-20	Preterm birth: Potential risk factor for greater COVID-19 severity?	Respiratory Physiology and Neurobiology	Short Communication	The authors state that prematurely born individuals are potentially more vulnerable to COVID-19 infection. They highlight three features associated with prematurity that support the basis of potential vulnerability: Firstly, the detrimental long-term consequences of premature birth on respiratory system development, control, and function. The ventilatory response to hypoxic stimuli is blunted in prematurely born individuals, therefore they may experience greater systemic hypoxemia with COVID-19 infection. Secondly, premature infants likely have higher levels of (and possibly reduced tolerance to) oxidative stress. Oxidative damage to mitochondria, in conjunction with COVID-19-related hypoxemia and prematurity-associated	The authors propose three mechanisms by which prematurely born individuals may be more vulnerable to COVID-19 infection: an underdeveloped respiratory system, reduced tolerance to oxidative stress, and increased ACE2 expression.	Debevec T, Burtscher J, Millet GP. Preterm birth: Potential risk factor for greater COVID-19 severity?. Respir Physiol Neurobiol. 2020;280:103484. doi:10.1016/j.resp.2020.103484

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					ventilator response deficits, may synergistically deteriorate an individual's respiratory status. Thirdly, prematurely born individuals may have elevated ACE2 activity/expression, which could enable enhanced virus-binding, thus increasing their infection risk.		
Infant, pediatric, peanut allergy, food introduction	14-Sep-20	Virtually supported home peanut introduction during COVID-19 for at-risk infants	Journal of Allergy and Clinical Immunology: In Practice	Original Article	Infants at risk for peanut allergy have limited access to time-sensitive allergist assessment for allergy prevention during the COVID-19 pandemic. This article reviews one private allergist practice's use of virtual support in introducing peanuts to infants at home. Infants in the practice were identified as at-risk for peanut allergy via a virtual consultation in April 2020. If families opted for virtually supported peanut introduction, they were prescribed an epinephrine autoinjector and rupatadine. Parents were subsequently counseled about food allergies and instructed to prepare peanut butter. They then gradually introduced the peanut butter and could contact the physician immediately through the virtual platform if needed. The authors share three cases of at-risk infants that used the above process. None of the three patients exhibited adverse reactions during peanut introduction, and after this experience the parents reported feeling more comfortable introducing tree nuts. These cases demonstrate the feasibility and practicality of a virtually supported food introduction program.	This article reviews one private allergist practice's use of virtual support in introducing peanuts to infants at home during the COVID-19 pandemic. Three case reports demonstrate the feasibility and practicality of a virtually supported food introduction program.	Mack DP, Hanna MA, Abrams EM, et al. Virtually supported home peanut introduction during COVID-19 for at-risk infants. <i>J Allergy Clin Immunol Pract.</i> 2020;8(8):2780-2783. doi:10.1016/j.jaip.2020.05.048
Nepal, mental health, pregnant women, pregnancy, depression, stress	14-Sep-20	Maternal mental health in Nepal and its prioritization during COVID-19 pandemic: Missing the obvious	Asian Journal of Psychiatry	Letter to the Editor	Mental health in pregnancy and the immediate postpartum period are not addressed to the extent necessary and the COVID-19 pandemic has increased the ever-present gap in maternal mental health issues in Nepal. Most hospitals recommend delaying regular antenatal visits, leading to uncertainty and increased stress during pregnancy. Pregnant women are concerned about the impact of COVID-19 on their health and newborns, and the limited evidence adds to their psychological distress. Nepal has high mortality among 15–45 years age group due to suicide, with postpartum depression being one contributing factor. As postpartum services are currently hampered, postpartum women may receive suboptimal care. Postpartum stress increases with a lack of social support and financial burdens. Domestic abuse, gender-based violence, and intimate partner violence are on the rise during this pandemic, which increase mental and physical pregnancy complications. The author recommends the use of female community health volunteers to detect at-risk pregnancies and mental illness, as maternal mental health should be a priority in Nepal.	Mental health in pregnancy and the immediate postpartum period are not adequately addressed in Nepal, and the COVID-19 pandemic has increased the gap in maternal mental health issues. The author describes the mental health challenges for pregnant and postpartum women in Nepal and emphasizes a need for mental health care.	Aryal S, Pant SB. Maternal mental health in Nepal and its prioritization during COVID-19 pandemic: Missing the obvious. <i>Asian Journal of Psychiatry.</i> 2020;54. doi:10.1016/j.ajp.2020.102281
Breastfeeding, lactation training, prenatal	14-Sep-20	Ready, Set, BABY Live Virtual Prenatal	Journal of Human Lactation	Case Study	This case report from the Carolina Global Breastfeeding Institute (CGBI) in North Carolina, US details adapting its prenatal education to an online format during the COVID-19 pandemic.	This case report details breastfeeding and prenatal education adapted for a	Palmquist AEL, Parry KC, Wouk K, et al. Ready, Set, BABY Live Virtual Prenatal Breastfeeding

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breastfeeding education, telehealth		Breastfeeding Education for COVID-19			CGBI modified its Ready, Set, BABY program for an internet platform and added WHO guidance for breastfeeding, pregnancy, and birth when COVID-19 is suspected or confirmed. The online adaptation allows lactation consultant students to complete their clinical hours by facilitating live presentations, approximately 1 hour each. One facilitator presents key content using video, voice, and visual aids, while the other facilitator interactively monitors a participant chat. New scripted questions were implemented to enhance interactive facilitation and assess the counseling needs of pregnant attendees. Participants also receive an electronic hyperlink that directs them to a toolkit booklet with critical information. CGBI will continue the online format to protect facilitators and attendees, despite facility re-openings. The authors suggest other programs adopt similar strategies and recommend the use of remote learning and telehealth services where available.	remote learning format. The authors suggest breastfeeding support organizations adopt similar strategies and utilize remote learning and telehealth services to support expectant parents.	Education for COVID-19 [published online ahead of print, 2020 Sep 14]. J Hum Lact. 2020;890334420959292. doi:10.1177/0890334420959292
Pregnancy, neonates, complications, antibodies, Copenhagen, Denmark	14-Sep-20	Impact of SARS-CoV-2 antibodies at delivery in women, partners and newborns	medRxiv	Preprint (not peer-reviewed)	This study aimed to investigate the frequency and impact of SARS-CoV-2 in parturient women, their partners and newborns. From April 4 to July 3, 2020, all parturient women, their partners and newborns at the Department of Obstetrics and Gynecology at Copenhagen University Hospital Hvidovre (Denmark), were invited to participate in the study; 1361 women, 1236 partners and 1342 newborns were included. Participating women and partners had a pharyngeal swab and a blood sample taken at admission and immediately after delivery a blood sample was drawn from the umbilical cord. The swabs were analyzed for SARS-CoV-2 RNA and the blood samples were analyzed for SARS-CoV-2 antibodies. The adjusted serological prevalence was 2.9% in women and 3.8% in partners. The frequency of blood type A was significantly higher in women with antibodies compared to women without antibodies. 17 newborns had SARS-CoV-2 IgG antibodies, and none had IgM antibodies. The study found that there was a 45.7% (95%CI 23.2%-68.2%, p<0.001) increase in the absolute risk of antibody positivity for mothers living with a partner that had SARS-CoV-2 antibodies. The absolute risk of infection was 0.37 (95%CI 0.19-0.55) for the woman if her partner tested positive. Only 55% of individuals with antibodies reported symptoms. No associations between previous COVID-19 disease and obstetric or neonatal complications were found.	This prospective cohort study in Copenhagen, Denmark, investigated the frequency and impact of SARS-CoV-2 in parturient women, their partners and newborns. The authors found no association between previous COVID-19 disease and obstetric or neonatal complications.	Pia Egerup, Line Fich Olsen, Ann-Marie Hellerung Christiansen. et al. Impact of SARS-CoV-2 antibodies at delivery in women, partners and newborns. medRxiv 2020.09.14.20191106; doi: https://doi.org/10.1101/2020.09.14.20191106
Pediatric, lung CT scan, meta-analysis	14-Sep-20	Pediatric Lung Imaging Features of Covid-19: A Systematic Review and Meta-Analysis	Pediatric Pulmonology	Review	This systematic review and meta-analysis provide the first comprehensive summary of findings describing COVID-19 lung imaging data in the pediatric population (0-18 years). A single-arm meta-analysis was conducted to obtain the pooled prevalence and 95%CI. A total of 29 articles (n=1026 children) based on chest CT images were included. The main results are:	This review found that the top abnormalities identified in pediatric COVID-19 cases were ground-glass opacities and the presence of	Nino G, Zember J, Sanchez-Jacob R, Gutierrez MJ, Sharma K, Linguraru MG. Pediatric Lung Imaging Features of Covid-19: A Systematic Review and Meta-Analysis [published online, 2020

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					(1) 35.7% pediatric patients with COVID-19 (95%CI: 27.5-44%) had normal chest CT scans and only 27.7% (95% CI: 19.9-35.6%) had bilateral lesions; (2) the most typical pediatric chest CT findings of COVID-19 were ground-glass opacities (37.2%, 95%CI: 29.3-45%) and the presence of consolidations or pneumonic infiltrates (22.3%, 95%CI: 17.8-26.9%); (3) the lung imaging findings in children were overall less frequent and less severe than in adult patients; and (4) typical lung imaging features of viral respiratory infections in the pediatric population were not reported in children with COVID-19. Chest CT manifestations in children with COVID-19 could potentially be used for early identification and prompt intervention in the pediatric population.	consolidations or pneumonic infiltrates. However, over a third of children with COVID-19 demonstrate normal chest CTs.	Sep 14]. <i>Pediatr Pulmonol.</i> 2020;doi:10.1002/ppul.25070
Pregnancy, neonates, mortality, morbidity, ICU, NICU, multi-national study	14-Sep-20	Maternal and Perinatal Outcomes of Pregnant Women with SARS-COV-2 infection	Ultrasound in Obstetrics & Gynecology	Original Research	This study aimed to evaluate maternal and perinatal outcomes of pregnant women infected by SARS-CoV-2. This was a retrospective study including women with SARS-CoV-2 from 73 centers from 22 different countries in Europe, the US, South America, Asia and Australia from February 1 to April 30, 2020. The primary outcome was a composite measure of maternal mortality and morbidity including admission to ICU, use of mechanical ventilation, or death. 388 singleton pregnancies with SARS-COV-2 were included. The primary outcome was observed in 47/388 women (12.1%). 43/388 women (11.1%) were admitted to ICU, 36/388 (9.3%) required mechanical ventilation, and 3/388 (0.8%) women were deceased. Of the 388 women, 122 (31.4%) were still pregnant at the time of the study. Among the other 266 women, 251 delivered a live-born infant. The rate of preterm birth was 26.3% (70/266). Of the 251 live-born infants, 69/251 (27.5%) were admitted to neonatal ICU, with 5 neonatal deaths (2.0%). The overall rate of perinatal death was 4.1% (11/266). Only one infant (0.4%) was found positive to SARS-COV-2. SARS-COV-2 in pregnant women is associated with a 0.8% rate of maternal mortality, but an 11.1% rate of admission to ICU. The risk of vertical transmission seems to be negligible.	This multinational retrospective cohort study evaluated maternal and perinatal outcomes of 388 pregnant women with SARS-CoV-2 infection, suggesting that SARS-COV-2 in pregnant women is associated with 0.8% maternal mortality, but 11.1% rate of admission to ICU. The risk of vertical transmission was negligible.	Di Mascio D; WAPM (The World Association of Perinatal Medicine) working group on COVID-19. <i>Maternal and Perinatal Outcomes of Pregnant Women with SARS-COV-2 infection</i> [published online, 2020 Sep 14]. <i>Ultrasound Obstet Gynecol.</i> 2020;. doi:10.1002/uog.23107
Vaccine, mandates, schools, children, pediatrics	14-Sep-20	Should We Mandate a COVID-19 Vaccine for Children?	JAMA Pediatrics	Editorial	This article weighs considerations for imposing a mandatory pediatric SARS-CoV-2 vaccine. The authors offer nine criteria to guide decision making when determining mandates for a new vaccine: vaccine safety and acceptable levels of adverse effects; effectiveness as measured by immunogenicity and population-based prevention; cost-effectiveness; ability to increase safety in the school environment; disease morbidity and/or mortality; vaccine-based evidence of reduced transmission; public and medical acceptance of the vaccine; reasonable administrative burden in vaccine tracking and delivery; and reasonable parent burden of adherence. The authors conclude that no COVID-19	This article introduces nine criteria to guide pediatric vaccine mandate decisions when a suitable SARS-CoV-2 candidate emerges. The authors argue that implementing these criteria into planning will improve decision making.	Opel DJ, Diekema DS, Ross LF. <i>Should We Mandate a COVID-19 Vaccine for Children?</i> <i>JAMA Pediatr.</i> Published online September 14, 2020. doi:10.1001/jamapediatrics.2020.3019

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					vaccine candidate has adequate evidence of safe and effective performance, and therefore it remains too early to make firm judgments about pediatric vaccine mandates for SARS-CoV-2. The authors assert that building these criteria into planning will improve decision making when a suitable vaccine candidate is identified.		
Adults, children, asymptomatic individuals, Milan, Italy	14-Sep-20	Frequency of Children vs Adults Carrying Severe Acute Respiratory Syndrome Coronavirus 2 Asymptomatically	JAMA Pediatrics	Research letter	Children have been suggested as the facilitators of SARS-CoV-2 transmission and amplification because many affected children may be asymptomatic. Accordingly, social and public health policies have been implemented in many countries. The authors of this study investigated the frequency of individuals carrying SARS-CoV-2 among children admitted for non-infectious conditions and without any SARS-CoV-2-associated symptoms or signs and compared this with the frequency among a similar adult population. In the study, conducted at the Fondazione Ca' Granda Ospedale Maggiore Policlinico in Milan, Italy, 83 children (1.1-11.0 years old) were eligible out of 881 that presented to the pediatric emergency department. 131 adults (aged 57-84 years old) were eligible out of 3610 that presented to the adult emergency department. Pediatric and adult patients were excluded if they presented with any signs or symptoms associated with SARS-CoV-2 infection or had prolonged contact with individuals who had tested positive in the previous 21 days. Children were found to be less frequently positive than adults. About 1% of children and 9% of adults without any symptoms or signs of SARS-CoV-2 infection tested positive for the virus. This suggested that the role of children as facilitators of the spreading of SARS-CoV-2 could be reconsidered.	The authors of this study compared how many children and adults tested positive for COVID-19 if they presented to an emergency department with signs and symptoms of having the virus. Children without signs and symptoms of SARS-CoV-2 carried the virus less frequently than adults. These data do not support the hypothesis that children are at a higher risk of carrying SARS-CoV-2 asymptotically as compared to adults.	Milani GP, Bottino I, Rocchi A, et al. Frequency of Children vs Adults Carrying Severe Acute Respiratory Syndrome Coronavirus 2 Asymptomatically. JAMA Pediatr. Published online September 14, 2020. doi:10.1001/jamapediatrics.2020.3595
SARS-CoV-2, MIS-C, children, Kawasaki Disease, clinical manifestations	13-Sep-20	Severe COVID-19, multisystem inflammatory syndrome in children, and Kawasaki disease: immunological mechanisms, clinical manifestations and management	Rheumatology International	Systematic Review	This narrative review focuses on the immunological mechanisms, clinical features and treatment of severe pediatric COVID-19 and MIS-C [ages not specified], with comparisons to adult COVID-19 and other hyper-inflammatory syndromes seen in children. The authors included articles published in English, 1 Dec 2019 – 31 Aug 2020. Most individual articles had an age range of 0-21 years old. The authors include a table comparing immune differences between adult and pediatric COVID-19. They also provide case definitions of hyper-inflammatory syndromes associated with SARS-CoV-2, and compare features of MIS-C with Kawasaki Disease (KD) and Toxic Shock Syndrome. Contrary to KD, which is typically seen in children <5 years old, MIS-C is usually seen in older children (>5 years) with median ages ranging from 7.5-10 years. It is most often seen 2–4 weeks following SARS-CoV-2 infection. MIS-C is also not predominant in male children, as KD is. Adaptive immune mechanisms may play a major role in causing MIS-C. A higher number of mucosal homing T cells and	Through systematic review of research, the authors discuss the immunological mechanisms, clinical features and treatment of severe pediatric COVID-19 and MIS-C, with comparisons to adult COVID-19 and other hyper-inflammatory syndromes seen in children. Although clinical manifestations of MIS-C and Kawasaki Disease overlap, they appear to be two distinct clinical entities.	Kabeerdoss J, Paliana RK, Karkhele R, et al. Severe COVID-19, multisystem inflammatory syndrome in children, and Kawasaki disease: immunological mechanisms, clinical manifestations and management [published online ahead of print, 2020 Nov 21]. Rheumatol Int. 2020;1-14. doi:10.1007/s00296-020-04749-4

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					higher expression of IL-17 are seen in pediatric COVID-19 with MIS-C, as compared to pediatric COVID-19 without MIS-C. Both KD and MIS-C are associated with a significant cytokine storm that results in systemic inflammation. While symptomatic myocarditis has been reported in 40–80% of patients with MIS-C, it is seen in <5% of patients with KD. Although clinical manifestations of MIS-C and KD overlap, they appear to be two distinct clinical entities.		
Anxiety, coronavirus, posttraumatic stress disorder, pediatric, school	13-Sep-20	School Nurses on the Front Lines of Healthcare: The Approach to a Student With Anxiety and Posttraumatic Stress Disorder	NASN School Nurse	Original Article	Mental illness is common in children and adolescents, and could present with somatic symptoms. Therefore, school nurses need to understand mental health conditions in young people. Risk factors for pediatric anxiety include female gender, family history, stressful life events, and low socio-economic status. Post-traumatic stress disorder (PTSD) is characterized by flight from external trauma reminders, intrusive symptoms, gloomy cognitions, hypervigilance, and history of trauma. School nurses can practice trauma-informed care by acknowledging that traumatic events can result in problems with behavior and chronic health. The COVID-19 pandemic may increase pediatric anxiety and trauma due to many factors, including lack of peer contact, decreased access to coping strategies, and increased time in negative family environments. As students return to school in person, staff should be prepared for academic, social, behavioral, and emotional challenges. Nurses should discuss COVID-19 with students by creating a calm setting, asking what students know, providing age-appropriate information, empowering students, and encouraging safe behaviors. The article includes screening tools for assessing anxiety, including the Coronavirus Anxiety Scale, and closes with two case examples.	The COVID-19 pandemic may increase pediatric anxiety and trauma. This article offers suggestions for school nurses working with children and adolescents exhibiting anxiety and post-traumatic stress disorder (PTSD), especially during the pandemic.	Chardavoyne P, Olympia RP. School Nurses on the Front Lines of Healthcare: The Approach to a Student With Anxiety and Posttraumatic Stress Disorder. NASN Sch Nurse. 2020 Sep 13:1942602X20955154. doi: 10.1177/1942602X20955154. Epub ahead of print. PMID: 32924776.
Children, mental health, pediatric obesity, mixed-methods, qualitative study, The Netherlands	13-Sep-20	COVID-19 related anxiety in children and adolescents with severe obesity: A mixed-methods study	Clinical Obesity	Original Research	Recent studies report negative mental health effects of COVID-19-related lockdown measures on general pediatric cohorts; however, few studies about psychological effects on vulnerable children with chronic diseases have been done. The authors combined quantitative and qualitative approaches to explore COVID-19-related anxiety in pediatric patients with severe obesity in the Netherlands. They used semi-structured telephone interviews and the Paediatric Quality of Life Inventory (PedsQL) questionnaire that had been completed by the study population at baseline in the year before the COVID-19 outbreak. 75 families participated in the telephone interviews in April 2020, and the median age of patients was 10.5 years (range 7.6-15.2 years). 32% (n=24) of the children reported COVID-19-related anxiety, and most of those reporting anxieties were afraid of being at increased risk for COVID-19 and infecting vulnerable family	In this mixed-methods study, the authors did not find statistically significant differences either in baseline characteristics or in quality of life and obesity severity, between pediatric patients with and without COVID-19-related anxiety. Health-care professionals should be aware of the possibility of COVID-19-related anxiety during all contacts with	Abawi, O, Welling, MS, van den Eynde, E, et al. COVID-19 related anxiety in children and adolescents with severe obesity: A mixed-methods study. Clin Obes. 2020; e12412. https://doi.org/10.1111/cob.12412

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					members. The mean decrease in PedsQL score between baseline visit and COVID-19 outbreak did not differ between children who reported anxiety and those who did not. Effective communication with parents and children can alleviate their anxiety and protect their psychological health. Healthcare professionals need to be aware of patients' and families' COVID-19-related anxiety and respond to their needs accordingly.	children and adolescents with severe obesity.	
Kawasaki Disease, MIS-C, pediatrics	13-Sep-20	Kawasaki Disease: An Update	Current Rheumatology Reports	Review	This review provides an overview of new advances in Kawasaki Disease (KD), including a discussion of similarities and differences between MIS-C and KD. It remains unknown if COVID-19 triggers KD features or if MIS-C is a separate disease entity, a macrophage-associated spectrum of disease, or an overlapping syndrome. Interestingly, countries with the highest incidence of KD (i.e., Japan, China) have no reported cases of MIS-C. In contrast to KD, MIS-C typically presents after the age of 5, and there appears to be a higher incidence in children of Afro-Caribbean descent. Due to limited information about the optimal treatment regimen for MIS-C, most practitioners utilize standard KD protocols and additional supportive therapy if disease presentation is clinically similar to KD. The authors cite international registries collecting surveillance data in hopes that discoveries in MIS-C may provide insight into the trigger, genetics, and patho-physiology of KD.	The clinical relationship between Kawasaki Disease and MIS-C is unclear. This review includes a discussion of similarities and differences between the two conditions, including geographic distribution, demographics, and treatments of disease.	Rife E, Gedalia A. Kawasaki Disease: an Update. Curr Rheumatol Rep. 2020; 22:75. doi: 10.1007/s11926-020-00941-4
Pediatrics, vaccination, influenza, epidemics, prevention	13-Sep-20	Global Pediatric Pulmonology Alliance recommendation to strengthen prevention of pediatric seasonal influenza under COVID-19 pandemic	World Journal of Pediatrics	Editorial	The primary clinical manifestations of influenza and COVID-19 overlap considerably, and an epidemic of influenza would challenge the diagnosis and treatment of pediatric COVID-19 in fever clinics and further constrain the limited supplies of PPE. The Global Pediatric Pulmonology Alliance (GPPA) has therefore developed recommendations for global and regional organizations, medical societies, and health agencies focused on the prevention of seasonal influenza in children during the COVID-19 pandemic. They recommend measures to improve influenza vaccination, including promoting public awareness and providing thorough education of the benefit of influenza vaccination. They recommend that vaccination policy, vaccine safety, and medical advice be promoted and reiterated in child care centers, kindergartens, and schools, and that countries and regions with ample resources implement free influenza vaccination in these settings so as to increase the coverage rate of the influenza vaccine. The ultimate goal of the GPPA is to achieve early appointment and early vaccination of children to reduce the likelihood of co-incident epidemics of influenza and COVID-19 this winter.	The Global Pediatric Pulmonology Alliance (GPPA) provides recommendations for the prevention of co-occurring influenza and COVID-19 epidemics this winter, as this would make diagnosis of each difficult and further constrain limited resources and PPE. They highlight the importance of widespread pediatric influenza vaccination in achieving this goal.	Shen KL, Namazova-Baranova L, Yang YH, et al. Global Pediatric Pulmonology Alliance (GPPA) Expert Panel on Infectious Diseases & COVID-19. Global Pediatric Pulmonology Alliance recommendation to strengthen prevention of pediatric seasonal influenza under COVID-19 pandemic. World J Pediatr. 2020 Sep 13. doi: 10.1007/s12519-020-00389-7. Epub . PMID: 32920745.

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Dermatology, chilblain-like lesions, pediatrics, serology, IgA	13-Sep-20	Are SARS-CoV-2 IgA antibodies in pediatric patients with chilblain-like lesions indicative of COVID-19 asymptomatic or paucisymptomatic infection?	Journal of the European Academy of Dermatology and Venereology	Letter to the Editor	Acral chilblain-like lesions in young patients are common skin manifestations reported during the COVID-19 pandemic, yet the relationship with COVID-19 remains uncertain. The authors describe 30 adolescents with chilblain-like lesions who underwent serology testing for IgG against SARS-CoV-2 nucleocapsid protein and IgG and IgA against the S1 domain of the spike protein. 17 patients (group A), were part of an earlier case series and all were initially negative for SARS-CoV-2 by RT-PCR with negative IgG serology for the nucleocapsid protein. Six had positive IgA for the SARS-CoV-2 immunodominant spike protein. On repeat serology testing 5-7 weeks later, all cases persisted negative for IgG against SARS-CoV-2 nucleocapsid protein. Serology for IgG and IgA against the S1 domain of the spike protein were positive for IgA in 8 patients, and IgG in one. Group B comprised 13 additionally recruited patients. RT-PCR for SARS-CoV-2 was negative in 12 cases and positive for one. IgG anti-nucleocapsid protein was negative in 12 patients and positive in the confirmed COVID-19 case. Four patients were positive for IgG against the spike protein S1 domain, while IgA was positive in eight. Overall, serology for S1-specific IgA and IgG in the 30 patients showed that 16 (53.3%) were positive for IgA, whereas IgG was detectable in five (16.6%). The authors conclude that the detection of S1-specific IgA in pediatric patients with chilblain-like lesions strongly points to a previous, mostly asymptomatic SARS-CoV-2 infection with inflammatory sequelae.	The authors describe serologic testing for IgG against SARS-CoV-2 nucleocapsid protein and IgG and IgA against the S1 domain of the spike protein in 30 adolescents with acral chilblain-like lesions. IgA for the S1 domain was positive in more cases (53.3%) than the S1 IgG (16.6%), and may point to previous asymptomatic SARS-CoV-2 infection with inflammatory sequelae in these patients.	Diociaiuti A, Giancristoforo S, Terrieri S, et al. Are SARS-CoV-2 IgA antibodies in pediatric patients with chilblain-like lesions indicative of COVID-19 asymptomatic or paucisymptomatic infection? J Eur Acad Dermatol Venereol. 2020 Sep 13. doi: 10.1111/jdv.16934.
School re-opening, safety, COVID-19, lockdown, mental health, child abuse, inequity, UK	12-Sep-20	Schools and COVID-19: Reopening Pandora's box?	Public Health in Practice	Commentary	This commentary weighs the risks and benefits of re-opening schools in the UK, considering SARS-CoV-2 transmission risk, academic development, and child wellbeing. Risks and benefits to children, parents, and teachers are summarized in an infographic and grouped into economic, social, and health vulnerabilities. Evidence is reviewed on the safety of school re-opening; although the authors note limited and conflicting evidence on transmission risk of SARS-CoV-2 between children and their peers, teachers, and parents, many studies demonstrate infection risk is lower in children. Real-time monitoring of daily incidence and transmission rate in all age groups is needed to inform decisions at the local level. Children from lower socio-economic backgrounds have been less likely than peers from higher socio-economic backgrounds to have online classes provided (32% vs 43% for primary, 40% vs 58% for secondary). A recent study suggests that school closures could reverse progress made in the UK to narrow academic inequities between socio-economic groups, indicating the gap could widen by a median estimate of 36%. They also note that school closures can exacerbate food insecurity, mental health issues, and child abuse. Calls to	This article weighs the evidence for risks and benefits of re-opening schools in the UK during the COVID-19 pandemic. The authors argue that investment in schools and re-opening with safety measures such as "test, trace, isolate" will minimize long-term harm to children from lost education and socialization.	Ziauddeen N, Woods-Townsend K, Saxena S, Gilbert R, Alwan NA. Schools and COVID-19: Reopening Pandora's box?. Public Health in Practice. 2020;1:100039. doi:10.1016/j.puhip.2020.100039

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					domestic abuse and child support helplines have increased in the UK during lockdown. The authors argue that investment in schools and re-opening with safety measures such as "test, trace, isolate" will minimize long-term harm to children, noting that adequate information must be provided to teachers, health practitioners, and the public that these protective systems are in place to prevent and manage outbreaks in schools.		
Inpatient, outpatient, symptoms, co-morbidity, co-morbidities	12-Sep-20	Pediatric Patients with SARS-CoV-2 Infection: Clinical Characteristics in the United States from a Large Global Health Research Network	Cureus	Original research	This article discusses the presentation of COVID-19 in pediatric patients. Researchers gathered data on clinical presentation, hospitalization status, associated co-morbidities, and treatments received among patients <18 years old with confirmed COVID-19 across the United States. Data from 627 patients (334 outpatient) diagnosed between January 1 - May 7, 2020, were included. The mean age was 7 years [no range provided], inpatients were younger than outpatients (mean age of 5.6 years vs 8.2 years, respectively; p<0.001), and Black or African-American cases were more likely to be inpatients (p=0.002). 13% and 10% of outpatient cases displayed fever and cough, respectively. Hospitalized patients were more likely to have a history of endocrine or metabolic disorders (22% for outpatients vs 29% for inpatient, p=0.039), congenital malformations or chromosomal abnormalities (17% vs. 27%, p=0.005), or non-congenital heart disease (6% vs. 14%, p<0.001). Among inpatients, 10% were severe. Patients with severe illness were significantly more likely to have a co-morbidity, such as non-congenital heart disease (50% for inpatients vs 11% for outpatients, p<0.001), disease of the respiratory system (86% vs 53%, p<0.001), metabolic or endocrine disease (75% vs 25%, p<0.001), congenital malformation or chromosomal abnormality (71% vs 22%, p<0.001), or disease of the nervous system (71% vs 23%, p<0.001). Severe patients were also more likely to suffer dyspnea (p<0.001). Given these results, pediatricians should closely monitor pediatric COVID-19 patients with co-morbidities.	The present article discusses the presentation of COVID-19 in 627 pediatric patients (<18 years old) in the US. Co-morbidities were associated with hospitalization and disease severity.	Desai A, Mills A, Delozier S, et al. Pediatric Patients with SARS-CoV-2 Infection: Clinical Characteristics in the United States from a Large Global Health Research Network. Cureus. 2020;12(9):e10413. Published 2020 Sep 12. doi:10.7759/cureus.10413
Pregnancy, Anticoagulation, convalescent plasma, corticosteroids, hydroxychloroquine	12-Sep-20	Therapeutic Options in the Treatment of SARS-CoV-2 in the Pregnant Patient	American Journal of Obstetrics and Gynecology MFM	Review Article	The authors provide a review of available treatments for SARS-CoV-2 treatment in pregnant patients. They note that only a few case studies and few ongoing RCTs of SARS-CoV-2 therapeutics enroll pregnant patients. Based on their literature review, therapies that are not recommended for SARS-CoV-2 treatment include hydroxychloroquine and chloroquine, and Lopinavir-ritonavir. The authors observed that RCTs of IL-6 inhibitors excluded pregnant patients; therefore, no conclusion can be drawn about their effectiveness and side effect profile. However, based on the preliminary results of the Randomized Evaluation of COVID-19 Therapy (RECOVERY) trial, corticosteroids can be a safe and cost-effective treatment option for pregnant patients who	Based on the authors' review, agents that can be provided to pregnant patients for SARS-CoV-2 treatment include corticosteroids, remdesivir, and convalescent plasma. However, the initiation of pharmacotherapy for SARS-CoV-2 must be a comprehensive and	Lat TI, Patel CD, Ehrig JC, Moslander C, Sanchez JF. Therapeutic Options in the Treatment of SARS-CoV-2 in the Pregnant Patient. Am J Obstet Gynecol MFM. 2020 Sep 12:100224. doi: 10.1016/j.ajogmf.2020.100224. Epub. PMID: 32954247; PMCID: PMC7486209.

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					develop respiratory failure requiring supplemental oxygen or invasive mechanical ventilation. Studies on convalescent plasma suggest a benefit in shortening the disease duration and possibly mitigating prolonged respiratory failure, although extrapolation is limited because of various confounding therapies. Of note, despite the exclusion of pregnant patients from clinical trials, the manufacturer of Remdesivir does allow compassionate use in pregnant patients on a case-by-case basis. At this time, adverse effects in pregnancy and teratogenicity are unknown, although the gastro-intestinal side effects may be intolerable for the pregnant patient.	multidisciplinary risk-benefit discussion between the pregnant patient and her physicians.	
Vertical transmission, pregnancy, fetus, amniotic fluid, vaginal	12-Sep-20	New evidences that discard the possible vertical transmission of SARS-CoV-2 during pregnancy	Medicina Clinica (English Ed.)	Scientific Letter	In this letter, the authors question the possibility of intra-uterine SARS-CoV-2 transmission. They describe 3 patients in the second trimester of pregnancy, who underwent amniocentesis while having a confirmed COVID-19 diagnosis. According to the authors, viral isolates from placenta, amniotic fluid, and cord blood would be indirect but reliable indicators of congenital transmission, provided that these samples are collected during pregnancy or under conditions that limit contamination risk. In the 3 presented cases, vaginal fluid and amniotic fluid were tested for SARS-CoV-2 by RT-PCR, and all samples were negative. None of the 3 women required hospitalization or medication for COVID-19 treatment. The authors report that cases of premature birth have been associated with COVID-19, but most of these deliveries were purposely initiated, due to disease complications. They state that observational studies with coronaviruses have not identified any undisputed cases of vertical transmission.	These authors question the possibility of intra-uterine SARS-CoV-2 transmission. They present 3 COVID-19 positive patients in the second trimester of pregnancy, none of whom had detectable SARS-CoV-2 in vaginal or amniotic fluid samples.	Hijona Elósegui JJ, Carballo García AL, Fernández Risquez AC. New evidences that discard the possible vertical transmission of SARS-CoV-2 during pregnancy. Med Clin (Engl Ed). 2020 Sep 12. doi: 10.1016/j.medcle.2020.05.020. Epub ahead of print. PMID: 32953994; PMCID: PMC7486859.
HIV, adolescents, children, family-centered, maternal, resource-constrained settings	12-Sep-20	Adapting HIV services for pregnant and breastfeeding women, infants, children, adolescents and families in resource-constrained settings during the COVID-19 pandemic	Journal of the International AIDS Society	Commentary	Countries with high HIV burden are balancing the need to minimize interactions with health facilities to reduce the risk of SARS-CoV-2 transmission while delivering HIV services. These adaptations in resource-constrained settings have not adequately accounted for the needs of pregnant and breastfeeding women, infants, children, and adolescents. The authors propose whole-family, tailored program adaptations along the HIV clinical continuum to protect the programmatic gains made in services. Essential HIV case-finding services for pregnant and breastfeeding women and children should be maintained. HIV self-testing for children ≥ 2 years should be supported with caregiver and provider education. Adaptations include bundling services in the same visit and providing testing outside of facilities to reduce exposure risks. Virtual platforms can be used to identify vulnerable children and link them to support services. HIV treatment service adaptations for families should focus on family-based differentiated service delivery models, including community-based antiretroviral therapy (ART) initiation and	The authors propose whole-family, tailored program adaptations to limit SARS-CoV-2 transmission while ensuring the continuity of HIV services for pregnant and breastfeeding women, infants, children, adolescents and families in resource-constrained settings.	Vrazo AC, Golin R, Fernando NB, et al. Adapting HIV services for pregnant and breastfeeding women, infants, children, adolescents and families in resource-constrained settings during the COVID-19 pandemic. J Int AIDS Soc. 2020 Sep;23(9):e25622. doi: 10.1002/jia2.25622.

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					multi-month ART dispensing. Tailored, family-friendly program adaptations for case-finding, ART delivery, and viral load monitoring for these populations have the potential to limit SARS-CoV-2 transmission while ensuring the continuity of HIV case identification and treatment efforts.		
MIS-C, PIMS-TS, acute respiratory distress syndrome, children, infants, France	12-Sep-20	The Wide Spectrum of COVID-19 Clinical Presentation in Children	Journal of Clinical Medicine	Article	In this article, the authors describe a wide spectrum of COVID-19 manifestation in children from March-May 2020 in a pediatric unit in France. 23 patients were included on the basis of positive RT-PCR via nasopharyngeal swab (n=20) and/or typical aspects in CT (n=4). The median age was 4.9 years (range=0.1-17.6). Patients were grouped by age (<2 years old: n=14, 61%; 2-10 years old: n=2, 9%; >10 years old: n=7, 30%). Overweight or obesity was reported in only 3 patients. The most frequent symptom was fever (n=18, 78%) in the overall cohort, followed by acute rhinitis (n=9, 64%) and cough (n=7, 50%) in the under 2-year-old group and cough (n=4, 57%), fatigue, dyspnea and abdominal pain (n=3, 43% each) in the over 10-year-old group. 5 patients required ICU treatment, 4 of whom were aged >10 years, 2 presented with acute myocarditis, and 2 were sickle cell disease patients who presented with acute chest syndrome. The youngest patients seem to present milder forms of COVID-19 without the need for ICU treatment and with a shorter length of hospitalization. More severe evolutions were observed in teenagers, but with favorable outcomes.	The authors describe a wide spectrum of COVID-19 manifestation of 23 children in a pediatric unit in France. The youngest patients seem to present milder forms of COVID-19 without the need for ICU treatment and with a shorter length of hospitalization. More severe evolutions were observed in teenagers, but with favorable outcomes.	Nathan N, Prevost B, Sileo C, et al. The Wide Spectrum of COVID-19 Clinical Presentation in Children. J Clin Med. 2020;9(9):E2950. Published 2020 Sep 12. doi:10.3390/jcm9092950
Agriculture, childcare, children, USA	12-Sep-20	The COVID-19 Impact on Childcare in Agricultural Populations [Free Access to Abstract Only]	Journal of Agromedicine	Article Commentary	The COVID-19 pandemic has shed light on the critical role that quality, affordable, accessible childcare plays in the lives of workers and families. This commentary describes how existing childcare problems were exacerbated by the COVID-19 pandemic, potentially impacting both the health and economics of farmworker families in the US. The closing of many traditional childcare options has forced some parents out of the agricultural workforce, negatively impacting the safety of children. The authors propose expanding federal aid packages (including temporary sick/family leave benefits, with up to 12 weeks of paid time off and up to 2/3 salary) by removing exemptions for businesses with more than 500 and fewer than 50 employees, which left more than 59 million people uncovered. They also recommend additional funding for Migrant and Seasonal Head Start programs and mental health support for children and families along with technology assistance to support remote services.	This commentary describes how existing childcare problems were exacerbated by the COVID-19 pandemic for farmworker families in the US. The authors propose specific policy solutions that can alleviate the burden on families caused by childcare disruption and prevent harm to children caused by financial insecurity.	Salzwedel M, Liebman A, Kruse K, Lee B. The COVID-19 Impact on Childcare in Agricultural Populations [published online, 2020 Sep 12]. J Agromedicine. 2020;1-5. doi:10.1080/1059924X.2020.1815616
Varicella, pneumonia, severe acute respiratory,	12-Sep-20	Pleuropneumonia resulting from varicella and COVID-19 co-	Archives de Pédiatrie	Case report	Both SARS-CoV-2 and varicella (the causative agent of chickenpox) cause relatively mild diseases in pediatric populations. However, the co-infection with both agents may lead to a more serious respiratory infection. The authors	The case study details a diagnosis of pleuropneumonia in a 10-month-old male with co-infection	Le Roux P, Millardet E, Duquenoy A, et al. Pleuropneumonia resulting from varicella and COVID-19 co-infection in a 10-

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pleuropneumonia, child, France		infection in a 10-month-old infant [Free Access to Abstract Only]			document a case study of a 10-month-old male who was admitted to the pediatric emergency department in France. Laboratory testing revealed pleuro-pneumonia from varicella infection. Further, the patient tested positive for SARS-CoV-2 via RT-PCR. Fever resolved on day six and respiratory rate normalized on day eight after hospital admission. However, the patient did develop diarrhea caused by a rotavirus infection on day nine. The authors suggest that there exists an association between varicella and COVID-19 infection that resulted in pleuro-pneumonia in an immuno-competent child. The authors conclude by suggesting that the case study raised the question of whether or not varicella infection plays a role in exacerbating SARS-CoV-2 infection.	of varicella and COVID-19. The authors suggest that co-infection with varicella may exacerbate respiratory outcomes of SARS-CoV-2 infection.	month-old infant [published online ahead of print, 2020 Sep 12]. Arch Pediatr. 2020;S0929-693X(20)30187-1. doi:10.1016/j.arcped.2020.08.001
Children, infectiousness, transmission, Germany	12-Sep-20	Heavy exposure of children aged 9 to 12 years with SARS-CoV-2 did not lead to infection	Journal of the Pediatric Infectious Diseases Society	Brief Report	The authors report 4 school children (3 girls aged 12, 10, and 9 years and 1 boy aged 9 years) of one family in Lubeck, Germany with heavy exposure to SARS-CoV-2 over several days with no clinical signs of COVID-19, repeated negative nasopharyngeal swabs for SARS-CoV-2 RNA, and no seroconversion 3 weeks after exposure. The father, a 50-year-old medical doctor, was infected by a pre-symptomatic patient on February 20-21, 2020 and had a short unprotected contact with his 46-year-old wife (also a medical doctor) on February 27, 2020, thereby infecting her before being informed by the local health authorities as being a possible contact for COVID-19. On March 13, 2020, the mother was confirmed to have COVID-19 using nasopharyngeal swabs for detection of SARS-CoV-2 RNA, while the 4 children tested negative. To prevent home isolation for several months, the family decided to expose the children to SARS-CoV-2 from March 13-16, 2020. No social distancing was performed, and the children spent the nights with the mother on a shared mattress in a small bedroom. None of the children developed any clinical symptoms of COVID-19, tested positive by nasopharyngeal swabs after 1 or 2 weeks, or generated IgA and IgG against the recombinant S1 domain of structural protein of SARS-CoV-2 or IgG and IgM antibodies against a SARS-CoV-2-specific fragment of the N protein after 3 weeks. The parents in contrast, had developed these antibodies. These observations encourage further studies on viral cell entry and transmission in children.	This report highlights the absence of transmission of SARS-CoV-2 to 4 children aged 9 to 12 years despite heavy viral exposure in Lubeck, Germany in March, 2020. In contrast the parents in the same household had acquired the infection. These observations encourage further studies on viral cell entry and transmission in children.	Schmidt E, Steinhagen K, Rupp J. Heavy exposure of children aged 9 to 12 years with SARS-CoV-2 did not lead to infection. J Pediatric Infect Dis Soc. 2020. doi: 10.1093/jpids/piaa116
Pediatrics, COVID-19, signs, symptoms, treatment, key findings	11-Sep-20	Clinical pearls for COVID-19 in children: what do pediatricians need to know?	Pediatric Research	Correspondence	This correspondence highlights key findings from recent studies for pediatricians caring for children with suspected COVID-19 [age range not specified]. Despite relatively mild illness severity, providers must be aware of novel inflammatory syndromes in children, specifically MIS-C. MIS-C is believed to be an aberrant acquired immune response to SARS-CoV-2. This explains why most affected children have positive antibody results yet a	This correspondence highlights key findings from recent studies for pediatricians caring for children with suspected COVID-19. Clinical symptoms of COVID-19	Verma R, Amin R. Clinical pearls for COVID-19 in children: what do pediatricians need to know? [published online, 2020 Sep 11]. Pediatr Res. 2020;10.1038/s41390-020-

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					negative PCR test. Children with MIS-C have been treated with IV immunoglobulin, aspirin, corticosteroids, and/or immunomodulators. Up to 1/2 of these children may develop shock requiring admission to ICUs for inotropic support. Clinical presentation, laboratory investigations, and radiologic findings in children differ from adults. A US report of 291 children with confirmed COVID-19 found that the most common symptoms were fever (56%) and cough (54%). Nearly 1/3 of children had gastro-intestinal complaints of abdominal pain, nausea/vomiting, and diarrhea. Other symptoms included rhinorrhea, sore throat, headache, and myalgia. These figures vary greatly from adults in the same report, in whom fever and cough were reported in 71% and 80% of patients. Neonates are at a greater risk of severe illness and require special considerations. There is currently no evidence to suggest prenatal vertical transmission of SARS-CoV-2; the transmission of SARS-CoV-2 to neonates is thought to be postnatal from infected mothers and other close contacts. The CDC does not prohibit infected mothers from breastfeeding their newborns as long as mothers follow appropriate respiratory etiquette. Clinical signs of SARS-CoV-2 in neonates include fever, lethargy, increased work of breathing, vomiting, diarrhea, and feeding intolerance. With the re-opening of public areas and schools, providers must continue to focus on keeping children healthy and resilient.	differ in children when compared to adults and can manifest as MIS-C. The authors find that neonates are at greater risk for severe COVID-19 illness.	01123-9. doi:10.1038/s41390-020-01123-9
COVID-19; maternal mortality; gender inequality; access; Brazil	11-Sep-20	Maternal mortality: When a pandemic overlaps with the anti-gender crusade	Developing World Bioethics	Editorial	This editorial describes maternal mortality and other gender-based inequities in Brazil during the COVID-19 pandemic. Considerations noted include gender-based violence and increased SARS-CoV-2 risk due to caregiver responsibilities of women. Maternal mortality during the pandemic in Brazil is highlighted along with contributing factors, including gender inequality, lack of access to care, and racial disparities. The author notes that some deaths among women with SARS-CoV-2 infection who have other co-morbidities could be prevented with adequate access to reproductive health services, and describes the need to elevate women's needs in policies.	The author provides a perspective on the intersection of the COVID-19 pandemic and gender-based inequalities in Brazil. Gender-based concerns experienced by women during the pandemic are described, with a focus on maternal mortality and sub-optimal access to reproductive health services.	Diniz D. Maternal mortality: when a pandemic overlaps with the anti-gender crusade. Dev World Bioeth. 2020;20(3):116-117. doi:10.1111/dewb.12288
COVID-19; connectivism; ONE-Sim; e-learning; interprofessional learning; perinatal emergency;	11-Sep-20	Online interprofessional simulation for undergraduate health professional students during the COVID-19	Journal of Interprofessional Care	Short Report	The authors aim to understand the role of synchronous remote learning through simulation and its impact on interprofessional interactions. This article describes the Obstetric and Neonatal Simulation (ONE-Sim) workshop on perinatal emergency management and use of PPE. The workshop was run in a remote learning format for medical and midwifery students in an interprofessional setting in Australia in February-May 2020 during the COVID-19 pandemic. 59 medical (age range=20-49 years,	The authors aim to understand the role of synchronous remote learning through simulation, and its impact on interprofessional interactions. This article specifically discusses the	Prasad N, Fernando S, Willey S. Online interprofessional simulation for undergraduate health professional students during the COVID-19 pandemic. J Interprof Care. 2020;34(5):706-710. doi:

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simulation learning; Australia		pandemic [Free Access to Abstract Only]			mean=24 years) and 12 midwifery students (age range=21-40 years, mean=25 years) participated and their experiences are described. Formal thematic analysis will be performed as part of the ongoing study; however, initial direct observation demonstrated that students reacted positively to the online ONE-Sim workshop and engaged well with facilitators and peers. Students interacted amongst themselves and shared their previous experiences, knowledge of roles as medical and midwifery practitioners, and perceptions of themselves in those roles in a perinatal emergency setting. The initial observations demonstrate that interprofessional education delivered in an e-learning format can be useful and meaningful, and may be utilized across a number of specialties.	Obstetric and Neonatal Simulation (ONE-Sim) workshop on perinatal emergency management and use of PPE for medical and midwifery students in Australia. The initial observations demonstrate that interprofessional education delivered in an e-learning format can be useful and meaningful, and may be utilized across a number of specialties.	10.1080/13561820.2020.1811213.
Pregnancy, vertical transmission, intrapartum, placenta	11-Sep-20	Intrauterine vertical transmissibility of SARS-CoV-2: The evidence is evolving	American Journal of Obstetrics and Gynecology MFM	Letter	The authors respond to comments on their initial report, "Detection of severe acute respiratory syndrome coronavirus 2 in placental and fetal membrane samples" and highlight that in this report, despite the presence of SARS-CoV-2 in the placenta, none of the neonates had a positive test result for SARS-CoV-2 in the first 5 days of life, nor did they demonstrate symptoms suggestive of COVID-19 after birth. The focus of their report was therefore to demonstrate the possibility of intrapartum viral exposure and not to demonstrate vertical transmission. At the time of sample collection, technologies allowing determination of the viral RNA load in maternal serum and detection of neonatal IgM antibodies were not readily available. The authors state that their evaluation and understanding of vertical transmission of SARS-CoV-2 has evolved over time, and they agree that the use of these adjunct tests is valuable to generate evidence suggestive of vertical transmission.	The authors respond to comments on their initial report regarding SARS-CoV-2 in placenta and fetal membranes, and conclude that new technologies, such as detection of neonatal IgM antibodies, could help provide additional evidence about the possibility of vertical transmission.	Penfield CA, Lighter J, Roman AS. Intrauterine vertical transmissibility of SARS-CoV-2: The evidence is evolving. Am J Obstet Gynecol MFM. 2020 Sep 11:100227. doi: 10.1016/j.ajogmf.2020.100227.
Adolescents, children, confinement, health-related behaviors, lifestyle habits, Spain	11-Sep-20	Health-Related Behaviors Among School-Aged Children and Adolescents During the Spanish Covid-19 Confinement	Frontiers in Pediatrics	Original Article	This study aimed to investigate the impact that the COVID-19 confinement has on health-related behaviors among children and adolescents in Spain. An online survey was administered to 516 parents to collect data about 860 children and adolescents (49.2% girls) aged 3 - 16 years about physical activity, screen exposure, sleep time, and fruit and vegetable consumption during the confinement. Significant differences were found for a reduction of weekly minutes of physical activity during the confinement (-102.5 min, SD=159.6, p<0.001), an increase of daily hours of screen exposure (2.9 hrs, SD=2.1, p<0.001), and a reduction of daily fruit and vegetable consumption (-0.2, SD=1.6, p<0.001). Sleep time showed a significant difference between strict and relaxed confinement (p<0.05). There were significantly lower odds for screen exposure with relaxed confinement (OR=0.60, 95%CI: 0.40-0.91). The present study suggests that	This online survey investigated health-related behaviors among children and adolescents aged 3-16 years in Spain, finding reduced physical activity levels, increased screen exposure and sleep time, and reduced fruit and vegetable consumption during COVID-19 confinement.	López-Bueno R, López-Sánchez GF, Casajús JA, Calatayud J, et al. Health-Related Behaviors Among School-Aged Children and Adolescents During the Spanish Covid-19 Confinement. Front Pediatr. 2020 Sep 11;8:573. doi: 10.3389/fped.2020.00573.

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					COVID-19 confinement reduced physical activity levels, increased both screen exposure and sleep time, and reduced fruit and vegetable consumption which may have implications for worsened health among this sample.		
MIS-C, PIMS-TS, acute rheumatic fever, toxic shock syndrome, TSS	11-Sep-20	Pediatric Inflammatory Multisystem Syndrome Temporally Related With SARS-CoV-2: Immunological Similarities With Acute Rheumatic Fever and Toxic Shock Syndrome	Frontiers in Pediatrics	Review Article	While children experience relatively mild COVID-19 symptoms, clusters of children have developed systemic inflammatory disorders known as PIMS-TS or MIS-C, a rare post-COVID-19 complication. The signs and symptoms overlap with those of Kawasaki Disease, toxic shock syndrome (TSS), and acute rheumatic fever (ARF) include fever, abdominal pain, and cardiac involvement. The authors describe clinical and immunological characteristics shared by PIMS-TS, TSS, and ARF. They provide a figure summarizing the overlaps among the three syndromes. PIMS-TS and ARF share a delay between the first infection and subsequent systemic disease development, suggesting the role of causative agents in triggering the immune response. The authors hypothesize that children's SARS-CoV-2 exposure can prime the immune system in genetically predisposed children. PIMS-TS and TSS share a sudden, strong immunological storm induced by a super-antigen. SARS-CoV-2 may present super-antigenic fragments that could bind to T-cell receptors, thus inducing a hyper-inflammatory response similar to that in TSS. The authors discuss genetic predisposition, and especially the role of human leukocyte antigen (HLA) types in COVID-19 susceptibility. IV immunoglobulins and steroids help control inflammation in both PIMS-TS and TSS. Better characterization of PIMS-TS based on similarities with already established pediatric syndromes will help direct future research.	PIMS-TS shares certain clinical and immunological characteristics with acute rheumatic fever and toxic shock syndrome. Understanding similarities with already established pediatric syndromes can help direct future research on this rare post-COVID-19 complication in children.	Buonsenso D, Riitano F, Valentini P. Pediatric Inflammatory Multisystem Syndrome Temporally Related With SARS-CoV-2: Immunological Similarities With Acute Rheumatic Fever and Toxic Shock Syndrome. <i>Front Pediatr</i> . 2020 Sep 11;8:574. doi: 10.3389/fped.2020.00574. PMID: 33042918; PMCID: PMC7516715.
Emergency department, inflammatory syndrome, Kawasaki disease, pediatrics	11-Sep-20	Multisystem inflammatory syndrome associated with COVID-19 from the pediatric emergency physician's point of view	Jornal de Pediatria	Review	This review draws attention to MIS-C by suggesting early treatment strategies and proposing a pediatric emergency care flowchart. The PubMed/MEDLINE/WHO COVID-19 databases were reviewed for original and review articles, systematic reviews, meta-analyses, case series, and recommendations published through July 3, 2020. COVID-19 infection is less severe in children than in adults but can present as MIS-C, even in patients without comorbidities. Exacerbated inflammatory response with potential systemic injury may present with aspects similar to those of Kawasaki disease, toxic shock syndrome, and macrophage activation syndrome. MIS-C can develop weeks after COVID-19 infection, suggesting an immune-mediated cause. The most frequent clinical manifestations include fever, gastrointestinal symptoms, rash, mucous membrane changes, and cardiac dysfunction. Elevated inflammatory markers, lymphopenia, and coagulopathy are common laboratory findings. Pulmonary involvement in MIS-C is generally mild or non-	This review summarizes clinical presentations, laboratory and imaging tests, laboratory and imaging tests, and treatment in terms of MIS-C, suggesting that supportive treatment and early immunomodulation can control the intense inflammatory response and reduce complications and mortality.	Simon Junior H, Sakano TMS, Rodrigues RM, et al. Multisystem inflammatory syndrome associated with COVID-19 from the pediatric emergency physician's point of view. <i>J Pediatr (Rio J)</i> . 2020 Sep 11. doi: 10.1016/j.jpmed.2020.08.004. Epub ahead of print.

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					existent. Supportive treatment and early immunomodulation can control the intense inflammatory response and reduce complications and mortality. Because MIS-C is potentially fatal, the emergency department pediatrician must recognize and treat it early using immunomodulatory strategies to reduce systemic injury.		
Pediatric, hematology, oncology, chemotherapy, transplant	11-Sep-20	COVID-19 - Impact on Childhood Haematology Patients	HemaSphere	Editorial	The authors of this article discuss the various ways that pediatric hematology patients have been impacted by the COVID-19 pandemic. To date, data on the clinical manifestations of SARS-CoV-2 infections in pediatric haemato-oncology and hematology patients are scarce and anecdotal. Existing reports suggest that children with hematological disease, including children receiving anti-cancer chemotherapy and children with inborn errors of the immune-system, may have a mild or asymptomatic course of COVID-19; however, children with comorbidities, including immune suppression and malignancy, can have severe disease. Currently, too few hematology patients have so far been affected to assess the definitive risk of SARS-CoV-2 infection on this patient population. At the same time, an important and widely discussed potential risk for cancer patients is delayed diagnosis and treatment during this SARS-CoV-2 pandemic. Finally, for several reasons, pediatric hematology research has come to a standstill during the pandemic. They recommend that all stakeholders in the field of pediatric hematology work together to support ongoing research and high-quality care for children at this time.	The authors of this article discuss the various ways that pediatric hematology patients have been impacted by the COVID-19 pandemic. They recommend that all stakeholders in the field of pediatric hematology work together to support ongoing research and high-quality care for children at this time.	Wolfs TFW, Attarbaschi A, Balduzzi A, Bernardo ME, Bomken S, Borkhardt A, Bourquin JP, Dufour C, Gennery A, Grainger J, Hasle H, Hrusak O, Izraeli S, Mechinaud F, Trka J, Vormoor J. COVID-19 - Impact on Childhood Haematology Patients. Hemasphere. 2020 Sep 11;4(5):e465. doi: 10.1097/H59.0000000000000465. PMID: 32984769; PMCID: PMC7489725.
Childbirth education, virtual perinatal education, family support, USA	11-Sep-20	Connecting with Families through Virtual Perinatal Education during the COVID-19 Pand	The American Journal of Maternal/Child Nursing	Article	Childbirth education helps to empower families to prepare for parenthood and participate in informed decision-making. Virtual perinatal education is a valuable alternative for providing evidence-based guidance and support when in-person sessions are not possible, particularly within the context of early discharge and rapidly changing guidelines due to the COVID-19 pandemic. To continue to provide evidence-based support and guidance to expectant families, the Center for Perinatal Education and Lactation at NYU Langone Hospitals (USA) abruptly transitioned their childbirth education program to a virtual format in March of 2020. This report focuses on the process, challenges, and successes of making these adaptations. Many classes were recorded to be completed at the family's own pace. Support groups were transitioned to Zoom. Question-and-answer live discussion webinars titled "Ask the Educator" were a valuable tool in connecting with families and reducing anxiety and fear. Participant volume rose since the transition to virtual learning by 6.4%. A significant proportion of attendees joined sessions from outside of the city and even from out of state, indicating that	This report details the challenges and successes of a New York City (USA) hospital in adapting a childbirth education program and implementing a virtual format in the context of the COVID-19 crisis.	Pasadino F, DeMarco K, Lampert E. Connecting with Families through Virtual Perinatal Education during the COVID-19 Pand. MCN Am J Matern Child Nurs. 2020 Sep 11. doi: 10.1097/NMC.0000000000000665. Epub ahead of print. PMID: 32956169.

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					virtual education is a promising strategy that health care systems should explore.		
Acute lymphoblastic leukemia, chemotherapy, pediatric hematology, outcomes, minimal residual disease, neutropenia, ferritin	11-Sep-20	SARS-CoV-2 Infection During Chemotherapy in a Child with High-risk T-Cell Acute Lymphoblastic Leukemia (T-ALL) [Free Access to Abstract Only]	Journal of Pediatric Hematology Oncology	Case Report	The authors present a case report of a 4-year-old boy with high-risk T-cell acute lymphoblastic leukemia (T-ALL) and COVID-19 hospitalized at University Children's Hospital in Zurich, Switzerland, during the worldwide COVID-19 pandemic. The authors review his symptoms, diagnosis, treatment, and outcomes from January to May 2020. The patient, with known minimal residual disease (MRD), was admitted with fever and neutropenia. He tested positive for SARS-CoV-2 and rhinovirus with mild elevation of some inflammatory markers and marked elevation of ferritin. Also, his blood and bone marrow were negative for SARS-CoV-2. During his hospitalization, he developed typical symptoms of COVID-19, including cough, fever, runny nose, and taste disorders. Furthermore, he developed hypoxia on Day 4 with typical chest CT findings of COVID-19 requiring oxygen for one week. Of note, SARS-CoV-2 seroconversion with IgG antibodies occurred on Day 18, and his neutrophil count improved on Day 19. Also, his nasopharyngeal SARS-Cov-2 RT-PCR and IgG antibodies remained positive until Day 59.	This case report of a 4-year-old boy with high risk T-cell ALL and COVID-19 showed that despite prolonged myelosuppression, the patient developed typical symptoms and clinical signs, did not acquire secondary infections, and his minimal residual disease was slightly better after COVID-19 infection. The authors suggest that experimental treatments against SARS-CoV-2 may not be needed in this population.	Dantonello, Tobias M. MD*; Kartal-Kaess, Mutlu MD*; Aebi, Christoph MD, PhD†, et. al. SARS-CoV-2 Infection During Induction Chemotherapy in a Child With High-risk T-Cell Acute Lymphoblastic Leukemia (T-ALL). Journal of Pediatric Hematology/Oncology. September 2020. doi:10.1097/MPH.0000000000001943
COVID-19 antibody, neonate, China	11-Sep-20	A newborn with normal IgM and elevated IgG antibodies born to an asymptomatic infection mother with COVID-19	Aging (Albany NY)	Letter to the Editor	In this letter, the authors report a female neonatal case with normal IgM and elevated IgG antibodies born to an asymptomatic 30-year-old mother with COVID-19 who went to Wuhan Central Hospital in China on March 6, 2020 for treatment due to excessive amniotic fluid and umbilical cord around the neck of the fetus. The mother was at 39-week gestation and at the time of the hospital visit, had no typical COVID-19 symptoms, and no history of exposure. However, positive nucleic acid test of pharyngeal swab, positive serum IgM and IgG antibody (colloidal gold method) results and low lymphocyte count (0.82×10 ⁹ /L, normal: 1.1-3.2×10 ⁹ /L) suggested that she was asymptomatic for SARS-CoV-2 infection. She was hospitalized for suspected viral pneumonia and underwent an emergency c-section, during which she wore an N95 mask without coughing or producing sputum. The neonate was transferred to Wuhan Children's Hospital 3 hours after birth, was found to have elevated blood cell counts, high calcitonin and creatine kinase levels, liver dysfunction and lung lesions, and was provided treatment. 3 days later, serum COVID-19 IgM and IgG antibodies of the neonate were found to be normal and positive respectively, while the pharyngeal swab nucleic acid test was negative. When re-tested on March 17, 2020, laboratory tests and chest radiographs were normal, and pharyngeal swab nucleic acid test for COVID-19 and serum IgM results were negative. The neonate was discharged from the hospital 12 days after birth. About 100 days following the birth,	This letter reports a neonatal case with normal IgM and elevated IgG antibodies born to an asymptomatic mother with COVID-19 on March 6, 2020 in China. About 100 days following birth, neonatal IgG levels reduced to negative, indicating placental IgG transfer from the mother to the fetus or weak production of IgG antibody in the neonate in the recovery phase for COVID-19 due to underdeveloped immune system.	Gao W, Deng Z, Zeng L. A newborn with normal IgM and elevated IgG antibodies born to an asymptomatic infection mother with COVID-19. Aging (Albany NY). 2020;12(17):16672-16674. doi: 10.18632/aging.103346

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					maternal serum COVID-19 IgM and IgG antibodies were found to be negative and positive respectively, while the neonate IgG antibody decreased rapidly to negative. This suggests that there may have been placental IgG transfer from the mother to the fetus and the level in the neonate decreased over time due to lack of production, or the neonate may be in the recovery phase for COVID-19 and the level of antibody reduced rapidly due to the underdeveloped immune system.		
Pregnancy, lung ultrasound	11-Sep-20	Utility of lung ultrasound assessment for probable SARS-CoV-2 infection during pregnancy and universal screening of asymptomatic individuals	Obstetrics & Gynecology	Letter to the Editor	Pregnant women with SARS-CoV-2 infection have increased rates of preterm delivery and C-section; however false-positive and false-negative rates of RT-PCR testing can lead to many cases going undetected. Imaging modalities may help manage cases where testing results and clinical presentation are conflicting. This retrospective cohort study conducted in two large hospitals in Turkey evaluated the lung ultrasounds of asymptomatic pregnant women admitted for delivery and symptomatic pregnant women evaluated for probable SARS-CoV-2 infection between May-June 2020. Out of the 601 women included, 82 (13.6%) tested positive for SARS-CoV-2 infections via RT-PCR. The addition of lung ultrasound scoring to the baseline model consisting symptoms, exposure queries, and BMI significantly improved the prediction of RT-PCR positivity (log-likelihood: -18.1, df:3, p<.001). The additive value of lung ultrasound was weaker for asymptomatic cases (log-likelihood: -4.523; p=.028) compared to symptomatic cases (log-likelihood: -14.8, P <.001). The positive predictive value improved from 77.1% (95% CI: 67.0-84.8%) to 93.7% (95% CI: 83.7-97.8%) and negative predictive value improved from 77.4% (95% CI: 62.6-87.5%) to 80.6% (95% CI: 66.0-89.9%) with the addition of lung ultrasound in symptomatic women. Lung ultrasounds would diagnose 24.0 (IQR: 18.0-30.0) additional SARS-CoV-2 infections per 100 symptomatic women compared to exposure query alone.	This retrospective cohort study conducted in Turkey evaluated the lung ultrasounds of asymptomatic pregnant women admitted for delivery and symptomatic pregnant women evaluated for probable SARS-CoV-2 infection. Results indicate that lung ultrasound scoring could facilitate the early diagnosis of symptomatic women, especially when RT-PCR results conflict with clinical presentation.	Kalafat E, Yassa M, Koc A, Tug N, et al. Utility of lung ultrasound assessment for probable SARS-CoV-2 infection during pregnancy and universal screening of asymptomatic individuals. <i>Ultrasound Obstet Gynecol.</i> 2020. doi: 10.1002/uog.23099
Bromhexine hydrochloride tablets, children, meta-analysis, protocol	11-Sep-20	Evaluating the efficacy and safety of bromhexine hydrochloride tablets in treating pediatric COVID-19: A protocol for meta-analysis and systematic review	Medicine	Study Protocol	Clinical trials have studied bromhexine for the treatment of COVID-19 infection, mainly due to the drug's function as an inhibitor of transmembrane protease, serine 2 (TMPRSS2). The authors of this article performed a systematic review to evaluate the efficacy and safety of bromhexine hydrochloride in the treatment of COVID-19 in children. This report communicates the design and methods of their study. The authors searched electronic databases and included all randomized controlled trials through August 2020, with otherwise healthy participants between 2 and 18 years of age, who had confirmed or suspected COVID-19 infection. The experimental intervention was bromhexine hydrochloride in addition to standard treatment, while the control intervention was standard treatment alone.	The authors performed a systematic review to evaluate the efficacy and safety of bromhexine hydrochloride in the treatment of COVID-19 in children. This report communicates the design and methods of their study.	Wang Y, Zhang Y, Chen X, Xue K, Zhang T, Ren X. Evaluating the efficacy and safety of bromhexine hydrochloride tablets in treating pediatric COVID-19: A protocol for meta-analysis and systematic review. <i>Medicine (Baltimore).</i> 2020;99(37):e22114. doi:10.1097/MD.00000000000022114

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					This article further discusses the authors' search methods, data analysis, and statistical methods.		
Pituitary apoplexy, pregnancy	11-Sep-20	Pituitary apoplexy associated with acute COVID-19 infection and pregnancy [Only abstract available for free]	Pituitary (2020)	Case Report	The authors report the case of a pregnant woman presenting with pituitary apoplexy and simultaneous SARS-CoV-2 infection and focused on management decisions. A 28-year-old G5P1 38w1d female presented with 4 days of blurry vision, a dilated left pupil, and headache. She tested positive for SARS-CoV-2 via routine nasal swab testing. Endocrine testing demonstrated an elevated serum prolactin level, and central hypothyroidism. MRI showed a cystic-solid lesion with a fluid level in the pituitary fossa and expansion of the sella, consistent with pituitary apoplexy. Her visual symptoms improved with corticosteroid administration. Her surgery was delayed to two weeks after her initial COVID-19 infection and to allow for safe delivery of the child. A vaginal delivery under epidural anesthetic occurred at 39 weeks. Two days later, transsphenoidal resection of the mass was performed under strict COVID-19 precautions including use of Powered Air Purifying Respirators and limited personnel given high risk of infection during endonasal procedures. Pathology demonstrated a liquefied hemorrhagic mass suggestive of pituitary apoplexy. She made a full recovery and was discharged home 2 days after surgery. Further reporting may help determine if there is a causal relationship between pituitary apoplexy and acute SARS-CoV-2.	The authors discuss the first known case of successful elective induction of vaginal delivery and transsphenoidal intervention in a near full-term gravid patient presenting with pituitary apoplexy and acute SARS-CoV-2. Further reports may help determine if there is a causal relationship.	Chan JL, Gregory KD, Smithson SS, Naqvi M, Mamelak AN. Pituitary apoplexy associated with acute COVID-19 infection and pregnancy [published online ahead of print, 2020 Sep 11]. Pituitary. 2020;10.1007/s11102-020-01080-w. doi:10.1007/s11102-020-01080-w
MIS-C, International Kawasaki Disease Registry, IVIG, children, steroids, anticoagulation, shock	11-Sep-20	Management of Multisystem Inflammatory Syndrome in Children Associated with COVID-19: A Survey from the International Kawasaki Disease Registry	The Canadian Journal of Cardiology Open	Original Article	The authors surveyed members of the International Kawasaki Disease Registry (IKDR) across 38 institutions and 11 countries to assess management approaches during MIS-C hospitalizations since April 2020. Current members of the IKDR include pediatric cardiologists from 65 participating hospitals, primarily from Canada and the United States. The online survey's overall response rate was 58%, and the most frequently reported specialties treating inpatient and outpatient MIS-C included cardiology, infectious disease, and rheumatology. Among the survey respondents, 56% reported using immuno-modulatory treatment for all MIS-C patients, regardless of presentation. Also, every respondent reported the use of intravenous immunoglobulin (IVIG), with 53% administering IVIG in all patients. Steroids were most often used for patients with severe clinical presentation or lack of response to IVIG, and only a minority used steroids in all patients (14%). Furthermore, respondents frequently used anti-platelet therapy and prophylactic anticoagulation, reserving therapeutic anticoagulation for patients with giant coronary artery aneurysms or severe clinical presentations.	This study showed that the treatment of patients with MIS-C often includes management of shock, the use of immunomodulatory therapies, and thromboprophylaxis agents. However, there is a wide variation in management approaches and suboptimal evidence to assess the efficacy and superiority of the different treatment algorithms. Therefore, the authors propose best practices for the management of MIS-C based on the IKDR survey and review of the literature.	Elias MD, McCrindle BW, Larios G, et al. Management of Multisystem Inflammatory Syndrome in Children Associated with COVID-19: A Survey from the International Kawasaki Disease Registry [published online, 2020 Sep 11]. CJC Open. 2020;doi:10.1016/j.cjco.2020.09.004

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Newborn, breastfeeding, cesarean delivery, Spain	11-Sep-20	Maternal, Perinatal and Neonatal Outcomes With COVID-19: A Multicenter Study of 242 Pregnancies and Their 248 Infant Newborns During Their First Month of Life [Free Access to Abstract Only]	The Pediatric Infectious Disease Journal	Original Article	The authors describe the clinical features of mothers with COVID-19 infection during pregnancy or delivery and potential vertical transmission. The multicenter descriptive study involved 16 hospitals in Spain, and the authors reviewed the medical records of 242 pregnant women diagnosed with COVID-19 via RT-PCR from March 13-May 31, 2020, when they were in their third trimester of pregnancy. Mothers and their 248 newborn infants were monitored until the infant was 1 month old. C-sections were performed on 26% of women. The most frequently presented symptoms during pregnancy or labor were coughing (33%) and fever (29.7%). Mothers hospitalized due to COVID-19 pathology (compared to those hospitalized for other reasons such as labor or pregnancy complications) had a higher risk of ending their pregnancy via C-section (P = 0.027). Newborns whose mothers had been admitted due to their COVID-19 infection had a higher risk of premature delivery (P = 0.006). No infants died and no vertical transmission or transmission to infant within the first month of life was detected. Exclusive breastfeeding rates were 41.7% among newborns at discharge and 40.4% among at 1 month of age	The authors conducted a multicenter descriptive study of 242 women diagnosed with COVID-19 during gestation or delivery in Spain. Women hospitalized with COVID-19 were more likely to deliver via C-section and had a higher risk of premature delivery compared to COVID-19 positive pregnant women who were hospitalized for other reasons. Exclusive breastfeeding rates were 41.7% among newborns at discharge.	Marín Gabriel MA, Reyne Vergeli M, Caserío Carbonero S, et al. Maternal, Perinatal and Neonatal Outcomes With COVID-19: A Multicenter Study of 242 Pregnancies and Their 248 Infant Newborns During Their First Month of Life. <i>Pediatr Infect Dis J</i> . 2020. doi:10.1097/INF.0000000000002902
Children, abnormalities	11-Sep-20	Laboratory abnormalities in children with novel Coronavirus Disease 2019	Clinical Medicine Insights: Pediatrics	Research Article	The COVID-19 pandemic has continued to devastate lives globally, however little is known about the biological features of this emergent infection in children. The authors of this prospective study collected data about 68 children infected with SARS-CoV-2 from March - May 2020 in Marrakesh, Morocco. No severe cases were observed in this cohort, and 66% of the patients were asymptomatic. They found leucopenia in 4.4% of the cases, hyperleukocytosis in 1.6%, neutropenia in 7%, and lymphopenia in 3%. Pro-calcitonin and D-Dimer serum levels were normal in all cases and 1 patient had a slightly elevated C-reactive protein. COVID-19 in children seems to have a mild course and better outcomes than in adults, impacting the laboratory findings. The authors describe how this could be related to specificities of the pediatric immune system such as higher levels of antibodies against the virus than adults. Additionally, the ACE2, a cell receptor for SARS-CoV-2, may be less mature and functional in children.	The authors of this study look at the laboratory abnormalities in children with COVID-19 and explain why SARS-CoV-2 may have a milder course in children compared to adults. They recommend monitoring C-reactive protein, procalcitonin, and lactate dehydrogenase for signs of severe infection.	Bourkhissi L, Fakiri K, Nassih H et al. Laboratory abnormalities in children with novel Coronavirus Disease 2019. <i>Clinical Medicine Insights: Pediatrics</i> . 2020;14:117955652095517. doi:10.1177/1179556520955177
Peripheral facial palsy, pediatric, incidence, treatment, outcome, MRI, steroids	11-Sep-20	Increased Childhood Peripheral Facial Palsy in the Emergency Department During Covid-19 Pandemic.	Pediatric Emergency Care	Letter to Editor	The authors present a case series of unilateral peripheral facial palsy in six pediatric patients seen in Gaslini Children's Hospital Emergency Department in Italy between March 23 and April 26, 2020 at the beginning of the COVID-19 pandemic. The children, ages 3 months to 14 years of age, were previously healthy and had no family exposure to SARS-CoV-2. At presentation, unilateral peripheral facial nerve palsy and contrast enhancement of the nerve on brain magnetic resonance imaging were detected	This case series shows an unusually high rate of unilateral peripheral facial palsies seen in pediatric patients at one institution in Italy over a 34-day period at the start of the COVID-19 pandemic. They	Brisca, Giacomo MD, PhD; Garbarino, Francesca MD; Carta, Sabina MD, et al. Increased Childhood Peripheral Facial Palsy in the Emergency Department During COVID-19 Pandemic, <i>Pediatric Emergency Care</i> : September 11, 2020 - Volume

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					in all cases. White blood cell count, CRP and various viral serologies were negative. Four of the patients had testing for SARS-CoV-2 via RT-PCR and were negative. All children were treated with steroids. Reassessment via a pediatric neurologist showed resolution in all by 40 days. The authors share another case of one maternal/neonatal SARS-CoV-19 positive pair seen in the same time frame in their institution. The mother, infected at the time of delivery, developed a peripheral facial nerve palsy during hospitalization.	suggest that this may be another neuro-invasive complication of the coronavirus family mediated by pro-inflammatory cytokines rather than direct viral neutrophism.	Publish Ahead of Print - Issue - doi: 10.1097/PEC.0000000000002231
Children, childcare facilities, outbreaks, transmission, Utah, USA	11-Sep-20	Transmission Dynamics of COVID-19 Outbreaks Associated with Child Care Facilities — Salt Lake City, Utah, April–July 2020	Morbidity and Mortality Weekly Report (MMWR)	Report	The authors report their study's findings on the attack rates and transmission patterns of COVID-19 in childcare facilities. They retrospectively collected and reviewed contact tracing data from three COVID-19 outbreaks in childcare facilities in Salt Lake County, Utah, USA, from April 1 to July 10, 2020. Their results showed that 184 persons, including 110 (60%) children (median age = 7 years; range = 0.2–16 years), had a known epidemiologic link to one of the three facilities. 31 confirmed COVID-19 cases were identified, of which 18 (58%) cases occurred in adults and 13 (42%) in children. Also, among the 101 facility staff members and attendees, 22 (22%) confirmed COVID-19 cases (10 adult and 12 pediatric) were identified. Of the 12 facility-associated pediatric patients with confirmed COVID-19, 9 had mild symptoms, and 3 were asymptomatic. Of note, transmission was documented from the 12 children who acquired COVID-19 in childcare facilities to at least 12 (26%) of 46 non-facility contacts (confirmed or probable cases), and one parent was hospitalized. Furthermore, transmission was observed from 2 of the 3 children with confirmed, asymptomatic COVID-19.	This study showed that SARS-CoV-2 infections among young children acquired in childcare settings were transmitted to their household members. The authors suggest that testing contacts of laboratory-confirmed COVID-19 cases in childcare settings, including asymptomatic children, could improve control of transmission from childcare attendees to family members.	Lopez AS, Hill M, Antezano J, et al. Transmission Dynamics of COVID-19 Outbreaks Associated with Child Care Facilities — Salt Lake City, Utah, April–July 2020. MMWR Morbidity and Mortality Weekly Report. 2020;69(37). doi:10.15585/mmwr.mm6937e3
children, cancer, reinfection, pediatric, prolonged infection, neuroblastoma, t-cell acute lymphoblastic leukemia	10-Sep-20	COVID-19 reinfection in two children with cancer	Pediatric Hematology and Oncology	Letter to the Editor	The authors report 2 children who were re-infected with SARS-CoV-2 and developed IgG antibodies against it. Patient 1 (male, 14 years old) has T-cell acute lymphoblastic leukemia and was in remission after treatment. In week 3 of the consolidation phase, he tested positive for SARS-CoV-2 (PCR/nasopharyngeal swab). He was asymptomatic and tested negative after home isolation for 2 weeks. 71 days after this initial infection he again tested positive via PCR. He was again asymptomatic, but still tested positive even after 2 weeks of isolation. He tested negative after hydroxychloroquine treatment, and tested positive for IgG against SARS-CoV-2. Patient 2 (male, 3 years old) has stage 4 neuroblastoma. Two weeks after surgical resection he tested positive for SARS-CoV-2 via PCR, was asymptomatic, and isolated at home for 3 weeks, after which he tested negative. The patient tested positive again 43 days after initial infection. Again, the patient was asymptomatic, and after 2 weeks of home isolation tested negative and showed anti-S1 and anti-S2 IgG antibodies.	This letter outlines 2 cases of pediatric cancer patients who suffered apparent re-infection from SARS-CoV-2. Both patients were asymptomatic and made full recoveries, and both tested positive for anti-SARS-CoV-2 IgG antibodies. The authors point out that more data is needed to fully understand the re-infection phenomenon.	Yadav SP, Wadhwa T, Thakkar D, et al. COVID-19 reinfection in two children with cancer. Pediatric Hematology and Oncology. 2021:1-4. doi:10.1080/08880018.2020.1855276

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					Because the viruses could not be genotyped, the authors cannot be sure if these are true re-infection cases or prolonged infections. In all, the authors assert that more data is needed to confirm the re-infection phenomenon of SARS-CoV-2.		
Children, pediatrics, cardiology, pericardiocentesis	10-Sep-20	Pediatric COVID-19 and Pericarditis Presenting With Acute Pericardial Tamponade	World Journal for Pediatric and Congenital Heart Surgery	Case Report	The authors describe a 7-year-old female who presented with acute pericarditis and pericardial tamponade in the USA, who ultimately tested positive for SARS-CoV-2. The patient presented with a 3-day history of cough, chest pain, and orthopnea. Vitals were normal except tachycardia (145 beats per minute). A chest X-ray showed an enlarged cardiac silhouette with bilateral small pleural effusions and electrocardiogram showed sinus tachycardia, T-wave inversions, and low voltage QRS with electrical alternans. An echocardiogram showed a large circumferential pericardial effusion with right atrial and right ventricular wall collapse, suggestive of tamponade. The patient was emergently transferred to the pediatric cardiac ICU, where she underwent emergent intubation and pericardiocentesis with pericardial drain placement. The fluid was consistent with a transudate without evidence of malignancy. Initial SARS-CoV-2 PCR was negative as was a repeat test on day 3. Given continued pericardial drainage, the team proceeded with surgical pericardial exploration with decortication, pericardial biopsy, and pericardiectomy. A third nasopharyngeal SARS-CoV-2 PCR test was sent after the aerosolizing procedure and returned positive. Tissue samples noted a sub-acute histologic appearance of a neutrophil-rich fibrinous pericarditis. Pericardial fluid was negative for SARS-CoV-2 PCR. A fourth SARS-CoV-2 PCR was re-sent and was again positive. The patient improved following the surgical pericardiectomy and was discharged 3 days after the procedure.	The authors present a case of a 7-year-old female who presented with acute pericarditis and pericardial tamponade. Initial SARS-CoV-2 testing was negative, but positive on repeat testing. She was managed with surgical pericardiectomy with improvement.	Raymond TT, Das A, Manzuri S, Ehrett S, Guleserian K, Brenes J. Pediatric COVID-19 and Pericarditis Presenting With Acute Pericardial Tamponade. World J Pediatr Congenit Heart Surg. 2020 Nov;11(6):802-804. doi: 10.1177/2150135120949455.
Adolescent; COVID-19; Comorbidities; Critically unwell; Pediatric; SARS-CoV-2; cardiac disease	10-Sep-20	COVID-19 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection in children and adolescents: A systematic review of critically unwell children and the association with	European Journal of Pediatrics	Systematic Review	This systematic review identifies and describes which underlying comorbidities may be associated with severe COVID-19 and death among children <18 years old. A total of 1726 articles were identified; 28 studies were included, comprising 5686 children with confirmed SARS-CoV-2 infection [testing method criteria not specified]. The authors focused their analysis on 108 patients who suffered from severe/critical COVID-19 requiring ventilation, which included 17 deaths; a medical history was available for 48 patients. 36/48 patients (75%) had documented comorbidities, of which 11/48 (23%) had pre-existing cardiac disease. Of the 17 patients who died, past medical history was reported in 12 cases. Of those, 8/12 (75%) had comorbidities. Of patients who required mechanical ventilation or died and age was known, 13 were <1 year old and 25 were >1 year old [no mean age or ranges	This systematic review of studies including children <18 years old with confirmed SARS-CoV-2 infection found that the majority of children with severe COVID-19 requiring ventilation had underlying comorbidities, the most common of which was underlying cardiac disease.	Williams N, Radia T, Harman K, Agrawal P, Cook J, Gupta A. COVID-19 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection in children and adolescents: a systematic review of critically unwell children and the association with underlying comorbidities [published online, 2020 Sep 10]. Eur J Pediatr. 2020;1-9. doi:10.1007/s00431-020-03801-6

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		underlying comorbidities			reported; a table reports available age data for children who died]. 13/17 children who died had known ages; 2 of these 13 were <1 year old. The authors conclude that children with comorbidities, particularly pre-existing cardiac conditions, represent a large proportion of those with severe COVID-19. These data can help assess risk factors for children and families as social distancing measures begin to be relaxed.		
COVID-19; abortion; contraception; family planning; India	10-Sep-20	Family planning and abortion services in COVID 19 pandemic	Taiwanese Journal of Obstetrics and Gynecology	Review	The authors discuss the importance of continuing family planning and abortion services in India during the COVID-19 pandemic. While many routine and elective services have been postponed or suspended by both government and private organizations due to the pandemic, family planning and abortion services should be continued, in order to prevent complications from unintended pregnancies and sudden rise in STIs. Consultations related to family planning should be done remotely unless a visit is absolutely necessary. Contraception initiation and continuation can be done by telemedicine in most cases. Post-partum contraception can be advised before discharge from the hospital. In individuals desiring pregnancy, the authors do not advise discontinuing contraceptives and planning for pregnancy, as little is known about the effect of the SARS-CoV-2 virus on fetal development. Also, pregnancy requires routine antenatal and peripartum care, and pregnancy complications could necessitate frequent hospital visits, exposing the individual to the risk of SARS-CoV-2 infection. Abortion services are time-sensitive and therefore should not be denied or delayed beyond legal limits.	The authors discuss the importance of continuing family planning and abortion services in India during the COVID-19 pandemic. Many routine family planning services could be changed from in-person visits to remote consultation by telemedicine. Continuing such care would help prevent serious adverse reproductive health outcomes, including a rise in unplanned pregnancies, sexually transmitted infections, and unsafe abortions.	Sharma KA, Zangmo R, Kumari A. Family planning and abortion services in COVID 19 pandemic. Taiwan J Obstet Gynecol. 2020;59(6):808-811. doi:10.1016/j.tjog.2020.09.005.
SARS-CoV-2, COVID-19, Pregnancy, Hypertension, Antihypertensive Treatment, Safety	10-Sep-20	Management of pregnancy-related hypertensive disorders in patients infected with SARS CoV-2: pharmacological and clinical issues	European Heart Journal: Cardiovascular Pharmacotherapy	Review	The purpose of the current review is to highlight the safety of drug treatment for SARS-CoV-2 infections in pregnant women treated with anti-hypertensive medications. The authors reviewed the relevant literature from the MEDLINE and the Cochrane Register of Controlled Trials databases and discuss the expected drug-drug interactions with the experimental agents most often used to treat SARS-CoV-2 infection, such as aspirin, anti-hypertensive medications, anticoagulants, and vitamins. The general advice for pregnant women is to avoid pharmacological treatments since the safety profile of drugs has rarely been systematically evaluated in this population. However, the authors suggest that decision-making processes in clinical practice need to be based on well-known similar prognostic models, considering that available data on SARS-CoV-2 in pregnant patients does not provide a clear conclusion regarding the clinical implications for mother and fetus. To date, the only safe treatments of benefit in SARS-CoV-2 in pregnant patients are pressurized air enriched with oxygen, intravenous hydration, nutritional support, and electrolyte balance. The authors	This review examines the safety of experimental drug treatments for SARS-CoV-2 infections in pregnant women treated with anti-hypertensives.	Fogacci S, Fogacci F, Favari E, et. al. Management of pregnancy-related hypertensive disorders in patients infected with SARS CoV-2: pharmacological and clinical issues [2020 Sep 10]. European Heart J Cardiovascular Pharmacotherapy. 2020;pvaa105. doi:10.1093/ehjcvp/pvaa105

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					concluded that despite the scarcity of available data, current recommendations for managing hypertension-related disorders in pregnancy remain valid since the risk of pharmacological interaction with currently tested SARS-CoV-2 medications is relatively low.		
Contraception, abortion, family planning, India	10-Sep-20	Family planning and abortion services in COVID-19 pandemic	Taiwanese Journal of Obstetrics and Gynecology	Review	This review explores family planning and abortion services during the COVID-19 pandemic and includes recommendations for providers based on patient needs, focusing on India. Appointments for new or continuing contraception can occur via telemedicine. Administration of DMPA, a progestin-only injection, or intra-uterine device (IUD) and etonogestrel implant insertion should be considered only if necessary, as minimizing physical contact should be prioritized. IUDs and implants can be safely left inserted past expiration unless severe side effects occur. Post-partum contraception should be supplied before discharge, which will reduce the need for further contact with healthcare providers. Remote assessment should be done for emergency contraception (EC) to ensure patients are seen as soon as possible after intercourse, and the copper IUD should continue being offered where possible due to benefits for both EC and further contraception. The authors advise against counseling patients to attempt pregnancy during the pandemic, as little is known on COVID-19's effect on early fetal development; however, pregnancy counseling services should continue virtually. Women seeking sterilization should use a temporary contraceptive method until the pandemic subsides, unless requested as part of post-partum care. For women seeking pregnancy termination, consultation may occur remotely, but the termination method should be determined and provided in-person.	This review discusses family planning and abortion services during the COVID-19 pandemic, focused on India. The authors include detailed recommendations for keeping clinicians and patients safe while meeting patient needs.	Sharma KA, Zangmo R, Kumari A, et al. Family planning and abortion services in COVID -19 pandemic. Taiwanese J Obstet Gynecol. 2020; doi: 10.1016/j.tjog.2020.09.005
Pregnancy, delays in care, fear, Taiwan	10-Sep-20	COVID-19 pandemic's effects on the quality of pregnant women's emergency treatment: review of two cases from a medical center in northern Taiwan	Taiwanese Journal of Obstetrics and Gynecology	Case report	This article reviews 2 cases of pregnant women who presented to a medical center in northern Taiwan [date not specified] and discusses the impact of the early COVID-19 pandemic on their care. In the first case of a 36-year-old woman at nine months gestation, an emergency outdoor COVID-19 risk status assessment was performed, and the patient was classified as high-risk for COVID-19 after returning to Taiwan from a high-risk region. Multiple challenges were then experienced by the patient, including obstetrician refusal to perform the necessary examination before confirming that the patient was not infected, inability to have a family member accompany her, lack of proper delivery room availability, and anxious nursing staff. Her throat culture was not able to be confirmed for two days which resulted in delays to her care. The second case was a 30-year-old woman at four months gestation who presented after a car accident and	The author reviews 2 cases of pregnant women who experienced delays in obstetric care during the COVID-19 pandemic in Taiwan as a result of healthcare provider fear and lack of rapid testing capabilities.	Chang WH. COVID-19 pandemic's effects on the quality of pregnant women's emergency treatment: review of two cases from a medical center in northern Taiwan. Taiwanese Journal of Obstetrics and Gynecology. 2020 Sep 10.

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					was determined to be high risk for COVID-19 given her occupation. The obstetrician required that COVID-19 testing be negative before conducting any fetal ultrasound examination, which also resulted in significant delays in care. The author concludes that healthcare professionals' fear and anxiety about the risk of COVID-19 and the lack of rapid testing capabilities affected the patients' overall safety and the quality of the emergency departments' operations.		
Vaccines, vaccine hesitancy, children, low- and middle- income countries (LMICs)	10-Sep-20	Vaccine hesitancy in low- and middle-income countries: potential implications for the COVID-19 response	Archives of Disease in Childhood	Editorial	The authors comment on the attitudes of people living in low and middle-income countries (LMICs) on vaccines and the implications for a COVID-19 vaccine, particularly for uptake of a COVID-19 vaccine among children. Currently, there are over 100 COVID-19 vaccines in phase 1, 2, and 3 trials. The authors suggest that though COVID-19 does not have severe manifestations in children, they are likely to be important populations to target for vaccination, as experts estimate that at least 60% population-level immunity will be required to interrupt transmission. Although vaccines are generally regarded as effective and safe in LMICs, expanding the target population to children and not just adults may give rise to vaccine hesitancy concerns around effectiveness, safety, perceived importance, and compatibility with religious beliefs. The authors stress the importance of parent confidence to ensure trust in COVID-19 vaccination efforts and the importance of adequate science communication and public engagement. The authors conclude by suggesting that communities and families should be incorporated into decision-making processes for COVID-19 vaccination.	The authors outline overall attitudes toward vaccination in low and middle-income countries and discuss the importance of parental confidence to ensure uptake of a COVID-19 vaccine in children.	Bhopal S, Nielsen M. Vaccine hesitancy in low- and middle-income countries: potential implications for the COVID-19 response. Arch Dis Child. 2020;archdischild-2020-318988. doi:10.1136/archdischild-2020-318988
Brain, cytokine storm, children, neurodevelopment	10-Sep-20	COVID-19: Neurological Considerations in Neonates and Children	Children	Review Article	This review seeks to discuss available data about COVID-19 infections in neonates and children, and to provide a perspective about potential neurologic involvement in neonates and children with COVID-19 infections, in view of neurobiological development. COVID-19-associated neurological manifestations in this age group have been relatively rare, yet reports involving neurologic dysfunction in this age range are increasing. This review details the neurological involvement in COVID-19, specifically in seizures and other CNS symptoms, demyelinating disorders, as well as the neurological signs and symptoms in MIS-C. The authors also provide the proposed SARS-CoV-2 neurologic mechanisms. They caution that SARS-CoV-2 might have neuro-invasive capabilities, and could carry long-term neuropsychiatric and medical consequences.	This review details the neurologic symptoms of COVID-19 that have been observed in children. The authors also provide a plausible SARS-CoV-2 neurologic mechanism and caution that the virus may have neuro-invasive capabilities.	Stafstrom CE, Jantzie LL. COVID-19: Neurological Considerations in Neonates and Children. Children (Basel). 2020; doi:10.3390/children7090133
Mental health, violence against children	10-Sep-20	Hidden scars: the impact of violence and the COVID-19	Child and Adolescent Psychiatry and Mental Health	Editorial	This article outlines how the risk of children experiencing violence has increased and how the pandemic has weakened the capacity of child protection and mental health services to respond. The author states that the arrival of the COVID-19 pandemic has	This article describes the impact of the COVID-19 pandemic on child mental health and urges for	Maalla M'jid N. Hidden scars: the impact of violence and the COVID-19 pandemic on children's mental health. Child Adolesc

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		pandemic on children's mental health			magnified the already-present challenge of providing quality, rights-based, culturally appropriate mental health care globally. The article argues for child protection, mental health and other core services to be prioritized during and after the pandemic in order to address the increasing prevalence of mental health concerns in children. The author stresses that failure to do so will undermine the international community's ability to achieve the Sustainable Development Goals by 2030 and to fulfill its obligations under the UN Convention on the Rights of the Child.	prioritization of child mental health care in order to fulfill obligations under the UN Convention on the Rights of the Child.	Psychiatry Ment Health. 2020; doi:10.1186/s13034-020-00340-8
Autonomy, feminism, reproductive medicine, right to healthcare, UK	10-Sep-20	Maternal request caesareans and COVID-19: the virus does not diminish the importance of choice in childbirth	Journal of Medical Ethics	Editorial	Some UK hospitals are implementing blanket restrictions on the provision of maternal request for C- sections (MRCS) in response to COVID-19. In this article, the authors argue that these bans are inappropriate and disproportionate. The authors assert that because childbirth is a physical process with both immediate and long-term impacts, pregnant patients should be entitled to determine their mode of delivery. MRCS is commonly sought due to previous birth trauma, underlying health conditions, past sexual assault, or general anxiety around childbirth, and providers should consider the mental health of those giving birth and potential impacts of restricting delivery options. The authors also point out that birth and recovery in the pandemic may pose a greater mental health risk due to restrictions on partner presence during birth, lack of face-to-face birth counseling, social distancing guidelines, and fear associated with SARS-CoV-2. The authors ultimately argue against claims justifying MRCS bans and advocate for the option of MRCS during the pandemic, despite any associated risks.	This editorial responds to UK hospital bans on maternal request caesareans (MRCS) during the COVID-19 pandemic, stating that restrictions on delivery options can have long-term consequences that outweigh any associated risks due to the pandemic.	Romanis EC, Nelson A. Maternal request caesareans and COVID-19: the virus does not diminish the importance of choice in childbirth. J Med Ethics. 2020; doi:10.1136/medethics-2020-106526
Pediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2, PIMS-TS, case series, MIS-C, UK	10-Sep-20	Pediatric Inflammatory Multisystem Syndrome Temporally Associated With SARS-CoV-2, (PIMS-TS): The Evelina Experience	Archives of Disease in Childhood	Editorial	The authors present a case series of 70 pediatric patients, ages 3 months to 16 years of age, who were admitted to Evelina London Children's Hospital, UK, beginning in mid-April 2020 during the COVID-19 pandemic. Most patients reported no preceding illness or mild symptoms consistent with COVID-19, 4–6 weeks before presentation. All of the patients presented with a history of fever, and most presented with gastro-intestinal symptoms. Of note, most patients were SARS-CoV-2 PCR-negative but positive for IgG antibodies against SARS-CoV-2. Key laboratory findings included high inflammatory markers and elevated troponin. The patients also had multisystem involvement, including cardiac, renal, hematologic, and neurologic. Furthermore, the majority of patients needed ICU support for cardiovascular instability requiring inotropic medications. Treatment also included methyl prednisone, IVIG, and biologics. This constellation of patients with clinical findings, similar to Kawasaki Disease (KD) and Toxic Shock (TS) (but not identical), triggered an alert from the National Health Service England (NHSE), and similar outbreaks were	In this pediatric case series, the authors present the clinical characteristics and management of patients with PIMS-TS to help others identify this emerging pediatric condition post-COVID-19 and differentiate it from previously known conditions of KD and TS. They also note that long-term follow-up is essential to understand the long-term implications and prognosis for these patients.	White M, Tiesman B, Handforth J, et al. Paediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 (PIMS-TS): the Evelina Experience. Archives of Disease in Childhood Published Online September 2020. doi: 10.1136/archdischild-2020-319554.

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					reported globally. Soon after, this condition was termed Pediatric Inflammatory Multisystem Syndrome Temporally Associated with SARS-CoV-2 (PIMS-TS).		
School, childcare facilities, reopenings, pediatrics, Germany	10-Sep-20	Transmission of SARS-CoV-2 in children aged 0 to 19 years in childcare facilities and schools after their reopening in May 2020, Baden-Württemberg, Germany	Eurosurveillance	Original Research	In this meta-analysis, the authors compiled and analyzed data from SARS-CoV-2 infected children (n=453, age range=0-19 years) who had been to reopened schools and childcare facilities in Baden-Württemberg, Germany, between 25 May-2 August 2020. School and childcare facility reopening occurred in a step-wise manner and were accompanied by COVID-19 prevention measures. Of the cases analyzed, 6 students were found to have infected 11 other pupils. 4 students were infected by teachers. 137 cases were present at school or childcare centers for at least part of their infectious period, and the authors estimate that 1 secondary case of infection occurred per 25 infectious school days. These data suggest that child-to-child transmission in schools and childcare facilities is uncommon and not the primary cause of pediatric SARS-CoV-2 infection; however, the authors note that some positive pediatric cases (n=104) had no school attendance information available, potentially impacting the study's estimates. The authors offer recommendations to childcare facilities and schools to minimize potential SARS-CoV-2 spread, such as open ventilation, face masks, and social distancing.	This meta-analysis found limited child-to-child SARS-CoV-2 transmission in schools and childcare facilities in Germany. The authors provide suggestions to minimize risk for school and childcare facility reopenings.	Ehrhardt J, Ekinci A, Krehl H, et al. Transmission of SARS-CoV-2 in children aged 0 to 19 years in childcare facilities and schools after their reopening in May 2020, Baden-Württemberg, Germany. Euro Surveill. 2020;25(36):pii=2001587. doi: 10.2807/1560-7917.ES.2020.25.36.2001587
India, neonatal, breastfeeding, transmission	10-Sep-20	Clinical profile, viral load, management and outcome of neonates born to COVID-19 positive mothers: a tertiary care center experience from India	European Journal of Pediatrics	Original Research	Through this study, the authors aimed to describe the clinic-demographic profile and viral load of neonates born to COVID-19 positive mothers in India from April 1 – July 10, 2020. Of the 65 tested neonates, 7 were confirmed COVID-19 positive via RT-PCR. However, they showed milder clinical manifestations despite the viral load being comparable to adults. 6 out of 7 neonates, all of whom were discharged, were asymptomatic. One required respiratory support which resolved after 48 hours. Maternal viral load was not found to be associated with the positivity status or severity of the illness of the neonate. Since neonatal samples were not taken > 12 hours after birth, neonatal infection could not be classified as acquired intrapartum. The authors identify the limitations arising from lack of formal and serial evaluation of neonatal bio samples. This may be needed for accurate diagnosis and classification of COVID-19 in neonates and may cause underestimation of vertical transmissions. In this cohort, maternal viral load did not appear to be associated with the positivity status or the severity of illness in neonates. This supports the milder clinical manifestations of COVID-19 in neonates, with a low risk of transmission from the COVID-19 positive mother via rooming-in and breastfeeding.	The authors observed that 7 of the 65 neonates born to COVID-19 positive mothers tested positive for COVID-19. This, in conjunction with the lowered maternal transmission despite breastfeeding and rooming-in, supports the milder clinical presentation of COVID-19 in neonates despite comparable viral loads.	Anand P, Yadav A, Debata P, et al. Clinical profile , viral load , management and outcome of neonates born to COVID 19 positive mothers : a tertiary care centre experience from India. Eur J Pediatr. 2020. doi:https://doi.org/10.1007/s00431-020-03800-7

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Adolescent, children, mental health, pediatric	10-Sep-20	How is COVID-19 pandemic impacting mental health of children and adolescents?	International Journal of Disaster Risk Reduction	Review	Some groups, like children, have more susceptibility to the long-term consequences of the COVID-19 pandemic on mental health. The authors made a comprehensive and non-systematic search in four databases (PubMed, Scopus, SciELO, and Google Scholars) to answer the questions: What are the effects of the pandemic on children's and adolescents' mental health? Which features are essential for mental health in a pandemic? A total of 51 articles were included and the authors focused on youth aged 6 to 21 years. High rates of anxiety, depression, and post-traumatic symptoms were identified among children and adolescents. Prevalence of anxiety and depression was observed to generally increase with age. Risk factors include exposure to domestic violence, pre-existing health conditions, increased screen time, separation from family due to developing COVID-19, high local rates of COVID-19, financial insecurity, and social isolation. Protective factors include family and community bonds, increased knowledge of COVID-19. Increasing access for children and families to mental health treatments that might mitigate the long-term effects on mental health disorders related is of utmost importance.	This review suggests that mental health is a critical concern in the context of the COVID-19 pandemic, and children and adolescents are considered especially vulnerable. The authors discuss risk factors and protective factors that affect mental health outcomes.	Marques de Miranda D, da Silva Athanasio B, Sena Oliveira AC, Simoes-E-Silva AC. How is COVID-19 pandemic impacting mental health of children and adolescents? Int J Disaster Risk Reduct. 2020 Dec;51:101845. doi: 10.1016/j.ijdrr.2020.101845. Epub 2020 Sep 10.
Vitamin D, 25OHD, nutrition, supplements	10-Sep-20	Vitamin D and Covid-19 Susceptibility and Severity: a Mendelian Randomization Study	medRxiv	Preprint (not peer-reviewed)	Increased vitamin D levels, as measured by 25-hydroxy vitamin D (25OHD) levels, have been proposed to protect against COVID-19. This two-sample Mendelian Randomization study assessed the effect of circulating 25OHD levels on COVID-19 susceptibility. The authors used determinants of serum 25OHD from a previously published 443,734-participant genome-wide association study (GWAS) of individuals with European ancestry to test the effect of increased 25OHD level on COVID-19 susceptibility and severity. Genetically increased 25OHD levels had no significant effect on susceptibility but tended to increase the odds ratio of hospitalization (p=0.003) and severe disease (p=0.09). These findings imply no protective role of increased 25OHD levels on COVID-19 outcomes and may suggest harm. The authors recommend against taking vitamin D supplements to protect against COVID-19 outcomes.	Genetically increased levels of 25OHD were not associated with a protective role against COVID-19 and significantly increased the odds ratio of hospitalization. The authors recommend against using vitamin D supplementation to protect against COVID-19 outcomes.	Butler-Laporte G, Nakanishi T, Mooser V, et al. Vitamin D and Covid-19 Susceptibility and Severity: a Mendelian Randomization Study. MedRxiv. 2020; doi: 10.1101/2020.09.08.20190975
Edinburgh Postnatal Depression Scale (EPDS), Japan, perceived risk, pregnant women	10-Sep-20	The COVID-19 pandemic and mental well-being of pregnant women in Japan: Need for Economic and Social Policy interventions	Disaster Medicine and Public Health Preparedness	Original Article	The authors conducted a survey of 1777 pregnant women in Japan to evaluate mental well-being during the COVID-19 pandemic. The Japanese version of the Edinburgh Postnatal Depression Scale (EPDS) was administered to measure anhedonia, anxiety, and depression. The point prevalence of pregnant women with an EPDS score of ≥ 13 , which indicates depressive illness, was 17% overall, and 20%, 17.9%, and 15.2% for the first (n=235), second (n=741), and third trimester (n=801), respectively. Pregnant women that experience greater perceived risk of financial difficulties (OR, 1.19; 95% CI, 1.10–1.28), COVID-	The authors conducted a survey of 1777 pregnant women in Japan and found a 17% prevalence of depression due to COVID-19 related fears, the consequences of social distancing, and economic uncertainty.	Matsushima M, Horiguchi H. The COVID-19 pandemic and mental well-being of pregnant women in Japan: Need for Economic and Social Policy interventions [published online ahead of print, 2020 Sep 10]. Disaster Med Public Health Prep. 2020;1-11. doi:10.1017/dmp.2020.334

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					19 infection (OR, 1.13; CI, 1.02–1.25), and not being able to receive informal childcare support (OR, 1.13; 95% CI, 1.03–1.23) are independently associated with an EPDS score of ≥ 13 . Perceived risk for COVID-19 infection increased the scores of anxiety and anhedonia. Perceived risk for financial difficulties and not receiving informal childcare support increased anxiety, anhedonia, and depression scores. The authors determined that COVID-19 related fears, the consequences of social distancing, and economic uncertainty increase the possibility of depression.		
Family-centered care, communication, telemedicine, parent mental health	10-Sep-20	Beyond the First Wave: Consequences of COVID-19 on High-Risk Infants and Families	American Journal of Perinatology	Short Communication	This article highlights COVID-19's effects on high-risk infant inpatient and outpatient care and parents' psychosocial distress. Neonatal-ICU visitor restrictions of one parent per infant could increase parental feelings of anxiety and responsibility for translating medical information to their partner and other family members. Strict visitation policies may result in decreased parent bedside presence, reduced engagement in clinical care, and compromised readiness for home. Decreased in-person services are likely to negatively affect children with a history of preterm birth due to rehabilitation therapy needs. Providing parents with pager access to providers effectively reduces visits to urgent care, which may expose infants and parents to SARS-CoV-2 infection. The authors recommend health care providers impose virtual family conferences with both parents and other team members to discuss daily updates and clinical decisions. The authors also provide resources for determining what face-to-face visits are essential for the long-term care of high-risk infants. To ease parents' psychosocial distress, the authors suggest providing increased access to physicians, referring parents to telehealth mental health services, and connecting parents to virtual peer support programs.	The authors examine the effects of COVID-19 on high-risk infants and their families and provide multiple resources and recommendations for family-centered care during the pandemic.	Lemmon ME, Chapman I, Malcolm W, et al. Beyond the First Wave: Consequences of COVID-19 on High-Risk Infants and Families. Am J Perinatol. 2020; doi:10.1055/s-0040-1715839
International, United States, United Kingdom, pediatric emergency department, admissions, severity, lockdown	10-Sep-20	COVID-19: Transatlantic Declines in Pediatric Emergency Admissions [Free Access to Abstract Only]	Pediatric Emergency Care	Original Article	The authors conducted a cross-sectional study to determine the impact of the COVID-19 pandemic on pediatric emergency department (PED) attendances and admissions as a proxy for severity of illness in the USA and UK. Data were extracted for children and adolescents younger than 16 years attending Royal Manchester Children's Hospital (RMCH, UK), and Yale New Haven Children's Hospital (YNHCH, USA). Percentage differences between weekly attendances in 2020 (January 1-May 20, 2020) compared with 2019 (January 1-May 20, 2019) were calculated. The likelihood of admission was assessed via calculation of odds ratios (OR), using March 23, 2020 when lockdown commenced in both locations as a cutoff. Attendance numbers for each PED decreased in 2020 compared with 2019 (RMCH, 29.2%; YNHCH, 24.8%). Odds of admission were significantly higher after lockdown than in 2019: RMCH (OR, 1.26; 95% CI 1.08-1.46) and	The authors conducted a cross-sectional study to determine the impact of the COVID-19 pandemic on pediatric ED (PED) attendances and admissions in the USA and UK. The results show a decrease in the total number of attendances to the PEDs during the 2020 pandemic, with an associated increase in the chance of admission after the onset of lockdown.	Isba R, Edge R, Auerbach M, et al. COVID-19: Transatlantic Declines in Pediatric Emergency Admissions [published online 2020 Sep 10]. Pediatr Emerg Care. 2020. doi:10.1097/PEC.000000000000260

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					YNHCH (OR, 1.60; 95% CI, 1.31-1.98). These data show a striking decrease in the number of attendances to the PEDs during the 2020 pandemic, with an associated increase in the chance of admission after the onset of lockdown. The authors suggest that these observations likely reflect both a genuine decrease in need (e.g., fewer viral infections) but also an increase in delayed and unmet need due to hesitancy, leading to being more unwell at the time of presentation.		
COVID-19; pediatric; heart	9-Sep-20	COVID-19 and the young heart: What are we missing?	World Journal of Pediatrics	Review	The authors discuss cardiac manifestations of SARS-CoV-2 in children. Viral infections represent the most common cause of acute myocarditis in children. Nearly half of hospitalized pediatric patients with myocarditis require inotropic support, and >37% require mechanical ventilation. While the majority of patients survive to hospital discharge, a significant number develop dilated cardiomyopathy, and many require heart transplants. In adults, 20% of patients with COVID-19 develop some form of cardiac injury. Having pre-existing cardiovascular disease is associated with more severe progression of the disease, and patients with cardiac injury have a significantly higher likelihood of death compared to those without cardiac injury (51% versus 5%, respectively). However, it is unknown if these statistics translate to a younger population. Exploratory treatments for the virus, such as hydroxychloroquine and azithromycin, can pose serious cardiac risks. Myocardial dysfunction, while usually mild, is also present in the majority of patients with MIS-C. Further epidemiological and multi-center studies are needed to help understand how COVID-19 affects children's hearts, how children with cardiac manifestations of the disease can be treated safely, and whether children with complex congenital heart disease have worse outcomes.	The authors discuss cardiac manifestations of SARS-CoV-2 in children. While it is unclear at this time how COVID-19 affects children's hearts, myocardial dysfunction is present in most patients with MIS-C. Further epidemiological and multi-center studies are needed to help understand the association between COVID-19 and the heart.	Spencer R, Choi NH, Potter K. COVID-19 and the young heart: what are we missing? World J Pediatr. 2020;16(6):553-555. doi:10.1007/s12519-020-00391-z.
Pregnancy, postpartum, newborn health, family planning, Ethiopia	9-Sep-20	Protocol for PMA-Ethiopia: A new data source for cross-sectional and longitudinal data of reproductive, maternal, and newborn health	Gates Open Research	Research Protocol	Performance Monitoring for Action Ethiopia (PMA-Ethiopia) is a survey project that aims to generate timely and actionable data on a range of reproductive, maternal, and newborn health (RMNH) indicators. This manuscript describes the protocol for PMA-Ethiopia and discusses its benefits in assessment of the impact of COVID-19. Annual data on family planning are gathered from a nationally representative, cross-sectional survey of women aged 15-49 years. Data on maternal and newborn health are also gathered from a subset of women pregnant or recently postpartum at the time of enrollment, who are then followed at 6-weeks, 6-months, and 1-year to understand health seeking behavior, utilization, and quality. Additionally, data from service delivery points (SDPs) are gathered annually to assess service quality and availability. The COVID-19 pandemic occurred approximately halfway through the 2020 PMA-Ethiopia data	The authors describe the protocol for PMA-Ethiopia, a cross-sectional and longitudinal survey project that assesses maternal and newborn health in Ethiopia. Additional questions were added in 2020 around COVID-19 to gain additional information on how the pandemic impacted care-seeking behaviors of pregnant and postpartum women.	Zimmerman L, Desta S, Yihdego M, et al. Protocol for PMA-Ethiopia: A new data source for cross-sectional and longitudinal data of reproductive, maternal, and newborn health. Gates Open Res. 2020 Sep 9;4:126. doi: 10.12688/gatesopenres.13161.1.

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					collection for the 6-week interview. Half of women enrolled gave birth before a State of Emergency was introduced in Ethiopia (April 2020) and the remaining half gave birth after. Comparisons between these groups will generate important information on whether rates of skilled birth attendance, postnatal care, and early childhood vaccinations have been impacted by disruptions resulting from the COVID-19 pandemic. Questions assessing if and how the COVID-19 pandemic affected care-seeking for a range of behaviors was included in 6-week, 6-month, and 1-year surveys administered after April 2020. Key results will be made available at https://www.pmadata.org/countries/ethiopia/ .		
SARS-CoV-2, vertical transmission, breastmilk, pregnancy, China	9-Sep-20	A systemic review of vertical transmission possibility in pregnant women with coronavirus disease 2019-positive status	Journal of Family Medicine and Primary Care	Review Article	Through a systematic review of 9 articles and case reports comprising a total of 74 pregnant patients with COVID-19, these authors investigated whether vertical transmission of SARS-CoV-2 occurred from mother to fetus. 3 of the included articles focused on China. The authors present a table that organizes the reviewed research by the following categories: Maternal RT-PCR positive for SARS-CoV-2, Neonates RT-PCR positive for SARS-CoV-2, Maternal trimester, and CT findings. 72 mothers tested positive for SARS-CoV-2, and the remaining 2 had a clinical diagnosis of COVID-19. Pregnant patients who were positive for SARS-CoV-2 displayed no unusual clinical manifestations compared to the non-pregnant population. 75 neonates were reviewed (one set of twins). All neonates had mothers who either tested positive for SARS-CoV-2 or were clinically diagnosed with COVID-19. 74 of the neonates tested were negative for SARS-CoV-2. There was one exception that tested positive via RT-PCR of a throat swab. However, this infant's cord blood, placenta, and mother's breast milk tested negative for SARS-CoV-2. The cause of the positive test remains unknown. Based on this systematic review, SARS-CoV-2 vertical transmission appears unlikely. COVID-19 may have other negative impacts on pregnancy, such as fetal distress, premature labor, and neonatal respiratory distress.	The authors conducted a systematic review of 9 studies to determine the possibility of vertical transmission of SARS-CoV-2. They conclude that vertical transmission appears unlikely. Of all 75 infants who had mothers either positive for SARS-CoV-2 or clinically diagnosed with COVID-19, 74 infants tested negative. For the 1 infant who tested positive, cord blood, placenta, and mother's breast milk all tested negative for SARS-CoV-2.	AlQahtani MA, AlDajani SM. A systemic review of vertical transmission possibility in pregnant women with coronavirus disease 2019-positive status. <i>J Family Med Prim Care</i> . 2020;9(9):4521-4525. Published 2020 Sep 30. doi:10.4103/jfmpc.jfmpc_475_20
Vertical transmission, pregnant mothers, fetus	9-Sep-20	Stability of severe acute respiratory syndrome coronavirus 2 RNA in placenta and fetal cells	American Journal of Obstetrics and Gynecology	Letter to the Editor	The authors of this letter write to consider the [lack of] stability of viral RNA as a major limitation in diagnosing maternal-fetal transmission in SARS-CoV-2 pregnant mothers. They explain that RNA is very susceptible to degradation, and clinical samples are particularly vulnerable to RNA degradation by the action of host nucleases. Specifically, in the case of diagnosis of vertical transmission, RNA is considerably less stable than DNA in the placental and fetal samples and requires more steps for detection at the laboratory level. The critical challenge for RNA preservation and detection in these samples requires more detection steps at the laboratory level. Therefore, they assert	The authors of this letter highlight that RNA is easily degradable, especially in placental and fetal samples, and suggest that a lack of RNA does not necessarily indicate that there has not been an infection.	Pomar L, Baud D, Nielsen-Saines K. Stability of severe acute respiratory syndrome coronavirus 2 RNA in placenta and fetal cells [published online ahead of print, 2020 Sep 9]. <i>Am J Obstet Gynecol</i> . 2020;doi:10.1016/j.ajog.2020.09.003

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					that the absence of an RNA virus's detection does not necessarily mean that the given tissue's infection is absent. This issue should be mentioned in any study investigating the potential evidence of vertical transmission of SARS-CoV-2.		
Computerized tomography, CT scan, radiological imaging, children, atypical, Iran	9-Sep-20	Variety of radiological findings in a family with COVID-19: a case report	Egyptian Journal of Radiology and Nuclear Medicine	Case Report	Atypical clinical symptoms and imaging features of COVID-19 are more common in the pediatric population. This report details the cases of two sisters (ages 6 and 15 years) in Iran with suspected COVID-19 pneumonia who had close contact with their 77-year-old grandmother who died of confirmed COVID-19. [The status of COVID-19 RT-PCR results is not made clear in this report for the grandmother or either sister, but both sisters tested negative for influenza]. The older sister first presented with severe cough, fever, dyspnea, diarrhea, and lymphopenia. A chest CT scan showed atypical lobar pneumonic infiltration only in the left lower lobe. The younger sister began experiencing milder symptoms the following day (fever and cough). Her chest CT scan demonstrated typical mild generalized patchy ground-glass opacity with interlobular septal thickening scattered in both lungs. The CT presentation of their grandmother showed typical bilateral white lungs with crazy paving appearance. A standard regimen of chloroquine and oxygen was administered for both sisters, and respiratory conditions improved after 5 days of treatment. Because symptoms in children are milder, that authors argue that clinicians should take histories of infected family members and consider CT scans according to the low-dose protocol for suspected cases with negative RT-PCR results.	This report details the cases of two sisters (ages 6 and 15 years) in Iran with suspected COVID-19 pneumonia who had close contact with their 77-year-old grandmother who died of confirmed COVID-19. Images and descriptions of CT scans for the grandmother and two sisters are provided.	Gharekhanloo F, Sedighi I, Khazaei S. Variety of radiological findings in a family with COVID-19: A case report. Egyptian Journal of Radiology and Nuclear Medicine. 2020;51(1):183. doi: 10.1186/s43055-020-00293-0.
Caregiver, childhood cancer survivors, childhood cancer, pediatric psycho-oncology, Italy	9-Sep-20	How paediatric psycho-oncology is changing during the COVID-19 epidemic in Italy: New approaches	Psycho-Oncology	Clinical Correspondence	The COVID-19 pandemic has a potentially devastating psychosocial impact on pediatric oncology patients and families. Young patients are not only immune-compromised, but also undergo psychological stress due to intense treatments. Since patients and caregivers are now forced to tolerate stricter social isolation, mental support for both patients and their families is critical. The authors share the challenges of highly-structured psychological support offered by the psycho-oncology unit in the Department of Pediatric Oncology of the Regina Margherita Children's Hospital in Turin, Italy. The major challenge observed during the pandemic has been visiting restrictions, resulting in an additional psychological burden for parents. Psycho-oncologists have been offering emotional support for parents, while encouraging social distance. Cancer survivors, especially adolescents, have been conscious of their fragile states and are at risk of experiencing post-traumatic stress symptoms during the pandemic. Health-care professionals have also experienced emotional tension between the need to provide the best possible care to their patients and the fear of exposing their patients and themselves	Pediatric oncology patients and their families have been more vulnerable during the COVID-19 pandemic due to their health and psycho-social conditions. Psycho-oncologists play a critical role in offering physical and emotional support to patients and parents.	Zucchetti, G, Bertolotti, M, Fagioli, F. How paediatric psycho-oncology is changing during the COVID-19 epidemic in Italy: New approaches. <i>Psycho-Oncology</i> . 2020; 29: 1384– 1386. https://doi.org/10.1002/pon.5444

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					to infection. Psycho-social support and interventions for patients, families, and health-care professionals need to be adapted in the face of a pandemic to minimize the sense of isolation.		
Cytokines, inflammation, pre-term labor	9-Sep-20	Empiric antibiotics in management of inpatient pregnant women infected with coronavirus disease 2019 (COVID-19): Focusing on inflammation and preterm labor	Medical Hypothesis	Letter to the Editor	The authors of this editorial speculate that the administration of anti-bacterial medication with inflammatory properties to women with COVID-19 without bacterial infections could lead to pre-term birth. The use of antibiotics in the absence of bacterial infection can lead to a release or activation of pro-inflammatory cytokines, chemokines, prostaglandins, and proteases involved in pre-term labor. Previous studies have also shown decreased gestation among women given antibiotics under certain conditions, and increased pre-labor among pregnant COVID-19 patients given antibiotics. If antibiotics must be given to pregnant women with COVID-19, the authors suggest those which have anti-inflammatory properties.	The authors of this editorial speculate that the administration of anti-bacterial medication with inflammatory properties to women with COVID-19 without bacterial infections could lead to pre-term birth through the release of pro-inflammatory cytokines and subsequent inflammatory storm.	Norooznezhad AH, Hantoushzhadeh S, Shamshirsaz AA. Empiric antibiotics in management of inpatient pregnant women infected with coronavirus disease 2019 (COVID-19): Focusing on inflammation and preterm labor. <i>Medical Hypotheses</i> . 2020;144:110269. doi:10.1016/j.mehy.2020.110269
Maternal mortality ratio, all causes, respiratory, weekly deaths, Mexico	9-Sep-20	Excess Maternal Deaths Associated With Coronavirus Disease 2019 (COVID-19) in Mexico	Obstetrics and Gynecology	Original Research	The authors aimed to estimate the weekly number, weekly percentage, and the total number of excess maternal deaths from all causes directly or indirectly attributed to COVID-19 based on preliminary weekly counts of deaths from 2011 through the 32nd week of 2020 (August 3–9), in Mexico. The authors also described the maternal mortality ratio over time and the causes of maternal mortality since 2011. They compared weekly maternal death counts for 2020 with documented trends from previous years to determine whether the number of deaths was higher than expected. The results showed that the actual maternal mortality ratio (42.4 per 100,000 live births) calculated for 2020 was higher than the anticipated maternal mortality ratio predicted by the Mexican Ministry of Health for 2020 (29.5 per 100,000 live births). Importantly, COVID-19 is now the leading cause of maternal mortality in Mexico. Furthermore, the proportion of deaths from respiratory causes (32%) was higher in 2020 compared with previous years. Overall, 86 excess maternal deaths were reported from all causes between weeks 1–32 in 2020.	This study showed a higher maternal mortality ratio in Mexico during the COVID-19 pandemic than in previous years. The authors suggest that a renewed focus on improving the structural competency of health care systems in Mexico and other low resource countries is urgently needed to mitigate the adverse effects of COVID-19 on maternal health.	Lumbreras-Marquez MI, Campos-Zamora M, Seifert SM, et al. Excess Maternal Deaths Associated With Coronavirus Disease 2019 (COVID-19) in Mexico [published online, 2020 Sep 9]. <i>Obstet Gynecol</i> . 2020;doi:10.1097/AOG.00000000000004140
Gestational diabetes, glucose, guidelines, pregnancy, maternal	9-Sep-20	Diagnosis and principles of management of gestational diabetes mellitus in the prevailing COVID-19 pandemic	International Journal of Diabetes in Developing Countries	Commentary	During the COVID-19 pandemic, widespread evidence suggests that both clinicians and pregnant women are increasingly unwilling to recommend or undergo an oral glucose tolerance test (OGTT) to diagnosis gestational diabetes mellitus (GDM). OGTT results are available after 3 hours, and women with GDM may need to undergo additional health services leading to increased exposure risk. The authors provide clinical guidance for the screening of GDM during the pandemic. They encourage the use of a single test procedure for diagnosing GDM. Even if a woman comes in a non-fasting state, by administering a 75g oral	The authors provide clinical recommendations for the screening and diagnosis of gestational (GDM) during the COVID-19 pandemic. They recommend the use of a single test procedure for the evaluation of GDM to	Seshiah V, Balaji V, Banerjee S, et al. Diagnosis and principles of management of gestational diabetes mellitus in the prevailing COVID-19 pandemic [published online ahead of print, 2020 Sep 9]. <i>Int J Diabetes Dev Ctries</i> . 2020;1-6. doi:10.1007/s13410-020-00860-1

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					glucose load, her plasma glucose can be estimated by taking a blood sample after 2 hours. Additionally, the glucose load can be taken at home, and the woman can provide a sample for plasma glucose estimation at the hospital 2 hours after glucose ingestion. If a lab visit is not possible, a plasma glucose standardized glucometer can be used. To decrease the risk of infection to pregnant women, it is important to restrict the number of visits to a healthcare facility. Precautionary measures, such as face masks, hand washing, and physical distancing should also be used.	limit the risk of infection to pregnant women.	
ECMO, pediatric, MIS-C, CVA, anticoagulation, outcome, multisystem organ involvement, death	9-Sep-20	ECMO Support in SARS-CoV2 Multisystem Inflammatory Syndrome in Children in a Child [Free Access to Abstract Only]	Perfusion	Case Report	The authors describe the case of a previously healthy 5-year-old male with SARS-CoV2 associated MIS-C with progressive respiratory failure and vasoplegic shock requiring extracorporeal support. At presentation, RT-PCR testing for SARS-CoV-2 was negative; however, antibody testing was positive. Of note, multiple inflammatory markers and cardiac biomarkers were elevated, and the patient had renal, respiratory, and cardiac dysfunction. Furthermore, the patient's echocardiogram demonstrated mildly depressed left ventricular function and no coronary anomalies. He subsequently required mechanical ventilation, vasopressors, and eventually ECMO support for profound circulatory shock and progressive respiratory failure. Although the patient's cardiac function recovered, he suffered a middle cerebral artery infarct and left frontal subarachnoid hemorrhage and ultimately died.	This case report is of a previously healthy 5-year old with MIS-C and requiring ECMO, who died after a middle cerebral artery infarct and left frontal subarachnoid hemorrhage. The authors describe their anticoagulant methods and suggest that the hypercoagulability state in MIS-C may require a higher anticoagulation goal and more comprehensive coagulation cascade monitoring during ECMO therapy.	Kaushik S, Ahluwalia N, Gangadharan S, et al. ECMO support in SARS-CoV2 multisystem inflammatory syndrome in children in a child [published online 2020 Sep 9]. Perfusion. 2020;doi:10.1177/0267659120954386
Adult, children, NF-kB, PIMS-TS, pediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2, PIMS-TS	9-Sep-20	Can data from paediatric cohorts solve the COVID-19 puzzle?	Public Library of Science (PLOS)	Viewpoints	The reasons for decreased COVID-19 susceptibility in children compared to adults remain to be elucidated. The authors provide several hypotheses on varying susceptibility to SARS-CoV-2 using recent COVID-19 data in adults and children. Given the association between high ACE2 expression and severe disease, differing expression of ACE2 and co-receptors could lead to age-related variations in disease severity. The authors evaluate hypotheses on the different immune responses between adults and children. They examine the possibility of pre-existing immune responses in children based on previous exposure to other human coronaviruses, and the protective effect of BCG vaccinations during early childhood. The role of the NF-kB transcription factor in inducing over-reactive immune responses in adults is another hypothesis. Stronger antibody responses are associated with cytokine storm among adults and pediatric inflammatory multi-system syndrome temporally associated with	A comparison of recent virological and immunological data on COVID-19 between adults and children raises several hypotheses on the reasons for different outcomes. One notable hypothesis concerns the role of NF-kB in severe clinical manifestations in adults and children.	Do LAH, Anderson J, Mulholland EK, Licciardi PV. Can data from paediatric cohorts solve the COVID-19 puzzle?. PLoS Pathog. 2020;16(9):e1008798. Published 2020 Sep 9. doi:10.1371/journal.ppat.1008798

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					SARS-CoV-2 (PIMS-TS). NF-kB, whose expression increases with age, regulates pro-inflammatory cytokine production and B-cell function in addition to regulating thrombotic processes. Pediatric patients with Kawasaki Disease, which is similar to PIMS-TS, show an elevated level of the p65 component of NF-kB. Further research will clarify the role of NF-kB as a mediator and disease-modifying agent of PIMS-TS.		
Jammu and Kashmir, Perinatal mental health, India	9-Sep-20	Perinatal Mental Health in Kashmir, India During The COVID-19 Pandemic	Maternal and Child Health Journal	Letter to the Editor	The current COVID-19 pandemic in Kashmir, India and associated lockdown measures have further complicated the already weak mental health system, with implications for perinatal mental health care. The factors that can significantly increase the risk of perinatal mental health problems are maternal isolation, increased psychosocial risk during a socio-economic crisis, increased maternal anxiety, relationship conflicts, and decreased contact with healthcare professionals. Major challenges exist in detecting maternal mental health issues; maternal mental health services are largely deficient in Kashmir and health care workers lack mental health training. Further, communication blackouts complicate the possibility of tele-psychiatric services. The authors advocate a need for supplementing the healthcare staff with mental health staff in the perinatal setting.	Challenges existed to the provision of adequate maternal mental health services in Kashmir, India prior to the COVID-19 pandemic. The authors argue that healthcare staff be supplemented with mental health staff due to increased stressors caused by COVID-19 and associated lockdown measures.	Shoib S, Arafat SMY, Ahmad W. Perinatal Mental Health in Kashmir, India During The COVID-19 Pandemic. Matern Child Health J. doi:10.1007/s10995-020-03004-3
Maternal, reproductive, stillbirths, family planning, adolescent, Kenya	9-Sep-20	Early indirect impact of COVID-19 pandemic on utilization and outcomes of reproductive, maternal, newborn, child and adolescent health services in Kenya	medRxiv	Pre-print (not peer-reviewed)	The objective of this study was to determine the initial impact of COVID-19 pandemic on utilization of reproductive, maternal, newborn, child and adolescent health (RMNCAH) services in Kenya during the first 4 months of the pandemic. Data for March through June 2019 and the same period in 2020 were extracted from Kenya Health Information System. Two-sample test of proportions for hospital attendance for select RMNCAH services between the two periods were calculated. There were no significant differences in monthly mean hospital attendance between 2019 and 2020 for antenatal care, hospital births, family planning attendance, post-abortion care, and pentavalent immunization. However, there were significant reductions in care for: patients revisiting facilities for antenatal care services (69.8% in 2019 compared to 67.9% in 2020, p<0.0001), clients completing four antenatal care visits at the health facilities (18.6% to 17.0%, p<0.0001), and long-term family planning methods (16.5% to 13.0%, p<0.0001). Similarly, significant increases in the C-section rate (14.6% to 15.8%, p<0.0001) and injectable (short-term) family planning method uptake (58.2% to 62.3%, p<0.0001) were observed. No significant change in maternal mortality ratio between the two periods was observed (96.6 compared to 105.8/100,000 live births, p=0.1023).	The impact of COVID-19 also includes indirect impacts due to strained health care systems, disruptions in care and redirected resources. This paper details some impacts on reproductive, maternal, newborn, child and adolescent health service utilization in Kenya.	Shikuku D, Nyaoke I, Gichuru S, et al. Early indirect impact of COVID-19 pandemic on utilization and outcomes of reproductive, maternal, newborn, child and adolescent health services in Kenya. medRxiv. doi: 10.1101/2020.09.09.20191247

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Cancer, pediatric, Mexico	9-Sep-20	Children with cancer during COVID-19 pandemic: Early experience in Mexico	Pediatric Blood & Cancer	Letter to the Editor	These authors share one pediatric hospital's experience with COVID-19 positive cancer patients. Their study included all patients 17 years and younger who underwent SARS-CoV-2 testing from 20 March to 20 June 2020 at a hospital in Mexico. Only symptomatic patients were tested. Of 226 patients, 73 (32%) tested positive for SARS-CoV-2 RNA. Of 24 children with cancer, 14 (58%) tested positive. Their symptoms included fever (14/14, 100%), cough (7/14, 50%), abdominal pain (3/14, 21%), diarrhea (2/14, 14%), and dyspnea (1/14, 7%). Radiologic abnormalities were reported for 11 patients. Patients received standard treatment based on symptoms and lab results; medications included antibiotics, corticosteroids, and/or filgrastim. One patient with osteosarcoma and pulmonary metastases had sudden deterioration and died of pulmonary hemorrhage during the study period. All others were discharged after SARS-CoV-2 testing became negative. Finally, this article reports that early in the pandemic, experts suggested postponing all chemotherapies for children with SARS-CoV-2 infection. These authors propose reconsidering this recommendation, but they also encourage the safe administration of necessary therapies for pediatric cancer patients.	These authors share one pediatric hospital's experience with COVID-19 positive cancer patients.	López-Aguilar E, Cárdenas-Navarrete R, Simental-Toba A, et al. Children with cancer during COVID-19 pandemic: Early experience in Mexico [published online ahead of print, 2020 Sep 9]. <i>Pediatr Blood Cancer</i> . 2020;e28660. doi:10.1002/pbc.28660
Pregnancy, pregnancy stress, psychology, security, structural equation model	9-Sep-20	The influence of psychological response and security sense on pregnancy stress during the outbreak of coronavirus disease 2019: A mediating model [Free Access to Abstract Only]	Journal of Clinical Nursing	Original Study	This cross-sectional study examines the influence of psychological response to COVID-19 and sense of security on pregnancy stress. Pregnant women (n=331) answered a psychological questionnaire pertaining to emergent public health events. Fear and depression were the most common psychological responses among pregnant women during the COVID-19 pandemic. Results showed that psychological distress was positively correlated with pregnancy stress, while sense of security was negatively correlated with pregnancy stress. Sense of security mediated between psychological distress and pregnancy stress. The authors recommend that healthcare providers build trust with pregnant women and their families, and conduct psychological evaluations of their pregnant patients. The authors express that providers can contribute to reducing pregnancy stress by alleviating patient fear related to COVID-19 and improving their patients' sense of security.	This study found that psychological distress was positively correlated with pregnancy stress, while sense of security was negatively correlated with pregnancy stress. The authors recommend that providers conduct psychological evaluations for their pregnant patients, and assert that providers can reduce pregnancy stress by alleviating patient fear related to COVID-19 and improving patients' sense of security.	Zheng QX, Jiang XM, Lin Y, et al. The influence of psychological response and security sense on pregnancy stress during the outbreak of coronavirus disease 2019: A mediating model. <i>J Clin Nurs</i> . 2020; doi:10.1111/jocn.15460.
Pediatric, pediatric inflammatory multisystem syndrome, Kawasaki disease,	9-Sep-20	Pediatric inflammatory multisystem syndrome temporally associated with	Canadian Medical Association Journal	Original Article	The authors report the case of a 10-year-old previously healthy boy who presented to an emergency department in Canada with persistent fever, abdominal pain, gastro-intestinal symptoms, bilateral non-purulent conjunctivitis, and red cracked lips. Four weeks before presentation, he tested positive for SARS-CoV-2; however, only the serologic test for SARS-CoV-2 was positive	The authors discuss the clinical features, common clinical phenotypes, and laboratory profiles of pediatric inflammatory multisystem syndrome .	Tam H, El Tal T, Go E, Yeung RSM. Pediatric inflammatory multisystem syndrome temporally associated with COVID-19: a spectrum of diseases with many names. <i>Can Med</i>

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hyperinflammation, fever, case definition, Canada		COVID-19: a spectrum of diseases with many names			upon admission. The patient was diagnosed with pediatric multisystem inflammatory syndrome. Using this case study, the authors discuss the wide spectrum of disease severity contained under pediatric inflammatory multisystem syndrome, typified by three clinical phenotypes: Kawasaki disease or shock, fever, and inflammation. Common clinical features also include prolonged fever, classic features of Kawasaki disease, cardiac dysfunction, gastro-intestinal, neurologic, and/or renal involvement. Additionally, laboratory profiles of hyperinflammation include significant elevation of C-reactive protein, lymphopenia, neutrophilia, thrombocytopenia, hyponatremia, and hypoalbuminemia. Given the wide spectrum of disease, the authors suggest a more rigorous approach to data collecting and internationally harmonized definitions to improve understanding of the syndrome and guide clinical decision-making.	The authors cite the importance of having rigorous diagnostic measures and precise definitions to improve understanding of the syndrome and guide clinical decision-making.	Assoc J. January 2020:cmaj.201600. doi:10.1503/cmaj.201600
Co-infection, Mycobacterium tuberculosis, pediatric, central nervous system, USA	9-Sep-20	Fatal central nervous system co-infection with SARS-CoV-2 and tuberculosis in a healthy child	BioMed Central Pediatrics	Case Report	The authors report the case of a 5-year-old African-American girl in Michigan (USA), who presented with fever and headache. She was subsequently diagnosed with SARS-CoV-2-associated meningo-encephalitis based on RNA-detected on a nasopharyngeal swab, cerebrospinal fluid analysis, and MRI findings. Despite antiviral therapy and intravenous dexamethasone, her mental status and brain imaging findings deteriorated, with the presence of brain herniation and cerebral biopsies revealing SARS-CoV-2 RNA in cerebral tissue shortly before death (day 32 of illness). Death was attributed to brain herniation secondary to rapidly progressive tuberculosis. Necrotizing granulomas with acid-fast bacilli and Mycobacterium tuberculosis were also detected on histopathology. Ventricular cerebrospinal fluid and tracheal aspirate were negative for mycobacterial DNA, however, the tracheal aspirate samples from day 22 and 27 of illness grew Mycobacterium tuberculosis after 8 weeks. The patient's exposure to tuberculosis was unknown and could not be further investigated. Through this case, the authors discuss the increasing importance of neurologic abnormalities in SARS-CoV-2 infected patients. They also stress the importance of investigating SARS-CoV-2 and Mycobacterium tuberculosis co-infection in both adults and children.	The authors detail the case of a five-year-old girl who developed SARS-CoV-2 associated meningo-encephalitis, which was hypothesized to have emerged from an asymptomatic Mycobacterium tuberculosis infection before exposure to SARS-CoV-2 virus. This demonstrates the need for further investigation into the role of co-infection by SARS-CoV-2 and Mycobacterium tuberculosis on severity and mortality of disease in adults and children.	Freij BJ, Gebara BM, Tariq R, et al. Fatal central nervous system co-infection with SARS-CoV-2 and tuberculosis in a healthy child. BioMed Cent Pediatr. 2020;20(429). doi:https://doi.org/10.1186/s12887-020-02308-1
Coronavirus disease, gynecology, obstetrics, Japan	9-Sep-20	Prevention and practice during the COVID-19 emergency declaration period in Japanese obstetrical/gyne	Journal of Obstetrics and Gynaecology Research	Article	The COVID-19 pandemic provoked significant changes in obstetrics and gynecology practices in Japan. This article presents questionnaire survey results to evaluate how Japanese Society of Obstetrics and Gynecology (JSOG) members dealt with the COVID-19 pandemic during the declared nationwide emergency in Japan from 4 April - 25 May, 2020. 2,446 of over 16,000 JSOG members that received the questionnaire via official email responded anonymously using Google forms. Only 2 JSOG	This article presents questionnaire survey results to evaluate how Japanese Society of Obstetrics and Gynecology members responded to the COVID-19 threat during the period of	Komatsu H, Banno K, Yanaihara N. Prevention and practice during the COVID-19 emergency declaration period in Japanese obstetrical/gynecological facilities. J Obstet Gynaecol Res. 2020.doi: 10.1111/jog.14432

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		cological facilities			member physicians (0.08% of respondents) PCR-tested positive for COVID-19, although infected cases among midwives, medical staff, nursing staff, pregnant women and gynecological cancer patients were also reported for multiple institutions. There was a decrease in the number of patients scheduled for malignant gynecological conditions operations (57.6%), treatment (chemotherapy, radiation therapy etc.) for malignancy (71.8%), and infertility treatment (74.3%). 20.4% of the facilities offered SARS-CoV-2 PCR-testing. Inpatients and outpatients were requested to wear masks, limit the number of contacts and check body temperature. During parturition care, caregivers and physicians wore gloves, non-N95 masks, face shields and gowns. About 66% and 80% of the facilities transferred pregnant women if they had asymptomatic and symptomatic infection, respectively. C-section was chosen as delivery mode in infected women.	nationwide emergency in Japan.	
Pregnancy, obstetrics, ICU, ventilation, maternal mortality	9-Sep-20	Evidence based care for pregnant women with covid-19	British Medical Journal (BMJ)	Editorial	Although pregnant women are considered a clinically vulnerable group it is unclear what additional risks are associated with COVID-19 during pregnancy. The author briefly summarizes a systematic review performed by Allotey et al. (2020) of clinical manifestations of COVID-19 among pregnant and non-pregnant women of reproductive age. There was a 7% positivity rate among women universally screened for COVID-19 during pregnancy, likely reflecting the majority of studies from the outbreak in New York City (USA). Around 75% of these women were asymptomatic and mortality due to COVID-19 was low (0.001%). There was an increased likelihood of admission to the ICU (OR=1.62; 95% CI 1.33-1.96) and need for invasive ventilation (OR=1.88; 95% CI 1.36-2.60) among pregnant women compared with non-pregnant women. These associations were stronger when comparing pregnant women with COVID-19 to those without the disease, underscoring the need for careful management of COVID-19 during pregnancy.	This editorial briefly summarizes a systematic review performed by Allotey et al. (2020) of clinical manifestations of COVID-19 among pregnant and non-pregnant women of reproductive age.	Pirkle CM. Evidence based care for pregnant women with covid-19 [published online 2020 Sep 9]. <i>BMJ</i> . 2020;370:m3510. doi:10.1136/bmj.m3510
QT interval electrocardiography, pediatrics, pregnancy, hydroxychloroquine, USA	9-Sep-20	Electrocardiographic QT Intervals in Infants Exposed to Hydroxychloroquine Throughout Gestation [Free Access to Abstract Only]	Circulation: Arrhythmia and Electrophysiology	Research Article	Hydroxychloroquine (HCQ) is being considered as a prophylaxis and treatment of COVID-19. HCQ has been shown to be safe in pregnant populations with systemic lupus erythematosus and other rheumatic conditions, but the recommendation for using this drug strictly for antiviral therapy during pregnancy is unknown. This study aims to illustrate the impact of maternal use of HCQ on potential neonatal cardiotoxicity, as measured by corrected QT (QTc) intervals on electrocardiogram. The authors explored the association between blood HCQ levels and neonatal QTc intervals by utilizing data from a previous cohort study that collected neonatal electrocardiograms (ECGs) and HCQ blood levels during each trimester of pregnancy in the US (n = 45). Five	The authors explored the maternal use of hydroxychloroquine (HCQ) in pregnant populations. The findings suggest that HCQ use during pregnancy is associated with low incidence of infant QTc prolongation.	Friedman DM, Kim M, Costedoat-Chalumeau N, et al. Electrocardiographic QT Intervals in Infants Exposed to Hydroxychloroquine Throughout Gestation [published online ahead of print, 2020 Sep 9]. <i>Circ Arrhythm Electrophysiol</i> . 2020; doi:10.1161/CIRCEP.120.008686

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					neonates (11%, 95% CI: 4%-24%) age zero to four months had prolonged QTc greater than two standard deviations above healthy controls (newborns with mothers not taking HCQ, n = 45), but ECGs were otherwise normal. There was no significant correlation between cord blood levels of HCQ and the neonatal QTc (p = 0.86) or between mean HCQ values gathered from each pregnancy and the neonatal QTc (p = 0.80). The authors concluded by suggesting that the findings from this study reassure that maternal use of HCQ during pregnancy is associated with a low incidence of prolonged infant QTc.		
Neonatal management, postnatal nutrition, guidelines	9-Sep-20	Management and Nutrition of Neonates during the COVID-19 Pandemic: A Review of the Existing Guidelines and Recommendations [Free abstract only]	American Journal of Perinatology	Original Article	The authors of this study aimed to review the current available guidelines and scientific recommendations regarding the neonatal in-hospital management and feeding during the COVID-19 pandemic. They searched available databases (Medline, Embase, and national/international neonatal societies websites) for guidelines. Eleven guidelines on neonatal management and feeding to COVID-19 positive mothers were included. The Chinese and American recommendations suggest separation of the mother and her neonate, whereas in French, Italian, UK, Canadian, and World Health Organization consensus documents suggested rooming-in. CDC (USA) guidelines suggest deciding on a case-by-case basis. All the guidelines recommend breastfeeding or feeding with expressed maternal milk; the only exception is the Chinese recommendations, these suggesting avoiding breastfeeding. This review provides a useful tool for clinicians and organizers, highlighting differences and similarities of the existing guidelines on the management and feeding strategies in the light of the COVID-19 pandemic.	This study compares guidelines on management and nutrition of a newborn to a mother with SARS-CoV-2 infection. The existing guidelines show many differences, and the majority of recommendations are based on experts' opinions and are not evidence-based.	Genoni G, Conio A, Binotti M, et al. Management and Nutrition of Neonates during the COVID-19 Pandemic: A Review of the Existing Guidelines and Recommendations. Am J Perinatol. 2020;37(S 02):S46-S53. doi:10.1055/s-0040-1714675
rural; maternal mortality; infant mortality; global health; India	8-Sep-20	Maternity and child care amidst COVID-19 Pandemic: A forgotten agenda	Journal of Global Health (JoGH)	Commentary	This author describes the challenges in India, as the 2020 COVID-19 pandemic has shifted resources away from maternal and child health programs. The pandemic has caused constraints on the public health and health care systems, with a disproportionate impact on low income, rural, and lower caste populations. Maternal mortality is concerning, as women resort to giving birth at home with unskilled attendants due to concerns of SARS-CoV-2 exposure, transportation difficulties, and health facility closures amidst lockdown. Infant and child health is also a critical policy concern during the COVID-19 pandemic due to suspension of ante-natal check-ups and immunization outreach programs. The maternity and child care services neglected during COVID-19 are pushing India further away from her sustainable development target of lower infant and maternal mortality. The author notes potential policy solutions, including establishing additional hospitals, expanding the use of telemedicine, and establishing task-specific teams of health workers.	This commentary describes areas of policy concern for maternal and child health in India in 2020 amidst the COVID-19 pandemic. Increased utilization of unskilled birth attendants and suspension of anti-natal and immunization outreach programs may contribute to increased maternal and child mortality. The author concludes with policy solutions to address these concerns.	Manchanda NK. Maternity and child care amidst COVID-19 Pandemic: A forgotten agenda. J Glob Health. 2020;10(2):020334. doi:10.7189/jogh.10.020334

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Racial-ethnic disparities, pregnancy outcomes, Houston, Texas, USA	8-Sep-20	Racial-ethnic disparities and pregnancy outcomes in SARS-CoV-2 infection in a universally tested cohort in Houston, Texas [Abstract and article not available for free]	European Journal of Obstetrics & Gynecology and Reproductive Biology	Correspondence	Hispanic and Black communities are disproportionately affected by COVID-19 and emerging data suggest that in pregnancy, Hispanic people are diagnosed with SARS-CoV-2 infection at higher rates than other racial-ethnic groups. The authors of this letter performed a retrospective cohort study of patients who were ≥20 weeks of gestation who delivered at a community hospital in Houston, Texas, USA from April 22 - July 22, 2020. Patients were universally-tested for COVID-19 when admitted for delivery. Characteristics were compared between patients who tested positive and those who tested negative. The cohort was 56% Hispanic, 13% Black, 9% Asian, 3% White, and 18% other/unknown. Compared with non-Hispanic patients, Hispanic patients were more likely to be SARS-CoV-2 positive, as were patients with public insurance compared with private insurance. The majority of pregnant patients diagnosed on admission for delivery were asymptomatic and pregnancy complications and perinatal transmission were rare. The authors state that the reasons for striking disparities in SARS-CoV-2 incidence are uncertain. However, social determinants of health are potential underlying causes, including household crowding, occupations in essential services, and barriers to care are more likely to disadvantage minority pregnant people.	The authors of this letter performed a retrospective cohort study in order to examine the racial-ethnic disparities and pregnancy outcomes of patients who tested positive for COVID-19. They found that SARS-CoV-2 positive pregnant patients were more likely to be Hispanic and to have public insurance.	Pineles BL, Alamo IC, Farooq N, Green J, Blackwell SC, Sibai BM, Parchem JG. Racial-ethnic disparities and pregnancy outcomes in SARS-CoV-2 infection in a universally-tested cohort in Houston, Texas. Eur J Obstet Gynecol Reprod Biol. 2020 Sep 8;S0301-2115(20)30580-7. doi: 10.1016/j.ejogrb.2020.09.012. Epub ahead of print. PMID: 32950276.
MIS-C, patient outcomes	8-Sep-20	A Systematic Review of Multisystem Inflammatory Syndrome in Children Associated With SARS-CoV-2 Infection [Free Access to Abstract Only]	The Pediatric Infectious Disease Journal	Review	This systematic review delineates and summarizes clinical features, management, and outcomes of MIS-C associated with SARS-CoV-2 infection. The authors searched PubMed, EMBASE, CINAHL, Biorxiv.org and MedRxiv.org for relevant articles published from 1 January-31 July 2020. 16 studies with 655 participants (age range=3 months-20 years) were analyzed. Most children with MIS-C presented with fever, gastro-intestinal symptoms, and Kawasaki Disease (KD)-like symptoms. 68% of patients required critical care, 40% needed inotropes, 34% received anti-coagulation treatment, and 15% required mechanical ventilation. Over 66% of patients received intravenous immunoglobulin, and 49% received corticosteroids. Remdesivir and convalescent plasma were the least commonly utilized therapies. Left ventricular dysfunction was reported in 32% of patients. Among patients presenting with KD-like symptoms, 23% developed coronary abnormalities, and 26% had circulatory shock. The majority of patients recovered, and 11 (1.7%) children died. The authors concluded that, although most MIS-C patients required intensive care and immunomodulatory therapies, most outcomes were favorable.	This systematic review analyzed data from 16 studies of children with MIS-C, finding that most MIS-C patients required intensive care and immunomodulatory therapies; however, most outcomes were favorable and the mortality rate was low (1.7%).	Kaushik A, Gupta S, Sood M, et al. A Systematic Review of Multisystem Inflammatory Syndrome in Children Associated With SARS-CoV-2 Infection. Pediatr Infect Dis J. 2020;10.1097/doi:10.1097/INF.0000000000002888
Placenta, villitis of unknown etiology	8-Sep-20	Villitis of Unknown Etiology in the	Turk Patoloji Dergisi (Turkish)	Case Report	Villitis of unknown etiology (VUE) is non-infectious chronic villitis thought to be associated with fetal growth restriction and stillbirth. The authors hypothesize that similar placental	These authors present the case of a pregnant woman with COVID-19, whose	Ozer E, Cagliyan E, Yuzuguldu RI, Cevizci MC, Duman N. Villitis of Unknown Etiology in the Placenta

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		Placenta of a Pregnancy Complicated by COVID-19	Journal of Pathology)		pathology could result from an anti-viral immune response to SARS-CoV-2 virus. They present the case of a 37-year-old female who developed fever, sore throat, and cough at 37 weeks of pregnancy. RT-PCR for SARS-CoV-2 was positive on a nasopharyngeal swab. Lab results were all normal, and the patient underwent a C-section at 39 weeks. The infant was healthy and had a negative SARS-CoV-2 test. The placenta showed the morphological features of VUE. Macrophages and CD4-positive T cells predominated in the villous tissue, although elevated numbers of CD8-positive cells were also present. The authors suggest a similarity in characteristics of inflammatory cell distribution and cytokine production among the lung lesions and placental VUE lesions of COVID-19 patients. They conclude that SARS-CoV-2 infection may be related to VUE resulting from an anti-viral response.	placenta showed features of villitis of unknown etiology (VUE). They discuss how SARS-CoV-2 infection may be related to VUE resulting from an anti-viral response.	of a Pregnancy Complicated by COVID-19 [published online ahead of print, 2020 Sep 8]. Villitis of Unknown Etiology in the Placenta of a Pregnancy Complicated by COVID-19 [published online ahead of print, 2020 Sep 8]. Turk Patoloji Derg. 2020. doi:10.5146/tjpath.2020.01506
Sepsis, neonatal medicine, neonatal infection, prevention	8-Sep-20	Advances in Neonatal Infections [Free Access to Abstract Only]	American Journal of Perinatology	Article	Although there have been many advances in the diagnosis, prevention, and treatment of neonatal infections, neonatal sepsis remains a leading cause of mortality. The challenge has been that each decade, newer resistant bacteria dominate as the cause of sepsis and newer viruses emerge, such as SARS-CoV-2. Hand hygiene remains the benchmark and gold standard for late-onset sepsis prevention. Future treatment options might include stem cell therapy, antimicrobial protein and peptides, and targeting pattern recognition receptors. Additionally, the microbiome of premature infants has a smaller proportion of beneficial bacteria and higher numbers of pathogenic bacteria compared with term infants, likely owing to higher frequencies of C-sections, antibiotic use, exposure to the hospital environment, and feeding nonhuman milk products. The authors recommend modifying the microbiome with more mother's milk and shorter duration of antibiotics in noninfected infants.	This article reviews the diagnosis, prevention, and treatment of neonatal sepsis, which can be caused by SARS-CoV-2 infection. The authors recommend frequent handwashing and promotion of a healthy microbiome in premature infants with breastmilk and shorter durations of antibiotics in noninfected infants.	Fanaroff AA, Fanaroff JM. Advances in Neonatal Infections [published online, 2020 Sep 8]. Am J Perinatol. 2020;37(S 02):S5-S9. doi:10.1055/s-0040-1715584
Acral lesions, acute acro-ischemia, chilblain-like, Spain	8-Sep-20	Acral lesions in a pediatric population during the COVID-19 pandemic: a case series of 36 patients from a single hospital in Spain	World Journal of Pediatrics		Cutaneous manifestations of COVID-19, including acral and chilblains-like lesions, have been reported. A recent increase in consultations for acral lesions in children at one hospital in Spain led the authors to conduct this research. They performed a retrospective descriptive study of 36 patients, with a mean age of 11.1 years (range 3 to 13 years). All participants had presented with acral skin symptoms during 7-27 April 2020. 12 (33.3%) of the patients reported close contact with confirmed or suspected COVID-19 cases. Clinical findings included erythematous papules in 24 patients (66.7%), and purpuric macules in 16 patients (44.4%). Feet were affected in 97.2% of patients (n=35), whereas hands were affected in 2 patients (5.6%). 11 patients (30.6%) had other symptoms, including cough, fever, and/or diarrhea. 7 of the patients had COVID-19 testing and all tests were negative. The	These authors performed a retrospective descriptive study to examine pediatric cutaneous acral findings during the 2020 COVID-19 pandemic. Despite no positive COVID-19 tests in the study population, the researchers maintain that a connection between COVID-19 and skin lesions is likely.	Rosés-Gibert P, Gimeno Castillo J, Saenz Aguirre A, et al. Acral lesions in a pediatric population during the COVID-19 pandemic: a case series of 36 patients from a single hospital in Spain [published online ahead of print, 2020 Sep 8]. World J Pediatr. 2020;10.1007/s12519-020-00390-0. doi:10.1007/s12519-020-00390-0

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					authors postulate that the complement activation caused by COVID-19 infection could lead to inflammation and thrombus formation, and therefore purpuric skin lesions. Alternatively, such lesions could represent a delayed antigen–antibody immunological reaction to SARS-CoV-2. The authors maintain that a connection between COVID-19 and skin lesions is likely. If further research confirms this link, cutaneous symptoms could help identify COVID-19 cases in children.		
Oncology, clinical management, practice management, gynecologic oncology, pediatric oncology, point-of-care	8-Sep-20	Using a Collaborative, Virtual Discussion Platform to Mobilize Oncologic Expertise for the COVID-19 Pandemic	JCO Clinical Cancer Informatics	Original Research	The COVID-19 pandemic can delay cancer diagnosis and care/treatment for oncology patients. Oncologists often use point-of-care medical resources to guide patient care, but the scope of this use during the pandemic has not been studied. The authors created a curated, virtual question-and-answer (Q&A) platform for radiation, medical, pediatric, and gynecologic oncologists in the U.S. to help them address clinical questions and practice management. They queried the Q&A database from 12 March to 12 May 2020, and collected the total number of views and unique viewers for submitted questions. The questions were classified according to disease type and emphasis such as clinical and practice management. 67 out of 79 approved questions were answered, and these generated 49,494 views with 5,148 unique viewers. Most discussions covered clinical management, especially regarding breast cancer. 47% of the 11,010 users of the platform visited the website during the study period. The platform successfully disseminated point-of-care resources by promoting experiential learning among oncologists.	An online, collaborative discussion platform for oncologists is useful for disseminating medical information during the COVID-19 pandemic. Such technology may help oncologists to tailor and modify their treatment to specific patient populations.	Bejjani A, Burt L, Washington C, et al. Using a Collaborative, Virtual Discussion Platform to Mobilize Oncologic Expertise for the COVID-19 Pandemic. JCO Clin Cancer Inform. 2020;4:794-798. doi:10.1200/CCI.20.00073
Antibodies, infants, severe acute respiratory syndrome coronavirus 2, Japan	8-Sep-20	Immune response against SARS-CoV-2 in pediatric patients including young infants [Free Access to Abstract Only]	Journal of Medical Virology		The authors investigated features of COVID-19 in children from two families in Japan. The article does not indicate when the cases occurred, but Japan required hospital admission for all COVID-19 patients at the time. Family A included a 1-month-old male and his parents, all of whom had positive SARS-CoV-2 RNA testing. The infant's only symptom was rhinorrhea. Antibodies were positive on day 39 after hospital admission. Family B included parents and three males age 4 months, 3 years, and 11 years. Both parents had positive SARS-CoV-2 RNA tests, and all three children were asymptomatic. The 4-month-old patient tested positive for SARS-CoV-2 RNA. Blood testing showed SARS-CoV-2 antibodies on day 37. SARS-CoV-2 RNA testing was negative in the 3-year-old male, but he was admitted in the same hospital room as his father, due to no other available caretakers. His serology displayed SARS-CoV-2 antibodies on day 37. The 11-year-old patient had negative SARS-CoV-2 RNA testing, and he was admitted into a private hospital room. His SARS-CoV-2 RNA testing was negative, and testing was negative for antibodies on day 37. These findings suggest that even infants can mount an	These authors investigated features of COVID-19 in children from two families in Japan. The findings suggest that infants and children can mount an immune response against SARS-CoV-2, even with mild to no symptoms.	Kawamura Y, Higashimoto Y, Miura H, et al. Immune response against SARS-CoV-2 in pediatric patients including young infants [published online ahead of print, 2020 Sep 8]. J Med Virol. 2020; doi:10.1002/jmv.26493

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					immune response against SARS-CoV-2. The authors suggest future research on SARS-CoV-2 antibody titers and immunity. Finally, if young children are SARS-CoV-2 negative, the authors recommend they be isolated from positive parents.		
Pediatrics, endocrine disease, diabetes mellitus, psychological aspects	8-Sep-20	COVID-19 in Children and Adolescents with Endocrine Conditions [Free access to abstract only]	Hormone and Metabolic Research	Review Article	The COVID-19 pandemic raises questions about vulnerability in specific population groups. The authors conducted a literature review to summarize current knowledge on the COVID-19 impact on children and young people (CYP) with endocrine disorders. Available data on the impact of COVID-19 on patients with endocrine disorders are mostly reassuring. No endocrine conditions have been classified as predisposing factors for COVID-19 infection. CYP with endocrine disorders need to follow the same advice for the general population, such as protective infection control measures and “sick day management rules.” Prompt medical care is especially crucial for these populations due to endocrine disorders’ effects on inflammation and the immune system. Psychological consequences should also be considered because children suffering from a chronic disease experience higher stress and pressure compared to healthy children. Therapeutic teams should address parental anxiety about children's COVID-19 exposure and implement stress management strategies to enable optimal and sustainable disease management. Given the lack of sufficient and reliable data for the pediatric population, healthcare providers should be vigilant in assessing children with endocrine disorders.	Available data on the impact of COVID-19 on patients with endocrine disorders are mostly reassuring. However, given the lack of sufficient and reliable data for the pediatric population, healthcare providers should be vigilant in assessing children with endocrine disorders.	Kostopoulou E, Güemes M, Shah P. COVID-19 in Children and Adolescents with Endocrine Conditions [published online ahead of print, 2020 Sep 8]. <i>Horm Metab Res.</i> 2020;10.1055/a-1227-6635. doi:10.1055/a-1227-6635
Singapore, breastfeeding	8-Sep-20	Breastfeeding in COVID-19: A Pragmatic Approach	American Journal of Perinatology	Clinical Opinion	This article discusses breastfeeding for mothers with COVID-19. There is no evidence that COVID-19 can be transferred via breastmilk, but the mother should adopt infection control measures such as wearing facemasks and hand washing when breastfeeding. There are still uncertainties as to how to best manage breastfeeding, and as such the authors present three options. Option A includes direct breastfeeding and direct care by the mother; Option B includes giving the infant the mother's milk while s/he is cared for by a healthcare provider (HCP) or caregiver with limited mother-infant contact; and Option C requires the infant to receive no milk from the mother and have little mother-infant contact. The option of which breastfeeding plan to engage in should be made between the mother, her partner, and HCP. Proper guidance, counseling, and breastfeeding education should be provided by the HCP. The WHO and many national health authorities encourage breastfeeding with reasonable precautions, and the authors similarly recommend direct breastfeeding and care provided by the mother, with reasonable precautions.	Evidence would indicate that COVID-19 is likely not transmitted through breastmilk, and breastfeeding should be encouraged with reasonable precautions to reduce viral transmission.	Ng YPM, Low YF, Goh XL, Fok D, Amin Z. Breastfeeding in COVID-19: A Pragmatic Approach [published online 2020 Sep 8]. <i>Am J Perinatol.</i> 2020;10.1055/s-0040-1716506.

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Children, Kawasaki syndrome, antibody-dependent enhancement, MIS-C, PMIS, macrophage activation	8-Sep-20	The potential threat of multisystem inflammatory syndrome in children during the COVID-19 pandemic	Pediatric Allergy and Immunology	Rostrum	The molecular basis of the differences in COVID-19 pathogenesis between children and adults has yet to be fully understood. The manifestations of MIS-C (also known as PMIS) include severe inflammation, fever, diarrhea, shock, variable presence of rash, conjunctivitis, extremity edema, and mucous membrane changes. In some cases these symptoms progress to multi-organ failure. The authors postulate a correlation between the percentage of asymptomatic SARS-CoV-2 cases in children and the observed incidence of MIS-C. A growing body of evidence suggests the host's innate immune response to SARS-CoV-2 infection triggers the inflammation cascade that causes severe tissue damage; this may be caused by macrophage activation via antibody-dependent enhancement (ADE). The authors argue that the incidence of ADE whereby pathogen-specific antibodies can promote pathology should be considered in vaccine development against SARS-CoV-2.	This article discusses the proposed molecular basis for the low susceptibility of children to SARS-CoV-2 infection relative to adults and how the re-infection of children with asymptomatic COVID-19 could lead to the development of MIS-C via antibody-dependent enhancement.	Rothan HA, Byrareddy SN. The potential threat of multisystem inflammatory syndrome in children during the COVID-19 pandemic [published online, 2020 Sep 8]. <i>Pediatr Allergy Immunol.</i> 2020. doi:10.1111/pai.13361
Influenza vaccine, co-circulation, pediatric vaccine, breastfeeding, pregnancy, American Academy of Pediatrics (AAP), USA	8-Sep-20	Recommendations for Prevention and Control of Influenza in Children, 2020-2021	Pediatrics	Policy Statement	This statement is an update on the American Academy of Pediatrics recommendations for the routine use of influenza vaccines and antiviral medications in the prevention and treatment of influenza in children, who historically have the highest attack rates, during the 2020-2021 influenza season in the US. The current recommendation is immunization of all children without medical contra-indications starting at 6 months of age. For the 2020-2021 season, there is no preference for one product or formulation over another given that it is licensed, recommended, and age-appropriate. The impact of the SARS-CoV-2 co-circulation with influenza is unknown at this time; this policy statement discusses important factors in determining impacts such as identifying high-risk groups, vaccine timing/dosing, composition, implementation, and effectiveness. Additionally, recommended influenza vaccines during any trimester of pregnancy can provide protection to infants during the first 6 months of life when they are too young to receive influenza vaccines themselves. Further, vaccination while breastfeeding is safe for mothers and their infants and is strongly recommended to protect infants against influenza viruses by activating innate antiviral mechanisms. The statement concludes by outlining the key recommendations and highlights the importance of pediatric influenza vaccinations this season.	The American Academy of Pediatrics has updated its recommendation for pediatric influenza vaccines for the 2020-2021 season. No preference has been given to a specific pediatric vaccine; pregnant and postpartum women should be vaccinated to protect themselves and their infants through passive immunity.	Committee on Infectious Diseases. Recommendations for Prevention and Control of Influenza in Children, 2020-2021 [published online ahead of print, 2020 Sep 8]. <i>Pediatrics.</i> 2020;e2020024588. doi:10.1542/peds.2020-024588
Pregnancy, health equity, vulnerable populations, curfew, limited resources, Kenya	8-Sep-20	The ramifications of COVID-19 on maternal health in Kenya	Sexual and Reproductive Health Matters	Commentary	The authors describe how the COVID-19 pandemic has negatively impacted maternal health in Kenya. Medical shortages have caused the reallocation of resources away from maternal wards to support COVID-19 patients, creating confusion as to where pregnant women should seek maternal healthcare. The night curfews introduced as a measure to reduce COVID-19	The authors present several examples of how maternal health in Kenya has been impacted by the COVID-19 pandemic, and argue that the response of	Wangamati CK, Sundby J. The ramifications of COVID-19 on maternal health in Kenya. <i>Sex Reprod Health Matters.</i> 2020;28(1):1804716.

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					transmission restricted movement of pregnant women, which decreased the number of women seen at health facilities and increased the risk of inadequate prenatal care and death from postpartum hemorrhage. Some counties in Kenya have come up with measures to address movement restrictions, such as offering transportation services during curfew hours. However, these are mainly offered by taxi drivers who prefer to operate in affluent neighborhoods, increasing health inequities during the pandemic. Finally, health facilities are using community health workers (CHWs) to distribute contraceptives to women in need, yet many have not received training on COVID-19 transmission prevention and are not equipped with PPE. The authors conclude that the preparedness planning and financial resources of the Kenyan government have not been adequate in protecting vulnerable populations such as pregnant women during the pandemic.	the Kenyan government has not been adequate to ensure the health of pregnant women.	doi:10.1080/26410397.2020.1804716
Pediatric congenital heart disease, intrauterine growth restriction	7-Sep-20	COVID-19 in an Intrauterine Growth Restriction (IUGR) Infant with Congenital Heart Disease: Case Report and Literature Review	Cureus	Case Report	The authors present a case report of a female infant born with intra-uterine growth restriction (IUGR), congenital heart disease (CHD), and neonatal cholelithiasis who presented to a hospital in Jeddah Saudi Arabia at 40 days of life with a SARS-CoV-2 infection during the COVID-19 pandemic in 2020. Presenting to the Emergency Department with a 4-day history of cough, rhinorrhea, and shortness of breath, she was found to have fever, tachycardia, tachypnea, retractions, a pan-systolic murmur, and respiratory acidosis. Chest x-ray revealed a prominent cardiac contour and increased pulmonary vasculature. PCR was positive for SARS-CoV-2. She was admitted to the PICU and treated with diuretics and oxygen via nasal cannula. She improved by hospital day 3. Her PCR test was repeated every 3-5 days and remained positive until day 28. She was discharged home in good condition on anti-heart failure medications. The authors note that infants make up 12% of all pediatric COVID-19 infections and infants with co-morbidities may be at risk for more severe infections.	The authors present a case report of a 40-day old female infant with known intra-uterine growth restriction, congenital heart disease, and neonatal cholelithiasis who was admitted in moderate distress due to COVID-19 and treated in the PICU with nasal cannula oxygen and diuretics with prompt resolution of symptoms but prolonged SARS-CoV-2 PCR positivity.	Elbehery M, Munshi FA, Alzahrani A, Bakhsh M, Alariefy M. COVID-19 in an Intrauterine Growth Restriction (IUGR) Infant with Congenital Heart Disease: Case Report and Literature Review. Cureus. 2020 Sep 7;12(9):e10294. doi: 10.7759/cureus.10294. PMID: 33047084; PMCID: PMC7540188.
Pregnancy, liver injury, transaminases, newborn	7-Sep-20	Elevated transaminases in a COVID-19 positive patient at term of gestation: a case report	Acta Bio-Medica	Case Report	Researchers hypothesize that the SARS-CoV-2 virus could infect bile duct cells via ACE-2 receptors, causing liver damage. These authors present the case of a 29-year-old patient at 38 weeks of pregnancy, who was COVID-19 positive with elevated transaminases. The patient presented with irregular contractions, and was found to have a fever of 101 degrees F, with recent history of cough and chest congestion. Lab analysis showed elevated alanine and aspartate transaminases (ALT and AST), at 1375 and 2046 U/L, respectively. Hepatitis viral panel was negative, absolute lymphocyte count was low, and chest X-ray showed multiple bilateral infiltrates. The patient underwent induction of labor and delivered vaginally. Azithromycin and	These authors present the case of a 29-year-old patient at 38 weeks of pregnancy, who was COVID-19 positive with elevated trans-aminases. They suggest expediting delivery in COVID-19 patients at term, in order to normalize liver enzymes, but they stress	Nkeih C, Sisti G, Schiattarella A. Elevated transaminases in a COVID-19 positive patient at term of gestation: a case report. Acta Biomed. 2020 Sep 7;91(3):e2020002. doi: 10.23750/abm.v91i3.9796. PMID: 32921751.

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					Rocephin were given. Treatment with hydroxychloroquine was started when a COVID-19 test returned positive on Hospital Day (HD) 4. Fever was intermittent during HD 1-6, and the patient was otherwise clinically stable. The transaminase levels decreased over the hospital stay, and mother and infant were discharged on HD 8. The infant tested negative for COVID-19. These authors believe the altered transaminases resulted from COVID-19 infection. They speculate that fetal delivery leads to normalization of liver enzymes in COVID-19 positive pregnant patients. They therefore suggest expediting delivery in COVID-19 patients at term, but they stress that larger studies are needed.	that larger studies are needed.	
Maternal, neonatal, PPE, triage, healthcare design, Italy	7-Sep-20	Management of the mother-infant dyad with suspected or confirmed SARS-CoV-2 infection in a highly epidemic context	Journal of Neonatal Perinatal Medicine	Commentary	During the COVID-19 pandemic, the hospital management of mother-infant dyads poses challenges for obstetricians and neonatologists. In Lombardy, Northern Italy, 59 maternity wards networked to organize the medical assistance of mothers and neonates with suspected or confirmed SARS-CoV-2 infection. The authors present the protocols of 6 “COVID-19 maternity centers” that were identified and re-organized to manage suspected and proven cases. Within obstetric triage, pediatric triage, and delivery wards, one or more rooms with negative pressure and en-suite toilet were dedicated for suspected or proven cases. Within the NICU, negative-pressure rooms were identified at one extremity of the ward. Every staff member who entered a room with a suspected or proven patient wore full PPE. If the mother tested positive, the neonate was screened for SARS-CoV-2 infection within the first 12 hours of life. After birth, skin-to-skin contact was avoided on a precautionary basis. The management of mother-infant dyads depended on the clinical condition of both, and on the results of SARS-CoV-2 infection screening.	The authors share their experiences, as obstetricians and neonatologist, regarding the management of mother-infant dyads with suspected or confirmed SARS-CoV-2 infection. They detail the placement of negative pressure rooms within the units and the use of PPE. They urge maternity wards and NICUS to prepare for the management of suspected or proven SARS-CoV-2 infections.	Pietrasanta C, Pagni L, Ronchi A, Schena F, Davanzo R, Gargantini G, Ferrazzi E, Mosca F. Management of the mother-infant dyad with suspected or confirmed SARS-CoV-2 infection in a highly epidemic context. J Neonatal Perinatal Med. 2020;13(3):307-311. doi: 10.3233/NPM-200478.
AB, COVID-19, pregnancy	7-Sep-20	COVID-19 and the ABO blood group in pregnancy: A tale of two multiethnic cities	International Journal of Laboratory Hematology	Letter to the Editor	The authors presented data concerning the frequency of ABO blood groups in pregnant women with and without COVID-19. The relative frequency of blood groups were calculated from throat swabs of women presenting with symptoms suggestive of COVID-19 to the maternity units at the University Hospitals of Leicester (16 March-23 April 2020) and Birmingham (20 March-5 May 2020) in the UK. The average ages (30 vs 31 years) and BMI values (26 vs 27) were not significantly different between the COVID-19 negative and positive cohort, respectively. The ABO group was found to be significantly associated with COVID-19 status ($p=0.012$), with a stronger association of AO blood groups ($p<0.001$). Pregnant women with blood group A had a significantly higher relative risk of developing COVID-19 (RR 1.71, 95% CI [1.05-2.78]). These data suggest that individuals with blood group A are most susceptible, whereas those with type-O are least susceptible. The findings imply that pregnant women	The authors presented data showing the association of the AO blood group to COVID-19 infection. Pregnant women with type A blood had a significantly higher risk of developing COVID-19, and consequently, may require more vigilance from clinicians to lower the risks of the infection. Those with type-O were less susceptible	Ahmed I, Quinn L, Tan BK. COVID-19 and the ABO blood group in pregnancy : A tale of two multiethnic cities. Int J Lab Hematol. 2020;(September). doi:10.1111/ijlh.1335

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					with blood type A would require more vigilance from clinicians to lower the risks of COVID-19 infection.		
Middle-East respiratory syndrome, MERS, children, clinical manifestations	7-Sep-20	Coronavirus infections in children: from SARS and MERS to COVID-19, a narrative review of epidemiological and clinical features	Acta Biomedica	Review Article	This narrative review provides a comprehensive overview of epidemiological, pathogenic, and clinical features of COVID-19 by comparing it with SARS and MERS in the pediatric population. SARS-CoV, MERS-CoV, and SARS-CoV-2 seem to affect children less commonly and less severely than adults. Most documented infections belong to family clusters, so the role of children in virus transmission is uncertain. Since children are often asymptomatic, the true infected numbers could be underestimated. Clinical features among the pediatric population are similar for all corona-viruses and include fever, rhinitis, otitis, pharyngitis, bronchitis, pneumonia, and gastro-intestinal symptoms. Chest CT changes are similar among SARS-CoV, MERS-CoV, and SARS-CoV-2, with bilateral patchy airspace consolidations, often at the periphery of the lungs, and ground-glass opacities. While broad-spectrum antiviral drugs with corticosteroids were used for SARS-CoV treatment in children, no approved protocol is currently available for COVID-19 treatment. The cytokine storm seen in COVID-19, with high levels of IL-1, IL-6, TNF-alpha, and activated macrophages, is similar to Kawasaki disease; however, whether it is a true Kawasaki disease, or a systemic inflammatory manifestation of infection is not yet clear. Further COVID-19 prevalence studies are necessary to determine the role of children in different age groups in the spread of the infection.	This literature analysis shows that SARS-CoV, MERS-CoV, and SARS-CoV-2 seem to affect children less commonly and less severely compared with adults. Further SARS-CoV-2 prevalence studies are necessary to clarify the role of children in different age groups in the spread of the infection.	Iannarella R, Lattanzi C, Cannata G, et al. Coronavirus infections in children: from SARS and MERS to COVID-19, a narrative review of epidemiological and clinical features. <i>Acta Biomed</i> . 2020;91(3):e2020032. Published 2020 Sep 7. doi:10.23750/abm.v91i3.10294
Infants, neonates, pediatric, ICU, outcomes, symptoms, laboratory abnormalities	7-Sep-20	Community-Onset SARS-CoV-2 Infection in Young Infants: A Systematic Review	The Journal of Pediatrics	Original Research	The authors conducted a systematic review of reports published between November 1, 2019, and June 15, 2020, and analyzed the clinical characteristics, laboratory findings, and outcomes of laboratory-confirmed community-onset SARS-CoV-2 infection in neonates < 3 months of age. 38 met inclusion criteria, including 23 single case reports, 14 case series, and one cohort study, and 63 neonates were analyzed in the study. Also, the majority of publications were from the United States, China, and Italy. The authors observed that most cases of SARS-CoV-2 infection in neonates were mild to moderate. Fever was the most common symptom reported among neonates (73%), followed by respiratory symptoms (66%) and poor feeding (24%). Gastro-intestinal, cardiac, and neurologic findings were also reported. Furthermore, laboratory abnormalities, including neutropenia, lymphopenia, and elevated serum levels of inflammatory markers and aminotransferases were reported. 58 (92%) neonates were hospitalized, 13 (21%) were admitted to the ICU, and 2 (3%) required mechanical ventilation. Length of hospital stay ranged from 1 to 30 days, almost all neonates with known disposition were discharged home, and no deaths were reported.	Findings from this study showed that among neonates with laboratory-confirmed SARS-CoV-2 infection, most cases were mild to moderate and improved with supportive care. The authors suggest a need for a high index of suspicion for SARS-CoV-2 infection in neonates presenting from the community with systemic symptoms, even in the absence of fever.	Mark EG, Golden WC, Gilmore MM, et al. Community-Onset SARS-CoV-2 Infection in Young Infants: A Systematic Review [published online, 2020 Sep 7]. <i>J Pediatr</i> . 2020;S0022-3476(20)31133-1. doi:10.1016/j.jpeds.2020.09.008

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Children, inflammatory syndrome, Kawasaki disease	7-Sep-20	The "perfect" storm: Current evidence on pediatric inflammatory multisystem disease during SARS-CoV-2 pandemic	Acta Biomed	Review Article	This article summarizes the current evidence regarding clinical features, pathogenesis, therapy strategies and outcome of a severe inflammatory syndrome associated with SARS-CoV-2 infection in children. Authors conducted a PUBMED search using the following terms: "Children" AND "COVID-19" OR "Coronavirus" AND "Inflammatory syndrome" OR "Kawasaki disease." Most publications were case reports, small case series, and literature reviews. The authors reported a comparison in clinical features between overlapping clinical syndromes such as Kawasaki disease (KD), Kawasaki disease shock syndrome (KDSS), macrophage activated syndrome (MAS), and toxic shock syndrome (TSS), and SARS-CoV-2 inflammatory syndrome in children. The evidence suggests an entirely novel syndrome, characterized by cytokine storm with elevated inflammatory markers, greater median age than KD, higher frequency of cardiac involvement and gastrointestinal symptoms, and lower frequency of coronary anomalies. Most reported cases tested positive for IgG antibodies for SARS-CoV-2, suggesting a late-onset disease and a possible etiology through the host-immune response. The authors described intravenous immunoglobulins (IVIg) as an effective treatment strategy with unspecific immunomodulatory properties. Other treatment modalities included the use of corticosteroids, Interleukin-6 inhibitor, and antivirals. Overall reported mortality was low, with a single death in the United Kingdom cohort, one death from French surveillance, and four reported deaths in the United States.	The article outlines evidence for an entirely novel severe inflammatory syndrome in association with SARS-CoV-2 infection in children. It describes the use of immunoglobulin as an effective treatment strategy and reports overall low mortality among reported cases.	Lami F, Scalabrini I, Lucaccioni L, Lughetti L. The "perfect" storm: Current evidence on pediatric inflammatory multisystem disease during SARS-CoV-2 pandemic. Acta Biomed. 2020 Sep 7;91(3):e2020034. doi: 10.23750/abm.v91i3.10360. PMID: 32921728.
Pregnancy, neonates' preterm birth, PROM, premature rupture of membranes, Spain	7-Sep-20	The association between COVID-19 and preterm delivery: A cohort study with a multivariate analysis	medRxiv	Preprint (not peer-reviewed)	This study investigates whether SARS-CoV-2 exposure in pregnancy is associated with increased obstetric morbidity. Universal screening for COVID-19 among pregnant women going into labor took place in 45 hospitals throughout Spain since late March 2020. Both exposed and unexposed pregnancies were followed up until six weeks postpartum. Multivariate logistic regression analysis was used to determine the adjusted odds ratio (aOR) of infection related obstetric outcomes given SARS-CoV-2 exposure. In the cohort of 1,009 screened pregnancies, 246 were COVID-19 positive. Compared to non-exposure, COVID-19 exposure increased the odds of preterm birth (34 vs 51, 13.8% vs 6.7%, aOR 2.12, 95% CI 1.32 3.36, p=0.002), premature rupture of membranes at term (39 vs 75, % vs 9.8%, aOR 1.70, 95% CI 1.11 2.57, p=0.013) and neonatal intensive care unit admissions (23 vs 18, 9.3% vs 2.4%, aOR 4.62, 95% CI 2.43 8.94, p<0.001) after adjusting for possible confounding factors.	The article is the first prospective cohort study to analyze whether a relationship exists between COVID-19 exposure and infection-related obstetric outcomes. Using multivariate analysis, authors found that pregnant women with COVID-19 had more preterm births, premature rupture of membranes at term, and NICU admissions than non-exposed pregnant women.	Martinez Perez O, Prats Rodriguez P, Muner Hernandez M, et al. The association between COVID-19 and preterm delivery: A cohort study with a multivariate analysis. medRxiv. 2020:2020.2009.2005.20188458.
Birth, emergency service, fetal	7-Sep-20	Effects of SARS Cov-2 epidemic	European Journal of	Original Article	The authors investigated the changes in the emergency flow that occurred during the COVID-19 pandemic in Obstetrics and	This study analyzed the impact of the COVID-19	Dell'Utri C, Manzoni E, Cipriani S, et al. Effects of SARS Cov-2

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death, pregnancy, Lombardy, Northern Italy		on the obstetrical and gynecological emergency service accesses. What happened and what shall we expect now?	Obstetrics & Gynecology and Reproductive Biology		Gynecological Emergency Services at the Clinica Mangiagalli, Lombardy, Northern Italy and the short-term adverse outcomes on women's reproductive health. They analyzed the records of all women admitted from February 23 - June 24, 2019 and compared them with the admissions during the lockdown from February 23-June 23, 2020. A total of 9291 records were retrieved, 5644 from 2019 and 3647 from 2020. From February 24 - May 31, 2020, admissions decreased by 35.4% (95%CI: 34.1-36.6%) compared with the corresponding period in 2019. The reduction was more marked for gynecological complaints (-63.5%, 95%CI: -60.5 to -66.5%). There was a reduction of admissions for genital infection/cystitis of 75.7% (95%CI: -71.4 to -80.1%). The admission for complaints associated with pregnancy decreased by 28.5% (95%CI: -27.2 to -29.9%). In the index period, 5 fetal deaths were diagnosed compared with 1 observed in the reference period (p=0.04). The frequency of admission for elective C-section/labor induction increased from 47.5% to 53.6%. As possible short-term consequences, an increase of intra-uterine deaths and a decrease of natural births were observed.	pandemic on an Obstetrics and Gynecology Emergency Service in Italy, showing decreased admissions, increased intra-uterine fetal death, and increased C-sections and labor inductions.	epidemic on the obstetrical and gynecological emergency service accesses. What happened and what shall we expect now? Eur J Obstet Gynecol Reprod Biol. 2020 Sep 7;254:64-68. doi: 10.1016/j.ejogrb.2020.09.006. Epub ahead of print.
Children, complications, Kawasaki Disease, cytokine storm, MIS-C	7-Sep-20	An Outbreak of Kawasaki-like Disease in children during SARS-CoV-2 Epidemic: No Surprise? [Free Access to Abstract Only]	Acta Biomedica	Review	This systematic review provides an overview of the current literature focusing on MIS-C, which has similar clinical presentations to Kawasaki Disease (KD). The authors searched articles on PubMed published from January-May 2020 using the terms "COVID-19," "children," "SARS-CoV-2," "complications," "Kawasaki Disease," and "cytokine storm." "While most infants and children present with milder symptoms and better outcomes of COVID-19 than adults, some children may be genetically disposed to a more robust inflammatory response resembling KD. The authors state that, because other infectious agents may trigger KD in genetically pre-disposed children, SARS-CoV-2 may trigger an inflammatory response meeting KD diagnostic criteria. Thus, according to the pathogenesis of KD, pediatricians may expect an increase of KD during and following the COVID-19 pandemic.	The authors review current literature published on MIS-C and suggest that MIS-C is a new manifestation of Kawasaki Disease. Pediatricians may expect an increase of KD during and following the pandemic.	Cavallo F, Chiarelli F. An Outbreak of Kawasaki-like Disease in children during SARS-CoV-2 Epidemic: No Surprise?. Acta Biomed. 2020;91(3):e2020015. doi:10.23750/abm.v91i3.10305
Vertical transmission	7-Sep-20	Intrauterine transmission of COVID-19 in Pregnancy: case report and review of literature	Acta Biomedica	Case Report	This case study presents the first COVID-19 positive patient to give birth in the US. The patient was a 34-year-old African American female, with diabetes mellitus type-2, treated latent tuberculosis, hypertension, and chronic hepatitis B. She presented at 36 weeks of gestation on March 12, 2020. She complained of myalgia, fatigue, non-productive cough, and a subjective fever. After receiving a nasopharyngeal (NP) swab, and was discharged. She was recalled to the hospital 7 days later upon positive results of her COVID-19 test, at which point she noted that her symptoms had resolved, and an elective C-section was performed for indications unrelated to the viral infection.	This case presents the first woman in the United States to give birth after testing positive for COVID-19. The infant tested negative for COVID-19, consistent with broader literature that vertical transmission is rare.	Elkafrawi D, Joseph J, Schiattarella A, Rodriguez B, Sisti G. Intrauterine transmission of COVID-19 in Pregnancy: case report and review of literature. Acta Biomed. 2020 Sep 7;91(3):e2020041. doi: 10.23750/abm.v91i3.9795. PMID: 32921747.

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					The infant was placed in isolation and tested negative for COVID-19 through NP swab. Consistent with the broader literature, vertical transmission of COVID-19 seems to be rare.		
Angiotensin-converting enzyme 2 (ACE2), pneumonia, neonates, pregnancy, obstetrics	7-Sep-20	The changing landscape of SARS-CoV-2: Implications for the maternal-infant dyad	Journal of Neonatal-Perinatal Medicine	Review	The rate of rapid dissemination of SARS-CoV-2, magnitude of viral contagiousness, and person-to-person transmission at an asymptomatic phase of illness pose unique challenges for neonatal and obstetric patients. This review covers the microbiology, immunology, and pathophysiology of SARS-CoV-2 in the context of pregnancy, clinical presentations of COVID-19 in pregnant women, pregnancy outcomes, pregnancy-specific transmission, the impact of COVID-19 on neonates, and strategies to modulate COVID-19 in the perinatal setting. Altered hormone status and predominance of Th-2 immune helper cells may result in increased predisposition to SARS-CoV-2 infection but a less severe COVID-19 clinical phenotype in pregnant women in comparison to non-pregnant women. Evidence of vertical transmission to the fetus is inconclusive and controversial. Neonatal reports demonstrate an inconsistent and non-specific phenotype, and it is often difficult to separate COVID-19 from the underlying conditions of prematurity or bacterial infection. Guidelines for infant care include protocols for delivery room precautions, separation, breast feeding, newborn testing, discharge, and infant visitation. The development of international registries to enable risk profiling of COVID-19 positive pregnant mothers and their offspring may facilitate the development of enhanced mitigation strategies, medical treatments, and effective vaccinations.	This review covers the microbiology, immunology, and pathophysiology of SARS-CoV-2 in the context of pregnancy, clinical presentations of COVID-19 in pregnant women, pregnancy outcomes, pregnancy-specific transmission, the impact of COVID-19 on neonates, and strategies to modulate COVID-19 in the perinatal setting.	Elgin TG, Fricke EM, Hernandez Reyes ME, et al. The changing landscape of SARS-CoV-2: Implications for the maternal-infant dyad. J Neonatal Perinatal Med. 2020;13(3):293-305. doi: 10.3233/NPM-200460. PMID: 32417802.
Pediatric, oncology, France, tele-medicine	7-Sep-20	Impact of COVID-19 on cancer care: A survey from the French Society of Pediatric Oncology (SFCE)	Pediatric Blood & Cancer	Letter to the Editor	In April 2020, the French Society of Pediatric Oncology (SFCE) conducted a survey to examine practices during the COVID-19 outbreak and evaluate its impact on pediatric oncology wards in France. 28 (90.3%) of SFCE's 31 centers responded to the 37-item online survey. 13 centers (46.4%) reported systematically testing for COVID-19 before procedures such as high-dose chemotherapy, while the remainder of respondents only tested symptomatic patients. 26 centers (92.9%) postponed non-urgent appointments during the pandemic, and all centers introduced telemedicine visits. 18 centers (64.3%) reported that the outbreak had a negative impact, while 10 centers (35.7%) judged that it had no significant impact on the care provided to their patients. This study highlights the impact of the outbreak on pediatric oncology departments throughout France, even in those not directly confronted with the infection.	These authors discuss a survey of pediatric oncology centers in France. Their study highlights the impact of the 2020 COVID-19 outbreak on pediatric oncology departments, even in those not directly confronted with the infection.	Rouger-Gaudichon J, Gariazzo L, Thébault E, et al. Impact of COVID-19 on cancer care: A survey from the French Society of Pediatric Oncology (SFCE) [published online ahead of print, 2020 Sep 7]. Pediatr Blood Cancer. 2020;e28554. doi:10.1002/pbc.28554
B-lines, lung ultrasound, pediatric	7-Sep-20	Lung Ultrasound Point-of-View in Pediatric and	Journal of Ultrasound in Medicine	Review Article	Clinical detection of COVID-19 can be difficult in children, who often have mild or no symptoms. This article discusses whether lung ultra-sound (LUS) could be used for diagnosis and follow-up	Although they do not suggest lung ultra-sound (LUS) as a lone diagnostic	Norbedo S, Blaivas M, Raffaldi I, Caroselli C. Lung Ultrasound Point-of-View in Pediatric and

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		Adult COVID-19 Infection			in these patients. CT imaging is often used for adult COVID-19 patients, but the authors caution against routine CT use in children, due to radiation exposure and the need for sedation. Additionally, since LUS is portable, it decreases patient transport through the hospital, thereby decreasing COVID-19 transmission risk to others. The authors review literature on LUS use in COVID-19 suspected pediatric patients and contrast it with published findings on adult patients. The authors only identify two studies involving LUS and COVID-19 in children; these were observational and included a total of 18 patients. These articles demonstrated the accuracy of LUS in detecting pneumonia in children, although findings were not specific for COVID-19 disease. The authors therefore do not suggest LUS as a lone diagnostic tool for COVID-19, but they argue that LUS could be useful in pneumonia diagnosis and follow-up, and may help inform clinical decisions.	tool for COVID-19, these authors argue that LUS could be useful in pneumonia diagnosis and follow-up, and may help inform clinical decisions, especially for pediatric patients.	Adult COVID-19 Infection [published online ahead of print, 2020 Sep 7]. J Ultrasound Med. 2020;10.1002/jum.15475. doi:10.1002/jum.15475
Jordan, pediatrics, clinical characteristics	7-Sep-20	Clinical and laboratory characteristics of SARS-CoV-2-infected pediatric patients in Jordan: Serial RT-PCR testing until discharge	Paediatrics and International Child Health	Original Research	This study aimed to identify the clinical characteristics, laboratory results and longitudinal RT-PCR testing pattern in children infected with SARS-CoV-2 and admitted to a hospital in Jordan. A retrospective chart review was conducted on the pediatric patients hospitalized with SARS-CoV-2 infection from March 16-April 23, 2020. Of the 61 patients with a positive SARS-CoV-2 test on admission, 34 patients (55.7%) were symptomatic. Their ages ranged from 25 days to 18 years; the median (IQR) age was 6 (3.75–12.00) years. Serial RT-PCR testing was undertaken 7 days after the initial test at admission and then on alternate days until discharge. The longest time until the first negative RT-PCR result was 39 days. The most common symptom was nasal congestion (34.3%), followed by generalized malaise and headache (19.7%). A rash was detected in 8.2% of patients. There was a statistically significant association between laboratory results and symptom expression ($p = 0.011$). The authors note that PCR can be positive for over 1 month, and there is great variation in the time to the first negative swab.	Data from 61 SARS-CoV-2-positive hospitalized pediatric patients in Jordan were collected and analyzed. The authors most notably highlight that 44% of the patients were asymptomatic and that there is great variation in the time to the first negative test swab between patients.	Kilani MM, Odeh MM, Shalabi M, et al. Clinical and laboratory characteristics of SARS-CoV2-infected paediatric patients in Jordan: serial RT-PCR testing until discharge. Paediatr Int Child Health. 2020; doi:10.1080/20469047.2020.1804733
Children, adolescents, MIS-C, infants, psychosocial health, Brazil	7-Sep-20	The Challenging and Unpredictable Spectrum of COVID-19 In Children and Adolescents	Revista Paulista de Pediatria	Editorial	This review discusses the clinical features and outcomes of COVID-19 in pediatric populations, as well as the overall impact of the pandemic on the health of children and adolescents. The prevalence of children and adolescents with COVID-19 is low compared to the general population, and children do not appear to play a critical role in SARS-CoV-2 transmission in the community. Although the clinical spectrum of pediatric COVID-19 ranges widely, the clinical course uncommonly results in life-threatening illness with severe outcomes. Infants <1 year of age and children with chronic pulmonary diseases, cardiovascular illnesses, malignancy, immunosuppression and obesity appear to be at increased risk of severe disease. Multisystem inflammatory	This editorial summarizes the spectrum of COVID-19 disease in children, ranging from asymptomatic or mild disease (most commonly) to severe infection or development of MIS-C. Adolescents may be further impacted by the pandemic as a result of increased psychosocial stressors.	Safadi MAP, Silva CAAD. THE CHALLENGING AND UNPREDICTABLE SPECTRUM OF COVID-19 IN CHILDREN AND ADOLESCENTS. Rev Paul Pediatr. 2020. Published 2020 Sep 7. doi:10.1590/1984-0462/2020/38/2020192

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					syndrome in children (MIS-C) can occur days to weeks after acute SARS-CoV-2 and has been attributed to an unbalanced immune response following SARS-CoV-2 infection. Mental health burden, social impact and financial loss are important challenges for all children and adolescents during the pandemic, and may require online mental health care delivery.		
Appendicitis, MIS-c, terminal ileitis	7-Sep-20	Acute Appendicitis in Multisystem Inflammatory Syndrome in Children With COVID-19.	The Pediatric Infectious Disease Journal	Case Report	The authors present a case report to highlight the association of SARS-CoV2, acute appendicitis, and multisystem inflammatory syndrome (MIS-C) in children seen at Tygerberg Hospital in Capetown, South Africa during the worldwide COVID-19 pandemic in 2020. They report on a case series of four pediatric patients, ages 5-12 years-old, with confirmed SARS-CoV2 positivity on respiratory specimens and a clinical presentation of appendicitis. Three of these patients were treated with appendectomies and were found to have MIS-C following surgery. All of these patients had surgically confirmed appendicitis; two of these had complicated appendicitis with perforation and intra-abdominal pus and the third patient had histological confirmation of appendicitis. No fecoliths were found. One patient was treated conservatively and did not have MIS-C. The authors highlight these cases for surgeons, emergency physicians, and general practitioners to increase awareness of the association of acute appendicitis, COVID-19, and MIS-C. They also emphasize the complexity of diagnosing acute appendicitis versus terminal ileitis in children with COVID-19 and MIS-C, as well as the need for management modifications in the postoperative recovery phase.	The authors present the surgical management and medical findings of 4 pediatric patients with SARS-CoV-2 infection and acute appendicitis complicated by MIS-c in three cases. They also emphasize the complexity of diagnosing acute appendicitis versus terminal ileitis in children with COVID-19 and MIS-C.	Lishman, Juanita FCPaed; Kohler, Charles MBChB, MRCS; de Vos, Corne FCPaedSurg; van der Zalm, Marieke M. PhD; Itana, Justina MBChB; Redfern, Andrew FCPaed; Smit, Liezl FCPaed; Rabie, Helena PhD Acute Appendicitis in Multisystem Inflammatory Syndrome in Children With COVID-19, The Pediatric Infectious Disease Journal: September 7, 2020 - Volume Online First - Issue -
Newborn infant, equity, protection, infant care, postpartum care, pregnancy, distribution	7-Sep-20	Protecting newborn infants during the COVID-19 pandemic should be based on evidence and equity	Acta Paediatrica	Perspective	Despite efforts to reduce the risk of viral transmission of SARS-CoV-2, there persist concerns about protecting vulnerable populations such as pregnant and postpartum women, newborn infants, and the healthcare workers that care for them. Recently, potentially harmful measures related to infant care have been implemented across health systems such as discouraging skin-to-skin contact, breastfeeding and separating newborn infants from their mothers and family members immediately after childbirth. The authors discuss the impacts and equitable distribution of mitigation efforts. Previous research suggests resources have not been equitably distributed across health facilities, which has led to sub-standard infection control at many under-funded and over-burdened facilities. Further, there has been evidence of case profiling based on family characteristics and perceived social status rather than scientific risk and/or test results. The authors suggest that moving forward, families should be given the most recent information and should be available in a range of languages, literacy levels, and formats. The authors conclude by	The authors suggest that a lack of equitable distribution of protection and mitigation efforts for newborns during the COVID-19 pandemic has led to sub-standard infection control at under-funded and over-burdened health facilities. Future efforts should be based on up-to-date science and distributed equitably.	Sacks E, Sripad P, Ndwigwa C, Waiswa P, Warren CE. Protecting newborn infants during the COVID-19 pandemic should be based on evidence and equity [published online ahead of print, 2020 Sep 7]. Acta Paediatr. 2020;10.1111/apa.15568. doi:10.1111/apa.15568

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					suggesting that if mitigation measures are necessary during the pandemic, they should be based on science and applied equitably as well as additional efforts to build better, more inclusive health systems.		
Pediatric, gastro-intestinal, symptoms, United Kingdom	7-Sep-20	Covid-19: UK studies find gastrointestinal symptoms are common in children	British Journal of Medicine (BMJ)	Brief Report	This short article highlights a September 2020 prospective study by Waterfield et al, including 992 children (median age 10.1 years) of health care workers in the UK. 68 (6.9%) of the children tested positive for SARS-CoV-2 antibodies, and half of these cases were symptomatic. The most common symptoms were fever (21/68, 31%), gastro-intestinal (GI) symptoms including diarrhea, vomiting, and cramping (13/68, 19%), and headache (12/68, 18%). The COVID-19 Symptom Study app has also shown that children with positive swabs often have GI symptoms. This symptom array is different than that in adults with COVID-19. Children may also present with non-specific symptoms like malaise and loss of appetite. The researchers quoted in this article recommend that children isolate at home until after the clearing of any possible COVID-19 symptoms, and that testing should be considered in children with a variety of symptoms.	This article states that gastro-intestinal symptoms are common in children infected with SARS-CoV-2, and that this finding should inform testing and isolation practices.	Mayor S. Covid-19: UK studies find gastrointestinal symptoms are common in children. BMJ. 2020;370:m3484. Published 2020 Sep 7. doi:10.1136/bmj.m3484
Epidemiology, safe reopening, testing, masks, education, Illinois, United States	7-Sep-20	Can Educational Institutions Reopen for In-person Classes Safely Amid the COVID-19 Pandemic?	medRxiv	Pre-print (not peer-reviewed)	The authors explore the answers to the following questions using an epidemiological model: 1) Can schools and educational institutions and other organizations open safely amid COVID-19? and 2) If so, what are the measures required to open educational institutions and other organizations to commence in-person operations while maintaining public-health safety from the spread of COVID-19? The authors then evaluate the following strategies: (i) widespread rapid testing of individuals, (ii) mask-wearing and other safety measures such as handwashing and disinfecting, (iii) social distancing, and (iv) contact tracing of detected individuals. They conclude the following: Institutions need to test at a relatively high level (e.g., at least once every week) in the initial phases of re-opening. Contact tracing is relatively more important when the positivity rate from random testing is relatively low during the initial phases. Finally, a Bayesian adaptive testing strategy based on positivity rates can help institutions optimally manage the costs and risks of re-opening.	The authors provide an epidemiologic model of COVID-19 spread, factoring in multiple preventive measures, in an effort to help guide educational institutions and other large organizations in the development of safe re-opening plans.	Mukherjee U, Bose S, Ivanov A, et al. Can Educational Institutions Reopen for In-person Classes Safely Amid the COVID-19 Pandemic? medRxiv. [Pre-print, not peer reviewed]. 2020. https://doi.org/10.1101/2020.09.04.20188680
Pregnancy, vertical transmission	7-Sep-20	Clinical manifestations and maternal and perinatal outcomes with COVID-19	American Journal of Reproductive Immunology	Review article	This review discusses the manifestations and outcomes of COVID-19 in pregnancy. Pregnant women who contract COVID-19 present with similar symptoms as other populations, predominantly lower or upper respiratory tract infection, fever, and cough. Women who are pregnant may be more susceptible to viruses due to physiological mechanisms and other high-risk factors, but it is not yet known whether women who are pregnant are more susceptible to COVID-19. The effect of the	The presentation of COVID-19 in pregnant women is similar to other adult populations. There is little evidence of vertical transmission or obstetric complications, and as such there is no need to	LI W, Yu N, Kang Q, et al. Clinical manifestations and maternal and perinatal outcomes with Covid-19. [Published online ahead of print]. Am J Repro Immunol. 2020; doi: 10.1111/aji.13340

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					virus on the placenta and its interaction with the maternal immune system is not yet known. There are reportedly few severe complications of COVID-19 with pregnancy, but studies report that small for gestational age occurred in 22-25% of infants, intra-uterine death occurred in 1.15% of pregnancies, and the incidence of maternal ICU admittance was 2.78%. Rates of preterm birth range from 6.1% to 55.56% among studies. However, outcomes for most mothers and infants are good. It is uncertain whether vaginal or C- section is better for this population, and data regarding vertical transmission remain inconclusive.	prematurely induce birth due to COVID-19 alone.	
Airborne, infectious disease, lock-down, France	7-Sep-20	Common pediatric respiratory infectious diseases may serve as an early predictor for SARS-CoV-2 new wave of infections	Clinical Infectious Diseases	Correspondence	This article delineates the decrease of other air-borne viruses in France due to the COVID-19 lockdown. At week 12 of the lockdown, rates of common cold, bronchiolitis, acute otitis media and acute gastro-enteritis (AGE) among children had significantly decreased due to the lockdown. This occurred before a noticeable decrease in COVID-19. Rates of AGE remained low after the end of lockdown; the authors speculate this is due to public injunctions for hand washing which mitigates spread of disease through the fecal-oral route. There was, however, a sharp increase in respiratory illnesses after the end of the lockdown.	The COVID-19 lock-down significantly reduced transmission of airborne diseases among children; however, rates increased once the lock-down was lifted. Rates of acute gastro-enteritis decreased with the lock-down and remained low, presumably due to hand washing injunctions.	Yang D, Ouldaldi N, Gajdos V, et al. Common pediatric respiratory infectious diseases may serve as an early predictor for SARS-CoV-2 new wave of infections. [Published online ahead of print]. Clin Infect Dis, 2020; DOI: 10.1093/cid/ciaa1359
Gastrointestinal symptoms, United Kingdom, Britain	7-Sep-20	Covid-19: UK studies find gastrointestinal symptoms are common in children	British Medical Journal (BMJ)	News brief	This news brief discusses a study in the United Kingdom regarding COVID-19 symptoms in children. Researchers found that gastro-intestinal symptoms are common in children infected with COVID-19. The study followed 992 children of healthcare workers (median age 10.1 years) and found that 68 (6.9%) tested positive for COVID-19. Of these, approximately half were asymptomatic, and of those that displayed symptoms, the most common were fever (31%), gastro-intestinal symptoms including diarrhea, vomiting, and abdominal cramps (19%), and headache (18%). The author noted that cough and shortness of breath are far less prevalent in children diagnosed with the disease than adults, but that gastro-intestinal problems are more common.	Gastrointestinal symptoms are common in children infected with COVID-19. Such symptoms should prompt testing for COVID-19.	Mayor, S. Covid-19: UK studies find gastrointestinal symptoms are common in children. BMJ. 2020; 370 (3484). DOI: 10.1136/bmj.m3484
Children, emergency care, emergency department, healthcare utilization, Germany	7-Sep-20	COVID-19 Related Reduction in Pediatric Emergency Healthcare Utilization - A Concerning Trend	BMC Pediatrics	Research Article	The authors conducted a single-center, retrospective analysis of 5,424 pediatric emergency department (ED) visits to examine the impact of the COVID-19 pandemic on pediatric emergency healthcare utilization in Germany. They compared healthcare utilization rates during the COVID-19 lockdown from March 16 to April 12, 2020, to the equivalent period in 2019 (March 18 to April 14). The results showed a significant decrease in pediatric ED utilization by 63.8% during the study period in 2020 compared to the same period in 2019 (p < 0.005). Of note, this decrease in ED visits occurred for both communicable and non-	This study showed a significant decrease in pediatric emergency department visits during the COVID-19 pandemic in Germany, compared to the same period in 2019. Therefore, parents and guardians should be encouraged to seek	Dopfer C, Wetzke M, Zychlinsky Scharff A, et al. COVID-19 related reduction in pediatric emergency healthcare utilization - a concerning trend. BMC Pediatr. 2020;20(1):427. Published 2020 Sep 7. doi:10.1186/s12887-020-02303-6

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					communicable diseases. The authors also observed that although the absolute numbers of daily hospitalizations of pediatric ED patients dropped significantly (38.4% decrease), the proportion of hospitalizations among all patients presenting to the ED almost doubled in 2020 compared to 2019. However, there was no difference in the duration of hospital stay for both years. Furthermore, there were few intensive care admissions and no fatalities during the analyzed periods for 2019 and 2020.	medical attention for pediatric emergencies despite the pandemic.	
United States, hemoglobinopathy, infections in immunocompromised hosts, sickle cell disease, acute chest syndrome	7-Sep-20	Acute chest syndrome in the setting of SARS-CoV-2 infections-A case series at an urban medical center in the Bronx	Pediatric Blood & Cancer	Original Research	There is concern COVID-19 could cause more severe disease, including acute chest syndrome (ACS) in patients with sickle cell disease (SCD) due to these patients' immunocompromised and prothrombotic state. The authors discuss the radiographic abnormalities, clinical course, and management strategies of 8 pediatric SARS-CoV-2-positive patients with SCD admitted to a hospital in New York City, USA: 5 were admitted with ACS (12 to 20 years old; median 16 years) and 3 did not develop ACS (aged 12, 16, and 22 years). No difference between the two groups was found for the following peak laboratory values: white blood cell count, hemoglobin, absolute neutrophil count, absolute lymphocyte count, absolute reticulocyte count, platelet count, lactate dehydrogenase, fibrinogen, D-dimer, and C-reactive protein. Hydroxy-urea use (P-value = 0.02) and lower absolute monocyte counts (P-value = 0.04) were noted in patients who did not develop ACS. Based on these findings, the authors suggest investigating the protective role of hydroxy-urea in this population.	The authors suggest hydroxy-urea may prevent acute chest syndrome in SARS-CoV-2 positive pediatric patients with sickle cell disease, based on a case series of 8 patients treated in a New York hospital.	Morrone KA, Strumph K, Liszewski MJ, et al. Acute chest syndrome in the setting of SARS-CoV-2 infections-A case series at an urban medical center in the Bronx [published online ahead of print, 2020 Sep 7]. <i>Pediatr Blood Cancer</i> . 2020;e28579. doi:10.1002/pbc.28579
Covid-19; SARS-CoV-2; Women admitted for delivery; qPCR test.	6-Sep-20	COVID-19 qPCR testing in women admitted for delivery in Spain: Is universal testing worthy?: A commentary	Archives of Gynecology and Obstetrics	Commentary	This article describes the importance of the SARS-CoV-2 PCR testing in pregnant women admitted for delivery in Spain. 25 out of 366 patients (15%) tested positive for SARS-CoV-2 between March 23 and June 11, 2020, and a total of 18/25 patients (72%) were asymptomatic. 12 patients were detected on admission and asymptomatic, and 9 were detected from the outpatient contact tracing program (6 were asymptomatic, and 3 had mild symptoms). Also, 4 patients were detected through emergency room admission, of which 2 patients had mild symptoms, and the other 2 had severe pneumonia. Without an initial screening test, both SARS-CoV-2-positive patients and healthcare workers are at an increased risk of disease transmission. Implementing universal SARS-CoV-2 PCR testing in pregnant women, especially before admission for delivery, is beneficial for the patients and the healthcare staff to prevent disease transmission.	This article describes the importance of SARS-CoV-2 PCR testing in pregnant women admitted for delivery in Spain. Implementing universal SARS-CoV-2 PCR testing in pregnant women, especially before admission for delivery, is beneficial for the patients and the healthcare staff to prevent disease transmission.	Cubo AM, Villalba-Yarza A, Lapresa Alcalde MV, et al. COVID-19 qPCR testing in women admitted for delivery in Spain: Is universal testing worthy?: A commentary. <i>Arch Gynecol Obstet</i> . 2021;303(2):601-603. doi:10.1007/s00404-020-05769-y
Children, mortality, epidemiology, USA, UK,	6-Sep-20	COVID-19 deaths in children: comparison with all-and other	Public Health	Letter to the Editor	The authors provide a follow-up to their study published in May 2020, examining childhood mortality from COVID-19 over time (stratified by age group) and compared with other causes in 7 countries: USA, UK, Italy, Germany, Spain, France, and the	The authors examine childhood mortality (0-19 years old; stratified by age group) from COVID-19	Bhopal SS, Bagaria J, Olabi B, et al. COVID-19 deaths in children: comparison with all- and other causes and trends in incidence of

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Germany, Spain, France, Republic of Korea		causes and trends in incidence of mortality			Republic of Korea. COVID-19 mortality data from 1 March - 31 July, 2020 was extracted for 0-19 year-olds (only data for 0-14 year-olds were available in USA) from The National Institute of Demographic Studies, collated from national statistical agency reports. In an estimated pediatric population of 137,047,945 there were 78 (0.355%) deaths from COVID-19, compared to 21,966 deaths from all-causes. Weekly mortality data showed the peak of cases and deaths in children mainly matched that of adults. The authors predict the proportion of child deaths attributable to COVID-19 will decline assuming the continuation of public health control measures and improvements in treatments, but caution that cases, hospitalizations, and deaths from COVID-19 may increase during the northern hemisphere winter. The authors emphasize that the minimal direct risk to children of COVID-19 should be considered in future efforts to contain the disease, and instead recommend minimizing the harmful effects of lockdown measures on children without adequate evidence of the efficacy of these measures, such as school closures.	over time and compared with other causes in 7 countries: USA, United Kingdom, Italy, Germany, Spain, France and the Republic of Korea. Findings show children are at much greater risk of death from other elements of normal life than from COVID-19, suggesting COVID-19 poses minimal direct risk to children.	mortality. Public Health. https://doi.org/10.1016/j.puhe.2020.08.022 .
Maternal health, pandemic-related pregnancy stress, pregnancy, prenatal maternal stress, stress	6-Sep-20	Vulnerability and resilience to pandemic-related stress among U.S. women pregnant at the start of the COVID-19 pandemic	Social Science and Medicine	Short Communication	Women pregnant during the COVID-19 pandemic are experiencing moderate to high levels of emotional distress. This has previously been shown to be attributable to two types of pandemic-related pregnancy stress: stress associated with feeling unprepared for birth due to the pandemic (Preparedness Stress) and stress related to fears of perinatal COVID-19 infection (Perinatal Infection Stress). The authors of this study investigated factors predictive of pandemic-related pregnancy stress. Between April 25 - May 15, 2020, 4,451 pregnant women in the USA were recruited via social media to complete an online questionnaire that included sociodemographic, medical, and COVID-19 situational factors, as well as the Pandemic-Related Pregnancy Stress Scale. The authors found that nearly 30% of participants reported high Preparedness Stress and a similar proportion reported high Perinatal Infection Stress. Abuse history, chronic illness, income loss due to the pandemic, perceived risk of having had COVID-19, alterations to prenatal appointments, high-risk pregnancy, and being a woman of color were associated with greater levels of one or both types of stress. Access to outdoor space, older age, and engagement in healthy behaviors were protective against stress. The authors concluded that practices that may alleviate pandemic-related stress are of vital importance and that particular attention is needed for more vulnerable populations including women of color, women with a history of abuse, and those with high-risk pregnancy.	The authors of this study administered an online questionnaire to pregnant women to determine what factors contribute to COVID-19 pandemic-related pregnancy stress. They determined that vulnerable populations are most at risk for pandemic-related stress during pregnancy.	Preis H, Mahaffey B, Heiselman C, Lobel M. Vulnerability and resilience to pandemic-related stress among U.S. women pregnant at the start of the COVID-19 pandemic [published online ahead of print, 2020 Sep 6]. Soc Sci Med. 2020;266:113348. doi:10.1016/j.socscimed.2020.113348

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Children, pediatrics, PIMS-TS, MIS-C	6-Sep-20	Distinguishing between typical Kawasaki disease and multisystem inflammatory syndrome in children (MIS-C) associated with SARS-CoV-2	Medical Hypotheses	Developing Hypothesis	In this article, the authors examine blood platelet differences in patients with Kawasaki Disease (KD) and MIS-C, which they suggest could be a distinguishing feature between the two diseases. A previous study suggests that patients with MIS-C have significantly lower platelet counts than those with KD (188 vs 383 g/L, $p < 0.0001$). Case reports also show evidence of lower platelet counts in children with MIS-C. The authors assert that underlying immuno-pathogenesis is responsible for the difference. KD is thought to be triggered by immune complexes (particularly immunoglobulins) activating the inflammatory response, which would require the recruitment of platelets. Conversely, MIS-C is associated with cytokine storm, which may inadvertently suppress bone marrow function and platelet activation. The authors recommend performing further studies investigating platelet count as a distinguishing clinical feature.	The authors hypothesize that a key distinguishing feature between a typical Kawasaki Disease and MIS-C is that of their platelet counts, which could be lower in patients with MIS-C due to differing pathogenesis.	Yeo WS, Ng QX. Distinguishing between typical Kawasaki disease and multisystem inflammatory syndrome in children (MIS-C) associated with SARS-CoV-2. <i>Med Hypotheses</i> . 2020. 144;110263. doi: 10.1016/j.mehy.2020.110263
Children, inflammation, MIS-C, PIMS-TS, pathology, treatment	6-Sep-20	SARS-CoV-2 infections in children and young people	Clinical Immunology	Review Article	Most children infected with SARS-CoV-2 experience mild to no symptoms, and hyperinflammatory states such as Multisystem Inflammatory Syndrome in Children (MIS-C) are rare. The authors review age-related host factors that may protect children from COVID-19 and associated complications. Most children contract seasonal coronaviruses (CoV) before age 4 years, and the induced antibodies can provide some protection against SARS-CoV-2. The waning seasonal CoV antibodies in adults could lead to severe inflammation through antibody-mediated enhancement. While increased expression of ACE2 in young people may facilitate virus infection, it reduces the risk of severe disease by mediating anti-inflammatory signaling. This may explain the varying susceptibility and severity of the disease course across the age groups. Live attenuated vaccines such as BCG may induce a heterologous immune response by modifying innate immune mechanisms, and may protect from COVID-19. Hyperinflammatory syndrome such as MIS-C could be due to uncontrolled viral replication in the context of impaired antiviral response. While young people with systemic inflammatory conditions are at an increased risk for general infections, their risk for contracting SARS-CoV-2 or poor outcomes remains unclear. Finally, the authors warn that not all individuals develop anti-SARS-CoV-2 antibodies after getting infected, and seroconversion rates vary with age and disease severity.	The role of children and young people in COVID-19 transmission remains unclear. This manuscript reviews age-related host factors that may protect children from COVID-19 and associated complications, and attempts to clarify the topics of COVID-19 seropositivity and immunity.	Felsenstein S, Hedrich CM. SARS-CoV-2 infections in children and young people [published online ahead of print, 2020 Sep 6]. <i>Clin Immunol</i> . 2020;108588. doi:10.1016/j.clim.2020.108588
Children, pediatrics, immunity, seroconversion	6-Sep-20	SARS-CoV-2 infections in children and young people	Clinical Immunology	Review Article	Though recent reports link SARS-CoV-2 infections with hyper-inflammatory states in children, most children experience mild symptoms, if any, and hospitalization and mortality rates are low in the age group. As symptoms are usually mild and seroconversion occurs at low frequencies, it remains unclear whether children significantly contribute to community	The authors review age-related host factors that may protect children from COVID-19 and the associated complications. They also present various	Felsenstein S, Hedrich CM. SARS-CoV-2 infections in children and young people [published online ahead of print, 2020 Sep 6]. <i>Clin Immunol</i> . 2020;108588. doi:10.1016/j.clim.2020.108588

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					transmission. Several hypotheses exist to explain age-related differences in disease prevention and severity. The authors discuss that some possible reasons for milder presentations in children as compared to adults include frequent contact with seasonal coronaviruses, presence of cross-reactive antibodies, and/or co-clearance with other viruses. Increased expression of ACE2 in young people may facilitate virus infection, while limiting inflammation and reducing the risk of severe disease. Other potential factors include recent vaccinations and a more diverse T cell repertoire. The authors also discuss that the long-term effects of COVID-19 on psychosocial and physical health of children and young people should be closely monitored and studied.	hypotheses on why children do not develop clinically significant disease or complications. In addition, they address the confusion around seropositivity and immunity in this population.	
Mental health, antenatal care, prenatal care, lockdown, India	6-Sep-20	The coronavirus (COVID-19) pandemic's impact on maternal health and questionable healthcare services in rural India	International Journal of Health Planning and Management	Letter to the editor	This letter to the editor details the challenges faced in Sexual, Reproductive, Maternal, Newborn, Child, and Adolescent Health in low-and-middle-income-countries, with a particular focus in India. The COVID-19 pandemic has led to an underutilization of antenatal and postnatal care in India, and many women who live in rural or impoverished areas do not have access to tele-health services. Many women choose to give birth at home rather than in a healthcare facility due to fears of contracting the virus and hospital restrictions on visitors, as evidenced by an increase of home births in West Bengal of 1.09% between March and May, 2020. The authors note that the stress of the pandemic and restriction on physical movements due to the government lockdown have increased rates of mental illnesses among women in India, including anxiety, depression, and post-partum depression. Additionally, authors note that the stress of the pandemic has led to an increase in suicides, intimate partner violence, and the procurement of unsafe abortion.	The COVID-19 pandemic and subsequent lockdown in India has led to decreased utilization of healthcare resources as well as increased rates of mental illness among pregnant and lactating women.	Ghosh A, Sarkar S. The coronavirus (COVID-19) pandemic's impact on maternal mental health and questionable healthcare services in rural India. Int J of Health Plann and Manage. 2020. doi:10.1002/hpm.3050
Cancer, Children, Family, Oncology, Parents, Psychosocial support, e-health, telehealth	6-Sep-20	The role of Connected Health technologies in supporting families affected by paediatric cancer: A Systematic Review [Free Access to Abstract Only]	Psycho-oncology	Review	Families impacted by pediatric cancer are met with logistical, financial, and psychological impacts that are only compounded by the COVID-19 pandemic. Connected Health (CH), the development, analysis and implementation of smart technology, may help facilitate cancer care. This systematic review evaluated CH technologies for supportive care for families/caregivers affected by pediatric cancer at any stage of treatment or survivorship. Review of 16 studies found that CH was primarily web-based (n=6), however smartphone applications (n=5), telehealth (n=2) and online groups (n=3) were also utilized. Intervention areas included psycho-social (n=6), health and information provision (n=8) and palliative care (n=2). While limited studies have evaluated the impact of CH on families living with pediatric cancer, emerging evidence suggests potential	This systematic review evaluated Connected Health technologies for supportive care (psycho-social, health and information provision, and palliative care interventions) for families/caregivers affected by pediatric cancer at any stage of treatment or survivorship.	Delemere E, Maguire R. The role of Connected Health technologies in supporting families affected by paediatric cancer: A Systematic Review [published online, 2020 Sep 6]. Psychooncology. 2020;10.1002/pon.5542. doi:10.1002/pon.5542

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					benefits, particularly regarding its accessibility and feasibility for families.		
Vertical transmission, maternal-fetal infection, NICU, newborn, Hubei Province, China	6-Sep-20	Clinical Analysis of Neonates Born to Mothers with or without COVID-19: A Retrospective Analysis of 48 Cases from Two Neonatal Intensive Care Units in Hubei Province	American Journal of Perinatology	Original Research	The authors compared the differences in clinical manifestation, laboratory results, and outcomes of neonates born to mothers with or without COVID-19. They collected data on 48 neonates admitted to Tongji Hospital and HuangShi Maternal and Child Healthcare Hospital, China, from January 17 to March 4, 2020. The neonates were divided into three groups: neonates born to mothers with confirmed COVID-19, neonates born to mothers with clinically diagnosed COVID-19, and neonates born to mothers without COVID-19. All deliveries occurred in a negative pressure isolation room, and the neonates were separated from their mothers immediately after birth for further observation and treatment. The results showed that none of the neonates developed symptoms, and the SARS-CoV-2 RT-PCR results of throat swab and feces samples from neonates in all three groups were negative. Of note, a 28-week preterm infant born to a confirmed COVID-19 mother tested negative for SARS-CoV-2 infection. There were no differences detected in the whole blood cell, lymphocytes, platelet, and liver and renal function among the three groups. Furthermore, all mothers and their neonates had good outcomes.	This study showed no differences in clinical manifestations, radiological, and biochemical characteristics between neonates born to mothers with and without COVID-19. Also, there was no evidence of vertical transmission regardless of COVID-19 infection in the third or second trimester.	Liu W, Cheng H, Wang J, et al. Clinical Analysis of Neonates Born to Mothers with or without COVID-19: A Retrospective Analysis of 48 Cases from Two Neonatal Intensive Care Units in Hubei Province [published online 2020 Sep 6]. Am J Perinatol. 2020; doi:10.1055/s-0040-1716505
Pandemic, PPE, infection prevention, labor and delivery, USA	6-Sep-20	Obstetrical Unit Response to the COVID-19 Pandemic: OUR Study [Free Access to Abstract Only]	American Journal of Perinatology	Original Research	The authors aimed to describe the response of labor and delivery units in the United States to the COVID-19 pandemic and determine how institutional characteristics and regional disease prevalence affect viral testing and PPE. A cross-sectional survey was distributed electronically through the Society for Maternal-Fetal Medicine e-mail database (n = 584 distinct practices in the US) and social media between April 14 - 23, 2020. A total of 301 surveys were analyzed representing 48 states and two territories, and obstetrical units included academic (31%), community teaching (45%), and non-teaching hospitals (24%). The results showed that 40% of the delivery units reported universal COVID-19 laboratory testing for admissions. After adjusting for covariates, universal testing was more common in academic institutions and high prevalence states. The authors also observed that full PPE (including N95 masks) was recommended for vaginal deliveries in 33% and for cesarean deliveries in 38% of responding institutions when delivering asymptomatic patients. Furthermore, N95 mask use during asymptomatic vaginal deliveries was more likely in high prevalence states (aOR = 2.56, 95% CI: 1.29-5.09) and less likely in hospitals with universal testing (aOR = 0.42, 95% CI: 0.24-0.73).	This study on labor and delivery units in the United States suggests that universal testing for COVID-19 is more common at academic centers and in states with high disease prevalence. Also, N95 mask use during asymptomatic vaginal deliveries was less likely in places with universal testing, suggesting that viral testing may play a role in guiding efficient PPE use.	Pluym ID, Rao R, Ballas J, et al. Obstetrical Unit Response to the COVID-19 Pandemic: OUR Study [published online, 2020 Sep 6]. Am J Perinatol. 2020;doi:10.1055/s-0040-1715861

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Pediatric, clinical presentation, dermatology, USA	6-Sep-20	An outbreak of acute hemorrhagic papules on the posterior neck in children during the COVID-19 pandemic	Pediatric Dermatology	Mini Report	The authors report the cases of multiple children presenting with hemorrhagic macules, papules, and erosions in the posterior neck and occipital scalp within a two-week period in April 2020 in Minneapolis, MN, USA. They were all children of healthcare workers with at least one confirmed COVID-19 exposure. To aid in diagnosis, a biopsy was performed on one of the patients, a 5-year-old girl with no direct COVID-19 exposure. This showed dermal edema and eosinophils consistent with an arthropod bite from <i>Simulium tuberosum</i> , a variety of black fly. This case highlights that simultaneous but unrelated conditions, may abound during the COVID-19 pandemic, increasing the importance of maintaining rigorous diagnostic processes.	The authors detail the cases of children of health care workers who developed hemorrhagic macules and papules on exposed sites. The origin of one of the bits was traced to a black fly demonstrating the importance of maintaining diagnostic clarity during the COVID-19 pandemic.	Smith A, Polcari I, Maguiness S, Boull C. An outbreak of acute hemorrhagic papules on the posterior neck in children during the COVID-19 pandemic. <i>Pediatr Dermatol.</i> 2020. doi:10.1111/pde.14325
COVID-19; gestational diabetes; screen	5-Sep-20	Impact of changes to national UK guidance on testing for gestational diabetes screening during a pandemic: A single-centre observational study	<i>BJOG: An International Journal of Obstetrics and Gynaecology</i>	Original Article	The authors conducted a retrospective study of pregnant women tested for gestational diabetes mellitus (GDM) during the COVID-19 pandemic using the Royal College of Obstetricians (RCOG) recommendations rather than the pre-pandemic testing guideline by the National Institute for Health and Clinical Excellence (NICE) in the UK. Before 2020 pregnant women were tested for GDM using the NICE guidelines of a 75g oral glucose load over 2 hours (OGTT). In March 2020, the RCOG published guidance on testing for GDM during the COVID-19 pandemic, using a 2-step process of HbA1c and random plasma glucose (RPG) testing. The RCOG testing guidelines were introduced on April 1 and continued until May 13, 2020. Women who had screened using the RCOG method were offered the opportunity to retest using the NICE guidelines. From January 1, 2016- December 31, 2019, 24,168 women were screened for GDM, and 15,332 were tested using the OGTT according to NICE guidelines. Of these, 1853 had a positive diagnosis of GDM (12.1% of those tested and 7.7% of those screened). From April 1- May 13, 2020, 831 were screened, and 412 were tested using the RCOG guidelines, and 35 tested positive for GDM (8.5% of those tested and 4.2% of those screened). This difference is statistically significant, $p=0.0003$. 230 of those that had tested negative using RCOG guidelines were retested using NICE guidelines, and the OGTT and 47/230 (20.4%) were diagnosed with GDM. The authors stress that the data show that the RCOG guidelines for detecting GDM during the COVID-19 pandemic failed to detect a significant proportion of women who should have been diagnosed with GDM.	The authors conducted a retrospective study of pregnant women tested for gestational diabetes mellitus during the COVID-19 pandemic using the Royal College of Obstetricians recommendations rather than the pre-pandemic testing guideline by the National Institute for Health and Clinical Excellence in the UK.	van-de-l'Isle Y, Steer PJ, Watt Coote I, Cauldwell M. Impact of changes to national UK Guidance on testing for gestational diabetes screening during a pandemic: a single-centre observational study. <i>BJOG.</i> 2021;128(5):917-920. doi:10.1111/1471-0528.16482
Pediatric radiology, virtual learning, asynchronous learning,	5-Sep-20	Can lessons from the COVID-19 pandemic help define a strategy for global pediatric	Pediatric Radiology	Commentary	Citing the shift in the global landscape due to the COVID-19 pandemic, the authors propose a restructuring of global pediatric radiology education to be more effective, efficient, cooperative, and conclusive both domestically and globally. The authors discuss the ways in which teaching platforms and conferences have adapted to changing times, as well as the challenges that	While in-person participation has been a key aspect of pediatric radiology education, resource disparities can prove to be a hindrance in	Nicholas JL, Bass EL, Otero HJ. Can lessons from the COVID-19 pandemic help define a strategy for global pediatric radiology education ? <i>Pediatr Radiol.</i> 2020.

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synchronous learning		radiology education ? [No free abstract or text]			have emerged. The transition to virtual systems has afforded means of synchronous learning through live conferencing platforms and a means for immediate assessment and feedback. Virtual versions of pediatric radiology societal meetings can help determine a balance between reaching larger audience at a lower cost, a lower carbon footprint, and the need for personal interaction that encourages collegiality and collaboration. Additionally, it is essential to establish a robust yet dynamic repository that can be used by educators and trainees to meet the needs of the future of the pediatric radiology education community.	accessing education materials virtually. A restructuring of pediatric radiology educational efforts in the wake of the COVID-19 pandemic should be more efficient, cooperative, and inclusive.	doi: https://doi.org/10.1007/s00247-020-04822-x
In situ hybridization, pregnancy, vertical transmission, placenta, RNA, USA	5-Sep-20	A Possible Case of Vertical Transmission of SARS-CoV-2 in a Newborn with Positive Placental In Situ Hybridization of SARS-CoV-2 RNA	Journal of the Pediatric Infectious Diseases Society	Case report	Currently, there is no clear evidence of whether SARS-CoV-2 can be vertically transmitted from mother to unborn fetus. The authors describe the case of an infant born to a mother with COVID-19 in Massachusetts (USA), who tested positive for SARS-CoV-2 via RT-PCR analysis of nasopharyngeal swabs at 24 and 48 hours of life and on the 7th day of life. The mother wore a surgical mask and a disposable, non-sterile isolation gown throughout her hospitalization. She washed her hands and chest with soap and water before breastfeeding or skin-to-skin care. The infant was kept inside a closed incubator 6 feet away from the mother's bed in the same room. She fed her infant with formula and directly breastfed. On postpartum day 2, the mother started expressing her breast milk, and the nurse fed the infant. The infant remained asymptomatic with normal hematologic and inflammatory markers. The mother's breast milk was not tested for SARS-CoV-2; however, placental villous syncytiotrophoblast was positive for SARS-CoV-2 by in situ hybridization, suggesting vertical transmission.	The authors describe the case of an infant born to a mother with COVID-19 in Massachusetts (USA), who tested positive for SARS-CoV-2 via RT-PCR analysis of nasopharyngeal swabs at 24 and 48 hours of life and on the 7th day of life. Moreover, placental in situ hybridization revealed the presence of SARS-CoV-2 RNA, suggesting vertical transmission.	Alamar I, Abu-Arja MH, Heyman T, et al. A Possible Case of Vertical Transmission of SARS-CoV-2 in a Newborn with Positive Placental In Situ Hybridization of SARS-CoV-2 RNA [published online, 2020 Sep 5]. <i>J Pediatric Infect Dis Soc.</i> 2020;pii:aa109. doi:10.1093/jpids/piaa109
Pregnancy outcomes, neonatal outcomes, ICU admission, cesarean section, Iran	5-Sep-20	Maternal and Neonatal Outcomes in COVID-19 Infected Pregnancies: A Prospective Cohort Study	Journal of Travel Medicine	Original Research	The authors compared the maternal and neonatal outcomes of pregnant women with and without COVID-19 who were admitted to Arash Hospital in Tehran, Iran, from March 1 to September 1, 2020. 199 women were enrolled, including 66 COVID-19 infected and 133 non-infected pregnant women. Women with typical COVID-19 symptoms were evaluated via SARS-CoV-2 RT-PCR and chest CT and considered infected if they had symptoms and either a positive SARS-CoV-2 RT-PCR result or a positive chest CT. The authors observed no significant association between COVID-19 infection and adverse pregnancy outcomes, except for the delivery type. They noted a significantly higher frequency of C-section in COVID-19 infected pregnant women than non-infected pregnant women (RR: 1.54, 95%CI: 1.04, 2.27, p= 0.030). Furthermore, no differences in neonatal outcomes were observed between the two groups, and only one neonate had a positive SARS-CoV-2 RT-PCR test after birth. Also, the percentage	The authors found no significant differences in maternal and neonatal outcomes between COVID-19 infected and non-infected pregnant women except for the delivery type and ICU admission rates. Women with COVID-19 had higher C-section and ICU admission rates compared to women without COVID-19.	Pirjani R, Hosseini R, Soori T, et al. Maternal and neonatal outcomes in COVID-19 infected pregnancies: a prospective cohort study [published online, 2020 Sep 5]. <i>J Travel Med.</i> 2020;taaa158. doi:10.1093/jtm/taaa158

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					of COVID-19 infected pregnant women admitted to the ICU (6.06%) was significantly higher than in the non-infected group (0%)($p < 0.001$), but none of the women admitted to the ICU required intubation or invasive ventilation.		
RSV, ARI, respiratory illness, social distancing, travel restriction, United States, Alaska, children	5-Sep-20	Impact of Social Distancing and Travel Restrictions on non-COVID-19 Respiratory Hospital Admissions in Young Children in Rural Alaska	Clinical Infectious Diseases	Original Article	People in the remote Yukon-Kuskokwim Delta (YKD) region of Alaska, USA have a high burden of respiratory illnesses and the highest reported rates of infant respiratory syncytial virus (RSV) hospitalization in the USA. The authors analyzed hospitalization data of YKD children <3 years of age for RSV and acute respiratory infection (ARI) from July 1, 2009-May 18, 2020. During the 2019-2020 respiratory season through May 2020, a peak in admissions for children <3 years of age due to ARI and RSV occurred in the 4th week of February 2020. After this peak, both dropped off dramatically in the 1st week of April 2020, with only one ARI hospitalization between April 7-May 15 and the last case of RSV occurring on March 28, 2020. During the previous 10 seasons, 22.8% of ARI admissions occurred between March 28 and May 15; in contrast only 3.6% of ARI admissions occurred in this time period in the 2019-2020 season ($p < 0.0001$). Hospitalizations due to non-COVID-19 respiratory illnesses decreased dramatically after social distancing was implemented, compared to the past 10 respiratory seasons. This study demonstrates the potential secondary benefits of implementing social distancing and travel restrictions on respiratory illnesses.	The authors analyzed hospitalization data of respiratory syncytial virus and acute respiratory infection from July 1, 2009-May 18, 2020 in children in rural Alaska, USA. The data suggest that social distancing and travel restrictions can impact non-COVID-19 respiratory hospitalizations in a population with disproportionately high rates of respiratory illness.	Nolen LD, Seeman S, Bruden D, et al. Impact of Social Distancing and Travel Restrictions on non-COVID-19 Respiratory Hospital Admissions in Young Children in Rural Alaska [published online 2020 Sep 5]. Clin Infect Dis. 2020. doi:10.1093/cid/ciaa1328
Pandemic, Covid-19, Pregnancy, antenatal care	4-Sep-20	Basic tips for pregnant women during the COVID-19 pandemic	European Journal of Midwifery	Letter to the Editor	This letter to the editor of the European Journal of Midwifery suggests basic tips for pregnant women during the COVID-19 pandemic. Current data concerning the transmission of SARS-CoV-2 during pregnancy are limited. Existing data suggests that pregnant women do not seem to be more vulnerable to the virus than any other members of the population. However, pregnant women who suffer from other diseases at the same time, run a higher risk to suffer from the virus than anyone else with the same diseases. This letter advises pregnant women with cough, fever, and respiratory distress to stay home from crowded medical facilities unless telephone contact with health professional advises otherwise. Specific advice includes following guidelines provided by authorities; becoming informed about COVID-19 from reliable sources; remaining physically active; contacting maternity care professional regarding changes in scheduled appointments or delivery plan; maintaining supplies of prescription and fever reducing medications; remaining socially active; and maintaining health personal hygiene.	This letter to the editor highlights basic tips for pregnant women in Europe during the COVID-19 pandemic. Women are advised to be informed about COVID-19, follow the guidelines of authorities, remain in good communication with health care providers and maintain personal health and hygiene.	Papari I. Basic tips for pregnant women during the COVID-19 pandemic. European Journal of Midwifery. 2020;4(September):1-2. doi:10.18332/ejm/125723.
COVID-19; Vulnerable children and	4-Sep-20	Rapid return of children in residential care	Child Abuse And Neglect	Article	As a result of the COVID-19 pandemic, some governments have mandated that residential care providers rapidly return children and youth to their families. To better understand the scope and	This international survey of non-governmental organizations serving	Wilke NG, Howard AH, Goldman P. Rapid return of children in residential care to family as a

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families; Child welfare; NGOs; Rapid return		to family as a result of COVID-19: Scope, challenges, and recommendation [Free Access to Abstract Only]			characteristics of rapid return, representatives from 67 non-governmental organizations (NGOs) providing residential care to 12,494 children [ages not reported] in 14 countries completed a brief online survey June - July 2020. Results examined characteristics of the local rapid return mandate, preparation and support services provided to children and families, and primary concerns. On average, NGOs had 13.51 days (SD = 9.87 days) to prepare children and families for rapid return (range 1 day - 3 months). Preparation included psychosocial support, case management, economic provision, testing and treating health conditions (including COVID-19), provision of basic needs such as food and bedding, and an in-person visit to connect the child to the caregiver. Of the 67 NGOs, 35 indicated they were able to prepare children for rapid return, while 27 were not able to prepare children and 5 reported they were only partially able. The most frequently emerging theme addressed concerns regarding child safety or long-term family stability following rapid return, with primary concerns related to unresolved antecedents to separation (caregiver's mental or physical illness, poverty, abuse, exploitation, or neglect), lack of economic capacity, limited monitoring, and lack of access to education. The authors detail 9 recommendations for working with children and families that have been rapidly re-unified as a result of the COVID-19 pandemic: develop a support strategy, invite child and family participation, mitigate antecedents to separation, follow public health guidance on COVID-19, encourage communication, provide case management, plan for economic resilience, facilitate alternative care when necessary, and support continued family placement.	children in residential care that were rapidly re-unified with families due to the COVID-19 pandemic revealed that compressed timelines that did not allow for adequate assessment and preparation. Primary concerns for children and families related to unresolved antecedents to separation, lack of economic capacity, limited monitoring, and lack of access to education.	result of COVID-19: Scope, challenges, and recommendations. <i>Child Abuse Negl.</i> 2020;110:104712. doi: https://doi.org/10.1016/j.chiabu.2020.104712 .
Bell's palsy, SARS-CoV-2, PCR, pediatric	4-Sep-20	Bell's palsy in a pediatric patient with hyper IgM syndrome and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)	Brain and Development	Case Study	Bell's palsy is an acute facial paralysis with known association to viral infections. The authors describe a medically complex 6-year-old male with hyper IgM syndrome who presented with unilateral facial droop and positive SARS-CoV-2 RT-PCR [location unknown; authors affiliated with US hospitals]. This is the first reported pediatric case of Bell's palsy in the setting of SARS-CoV-2 infection. The patient had a history of prematurity (born at 30 weeks gestation), failure to thrive, chromosome 17 and 19 deletions, submucosal cleft palate, surgically repaired atrial and ventricular septal defects, agammaglobulinemia with hyper IgM, hypospadias, asthma, moderate obstructive sleep apnea, and gastrostomy tube feeding. He presented to the pediatric emergency room with one day history of right sided facial droop. Laboratory testing was significant for an elevated white count at 11.1 K/uL. Herpes Simplex Virus (HSV-1, HSV-2) and Varicella Zoster Virus (VZV) PCR were negative. The patient was started on	The authors describe a medically complex 6-year-old male with hyper IgM syndrome who presented with unilateral facial droop and positive SARS-CoV-2 RT-PCR. The patient was started on IV acyclovir 150 mg every 8 hours; once stable, the patient was discharged on a 5-day course of prednisolone and acyclovir. At follow-up in 3 weeks, symptoms had improved.	Theophanous C, Santoro JD, Itani R. Bell's palsy in a pediatric patient with hyper IgM syndrome and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). <i>Brain Dev.</i> 2021;43(2):357-359. doi:10.1016/j.braindev.2020.08.017

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					IV acyclovir 150 mg every 8 hours. Once stable, the patient was discharged on a 5-day course of prednisolone and acyclovir. At follow-up in 3 weeks, the symptoms had improved. The authors conclude that this case highlights the possibility of atypical, neurologic, presentations of the virus in pediatric patients.		
Rooming-in, breastfeeding, Turkey	4-Sep-20	COVID-19 Management in Newborn Babies in the Light of Recent Data: Breastfeeding, Rooming-in and Clinical Symptoms	Sisli Estfal Hastanesi tip Bulteni	Review	This review summarizes known findings regarding the epidemiology and treatment of COVID-19 in infants [ages not specified], with experiences of the Sisli Hamidiye Etfal Teaching and Research Hospital in Turkey. SARS-CoV-2 is predominantly transmitted via droplets, and while it has not been definitively proven whether trans-placental transmission during pregnancy can occur, the evidence suggests it cannot. Vertical transmission is rare but possible, as shown in a series of studies in Turkey regarding COVID-19 in pregnancy that detected virus in the tracheal aspirate of infants on their first day of life. While the presence of SARS-CoV-2 is unlikely in breastmilk, more research is needed as to whether the infection can be transmitted to the infant through breastfeeding. Women who choose to breastfeed should take IPC precautions (hand hygiene, wiping the breast, mask-wearing) and the authors recommend allowing breastfeeding if the mother has not had fever in the last 72 hours that would require antipyretic and if major respiratory symptoms have regressed. Infants and mothers with COVID-19 should remain separate from other patients, although evidence would suggest that mothers and infants need not be separated after birth if appropriate measures are taken, such as mask-wearing and keeping the baby 2 meters (6 feet) away when not being breastfed. The effects of COVID-19 in the early fetal period are unknown. SARS-CoV-2 infections in infants and children are usually more mild than those in adults, and infants diagnosed with COVID-19 show symptoms of fever, hypoxemia, cough, tachypnea, and less frequently feeding difficulty, retraction, nasal congestion and exanthema. Management of SARS-CoV-2 positive infants should include monitoring and the use of neutral pressure rooms, and in the case of the authors' hospital in Turkey, women began breastfeeding their infants after 2 consecutive, negative COVID-19 tests.	This review summarizes the known findings regarding the epidemiology and treatment of COVID-19 in infants, with experiences of the Sisli Hamidiye Etfal Teaching and Research Hospital in Turkey. The authors provide recommendations for breastfeeding, rooming in, and the management of SARS-CoV-2 in infants.	Bulbul A, Agirgol E, Uslu S, et al. COVID-19 Management in Newborn Babies in the Light of Recent Data: Breastfeeding, Rooming-in and Clinical Symptoms. Sisli Etfal Hastan Tip Bul. 2020;54(3):261-270. Published 2020 Sep 4. doi:10.14744/SEMB.2020.90267
COVID-19; SARS-CoV-2; school; infection; virus; outbreak; France	4-Sep-20	COVID-19 and schools. Guidelines of the French Pediatric Society	Archives de Pédiatrie	Practice guidelines	A review of studies from June-Sept, 2020, concerning children's role in the transmissibility of SARS-CoV-2 and children's susceptibility to the infection was conducted to create guidelines for re-opening schools in France on Sept 2, 2020. Many observational studies and meta-analyses state that children, especially those <10 years, do not contribute significantly to the transmission of SARS-CoV-2. Epidemiological data suggests that a child exposed to an infectious case of SARS-CoV-2 is less likely to	The authors present a review of studies completed from June-Sept, 2020, to create guidelines for re-opening French schools. Children, especially those <10 years, are much less likely to	Cohen R, Delacourt C, Gras-Le Guen C, Launay E; French Pediatric Society. COVID-19 and schools. Guidelines of the French Pediatric Society. Arch Pediatr. 2020;27(7):388-392. doi:10.1016/j.arcped.2020.09.001

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					become infected than an adult. Multiple studies have shown that infected children are more likely to be asymptomatic and severe forms of COVID-19 in children are rare. Furthermore, the authors believe that schools' educational and social benefits far outweigh the potential risks of SARS-CoV-2 infection in children. Guidance must include mitigation techniques of mask-wearing for all adults and middle and high school students along with frequent hand-washing and specific reasons when to test for SARS-CoV-2. The pediatric population should not be exposed to excessive testing, and the authors include decision trees as to when to test. As pre-existing vulnerabilities and inequalities have worsened due to distance education, the authors stress that the reopening of schools is an objective shared by all pediatric societies worldwide.	transmit SARS-CoV-2 and less likely to become seriously ill. The authors created decision trees regarding who to test and when to test to allow for the re-opening of French schools safely with ongoing mitigation strategies of mask-wearing, social distancing, and hand-washing.	
Child protection, lockdown, pandemic, residential care, structural inequalities, South Africa	4-Sep-20	When will I be free': Lessons from COVID-19 for Child Protection in South Africa	Child Abuse & Neglect	Article	The authors describe a study to explore the experiences and impact of the COVID-19 pandemic and the resulting social isolation on the well-being and protection of children living in a residential care facility in Gauteng, South Africa. A qualitative, participatory approach (draw-write-and-tell method) was used to engage with 32 children (18 females, 14 males; average age = 13.5 years) [age range not specified] in small groups, facilitated by a counsellor and a social worker employed at the center. Each participant was given a booklet with six open-ended questions related to COVID-19 and the lockdown and invited to draw and/or write a response, before verbally sharing the contents with the group. Data based on the textual content underwent inductive, thematic analysis and coding. Children in care demonstrated an awareness of the socio-economic difficulties facing communities in South Africa, and shared deep concerns about the safety, well-being and welfare of their parents and siblings. Although they expressed frustration at the lack of contact with family members, they acknowledged the resources they had access to at the residential care facility, which enabled them to cope and ensured their safety. These findings highlight the necessity of a systemic response to child welfare, including a coordinated approach by policy makers, government departments and child welfare systems to address the structural factors at the root of inequality and inadequate care.	The authors describe a qualitative study to explore the experiences and impact of the COVID-19 pandemic and the resulting social isolation on the well-being and protection of children living in a residential care facility in Gauteng, South Africa.	Haffejee S, Levine DT. 'When will I be free': Lessons from COVID-19 for Child Protection in South Africa. Child Abuse Negl. 2020;104715. doi: 10.1016/j.chiabu.2020.104715.
Identification, epidemiology, clinical symptoms, transmission, pediatrics	4-Sep-20	How to Early Identify and Prevent the SARS-CoV-2 Infection in Children for Families?	Frontiers in Pediatrics	Review	It is important to provide advice and guidance for the prevention and control of COVID-19 in children. References for this review were identified through searches of PubMed, Wanfang database, and CNKI (China National Knowledge Infrastructure) and included articles published from January 1971 to April 2020. Results of this review indicate children are as susceptible to SARS-CoV-2 infection as adults. Most of the clinical symptoms are relatively milder in pediatric patients than in adult patients, and children	This review concludes that children are as susceptible to SARS-CoV-2 infection as adults and the manifestations in children are atypical. Although children are much less likely to have critical cases,	Qiao MY, Chen N, Zou X, et al. How to Early Identify and Prevent the SARS-CoV-2 Infection in Children for Families? Front Pediatr. 2020 Sep 4;8:542. doi: 10.3389/fped.2020.00542.

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					may even have no symptoms of fever or pneumonia. The white blood cell count and lymphocyte count were normal in most pediatric cases, and there was no lymphocyte decrease. If children are infected, they may play an important role in the spread of SARS-CoV-2 because their symptoms are less obvious and less likely to be detected. To prevent COVID-19 from spreading among children, efforts to prevent, and control the infection should be increased by controlling the source of infection, blocking the route of transmission, and protecting the susceptible population. Family clusters may be an important clue in early identification of COVID-19 in children which is crucial to preventing the continued spread of SARS-CoV-2.	they may play an important role in the spread of SARS-CoV-2.	
Breastfeeding, antivirals, Vitamin D	4-Sep-20	Antivirals for COVID-19 and Breastfeeding	Breastfeeding Medicine	Article	Many drugs are being investigated for treatment of COVID-19. This article reviews the current evidence regarding the safety of the most prominent drugs used to treat COVID-19 while breastfeeding. There is robust data to support the safety of famotidine, vitamin D, interferons, and antimalarials during breastfeeding, although data is more limited for chloroquine. Antibody therapies such as IV immune globulin and convalescent plasma have been shown to be safe; only monoclonal antibodies could be problematic, although the author considers risk to be minimal. Ivermectin and azithromycin are not expected to cause adverse reactions because quantities found in breastmilk are negligible. Data is limited on the use of HIV protease inhibitors; lopinavir has been the best studied and no adverse events have been reported. There is no current evidence on the safety of nitazoxanide, but evidence shows it is detectable in maternal plasma. Newborn infants have received IV remdesivir therapy for Ebola with no serious adverse drug reactions; however, until more data are available, remdesivir should be used with careful infant monitoring during breastfeeding. Favipiravir is contraindicated in pregnant women, and is expected to appear in breast milk and be absorbed by the infant; therefore, typical adverse events should be monitored.	This article reviews the current evidence regarding the safety of the most prominent drugs used to treat COVID-19 while breastfeeding. The author covers remdesivir, favipiravir, HIV protease inhibitors, interferons, antibody therapies, famotidine, antimalarials, azithromycin, ivermectin, nitazoxanide, and vitamin D.	Anderson PO. Antivirals for COVID-19 and Breastfeeding [published online, 2020 Sep 4]. <i>Breastfeed Med</i> . 2020. doi:10.1089/bfm.2020.0268
Asthma, pediatric, tele-visits, telemedicine, protected health information	4-Sep-20	Connect, Engage: Televists for Children With Asthma During COVID-19	Journal for Nurse Practitioners	Original Article	Restrictions during the COVID-19 pandemic have decreased access to health care appointments, which are particularly important for children with asthma. To facilitate continuity of asthma care both during the pandemic and afterward, the tele-visit provides a means to assess a child's symptoms, reinforce asthma education, and determine treatment options. Tele-visit sessions provide families with the continued reinforcement necessary for maintaining good asthma control, and they could also improve the follow-up rate for children with asthma. In telemedicine, the author recommends that health care providers remind families of their ongoing commitment to patient health,	Tele-visits can facilitate continuity of asthma care for children both during the pandemic and afterward. This article includes sample asthma parameter guidelines, a contingency chart, and an asthma tele-visit script and charting template to assist	Wall-Haas CL. Connect, Engage: Televists for Children With Asthma During COVID-19 [published online ahead of print, 2020 Sep 4]. <i>J Nurse Pract</i> . 2020;10.1016/j.nurpra.2020.08.027. doi:10.1016/j.nurpra.2020.08.027

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					and that health care institutions reassure families that patient information is protected. The article suggests home oxygen saturation monitors and peak flow meters for asthmatic patients, and a clinical symptom grading system to help assess a child's asthma status. The author includes sample asthma parameter guidelines, a contingency chart, and an asthma tele-visit script and charting template to assist providers in this type of care.	providers in this type of care.	
PIMS-TS, Aicardi syndrome, hyperinflammation, comorbidities adolescents, Italy	4-Sep-20	Challenges in Diagnosing Multisystem Inflammatory Syndrome Related to SARS-CoV-2 in a Child With Severe Neurocognitive Impairment and Social Isolation	Journal of Clinical Rheumatology	Case Report	This case report describes a 14-year-old boy with Aicardi syndrome seen at an Italian hospital in July 2020, presenting with a fever that had lasted 5 days. Due to fears of SARS-CoV-2 infection, the parents had delayed their scheduled admission to change the child's percutaneous endoscopic gastrostomy (PEG) tube. Upon admission, the child had a whole-body maculopapular rash and a greenish and grainy PEG tube. Nasopharyngeal swab tests for SARS-CoV-2 and other respiratory viruses were negative, however a subsequent SARS-CoV-2 serology was positive for immunoglobulin G anti-SARS-CoV-2, indicating prior exposure. Ultimately, the child fulfilled all the diagnostic criteria of PIMS-TS: clinical presentation (fever, rash, organ dysfunction), raised inflammatory markers, and evidence of SARS-CoV-2 exposure. The confounding factor of the PEG tube suggested bacterial infection, and diagnosis was made after 12 days of fever. The authors stress the importance of including PIMS-TS in the differential diagnoses of any child with systemic inflammatory conditions.	The authors describe a case of PIMS-TS in a 14-year old boy in Italy with severe comorbidities that complicated differential diagnosis. The authors recommend PIMS-TS be included in the differential diagnosis of any child with systemic inflammatory conditions, even if SARS-CoV-2 exposure is not initially suspected.	Buonsenso D, Lazzareschi I, De Rose C, et al. Challenges in Diagnosing Multisystem Inflammatory Syndrome Related to SARS-CoV-2 in a Child With Severe Neurocognitive Impairment and Social Isolation [published online, 2020 Sep 4]. J Clin Rheumatol. 2020. doi:10.1097/RHU.0000000000001619
Autism Spectrum Disorder, ASD, attention-deficit/hyperactivity disorder, ADD, ADHD, behavioral neuroscience, mental health, COVID-19, pandemic, pediatric neurology, children and young people, CYP, neurodevelopmental disorders, NDD	4-Sep-20	Prevalence and Associated Factors of Emotional and Behavioural Difficulties during COVID-19 Pandemic in Children with Neurodevelopmental Disorders	Children	Brief Report	Children and young people (CYP) with neurodevelopmental disorders (NDDs) often struggle with routine changes, and the effects of lockdown and school closures due to the COVID-19 pandemic make them particularly vulnerable to adverse mental health effects. To better understand these impacts, the authors conducted a cross-sectional study in the UK from 2 April to 2 June 2020, using the Strength and Difficulties Questionnaire, a standardized outcome measure. They recruited 453 children aged 4-15 years with NDDs including autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), ASD+ADHD, and other neurological diagnoses. Compared to neurotypical controls, CYP with NDDs had a higher prevalence of emotional symptoms (42% vs 15%, p<0.001), more conduct problems (28% vs 9%, p<0.001), and fewer prosocial behaviors (54% vs 22%, p<0.001) during the lockdown. CYP in all groups showed more emotional symptoms than pre-COVID-19 cohorts, and CYP with ADHD showed aggravated conduct problems, while those with ASD showed decreased prosocial behaviors. Females with ASD exhibited increased emotional symptoms compared to males. The authors emphasize the importance of addressing challenges	Children and young people (CYP) with neurodevelopmental disorders (NDDs) are vulnerable to adverse mental health effects during the lockdown early in the COVID-19 pandemic. This study showed a higher prevalence of emotional symptoms and conduct problems, and fewer prosocial behaviors among CYP with NDDs compared to neurotypical controls.	Nonweiler J, Rattray F, Baulcomb J, et al.. Prevalence and Associated Factors of Emotional and Behavioural Difficulties during COVID-19 Pandemic in Children with Neurodevelopmental Disorders. Children (Basel). 2020;7(9):E128. Published 2020 Sep 4. doi:10.3390/children7090128

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					faced by CYP with NDDs and call for an individualized, multi-disciplinary wellbeing approach.		
Brazil, pediatric, diagnosis, comorbidities	4-Sep-20	SARS-CoV-2 infections with emphasis on pediatric patients: a narrative review	Journal of the Institute of Tropical Medicine of São Paulo	Review Article	This review summarizes the main aspects underlying SARS-CoV-2, including its epidemiology and pathophysiology, specifically pointing to differences in ACE2 receptors, in terms of expression and the amount of soluble ACE2 in the circulation. It highlights the differences between children and adults, men and women, and also in those with specific risk factors such as smoking, pregnant women, and people with co-morbidities. Child patients were separated into two groups, previously healthy children and children living with co-morbidities, and clinical manifestations were described. The authors emphasize the emergence of MIS-C and review its clinical manifestations and similarities to Kawasaki disease. Additionally, this review covers laboratory diagnosis of COVID-19 including discussions on chest imaging, D-dimer levels, pro-inflammatory cytokine levels, as well as protocols for RT-PCR and diagnosis based on IgA, IgM, and IgG antibody detection. The authors emphasize that it is crucial to continue sharing updates and new information relating to pediatric patients and COVID-19.	This review studies main facets of COVID-19 including epidemiology and pathophysiology, paying special attention to pediatric patients. The authors summarize the clinical presentations found in children, as well as laboratory diagnoses.	Yamamoto L, Santos EHD, Pinto LS, et al. SARS-CoV-2 infections with emphasis on pediatric patients: a narrative review. Rev Inst Med Trop Sao Paulo. 2020; doi:10.1590/S1678-9946202062065
Outcomes, neonate, critically ill, pregnancy, New Jersey, USA	4-Sep-20	Perinatal Outcomes in Critically Ill Pregnant Women with Coronavirus Disease 2019	American Journal of Obstetrics & Gynecology MFM	Research Letter	The authors conducted a retrospective study on the clinical characteristics and outcomes of pregnant women requiring critical care for severe COVID-19 within their network's two largest hospitals in New Jersey, USA, in March and April 2020. The results showed that of the 1053 deliveries between both hospitals, 73 (6.9%) documented symptomatic pregnant patients with COVID-19, of which 31 (42%) were admitted for further management. Furthermore, 8 patients required ICU admission, of which 6 required intubations, and 1 was supported with extracorporeal membrane oxygenation. Among the 8 critically ill patients, the most common presenting symptoms were cough (75%) and dyspnea (87.5%), and only 1 patient was febrile on admission, although 5 developed a fever during hospitalization. Two women had pre-existing conditions (chronic hypertension, asthma), and 1 presented with hemolysis, elevated liver enzymes, and low platelet (HELLP) syndrome. Of note, all women had elevated liver transaminases and D-dimer levels. Also, 7 patients (87.5%) delivered preterm by primary cesarean delivery, most commonly for respiratory failure. All women were subsequently discharged home in stable condition following multimodal and multidisciplinary approaches. Furthermore, each neonate improved as expected with neonatal intensive care, and there was no evidence of vertical transmission.	Findings from this study suggest that there is a potential for COVID-19 to progress to critical illness in pregnancy. Therefore, obstetrical providers should recognize clinical deterioration in pregnant women with COVID-19 and intervene swiftly to limit maternal and fetal harm.	Romagano MP, Guerrero K, Spillane N, et al. Perinatal outcomes in critically ill pregnant women with coronavirus disease 2019. American Journal of Obstetrics & Gynecology MFM. 2020;2(3):doi:10.1016/j.ajogmf.2020.100151
Convalescent plasma, pediatrics, Philadelphia, USA	4-Sep-20	Convalescent plasma for pediatric	Pediatric Blood Cancer	Case Study	There are no proven safe and effective therapies for children who develop life-threatening complications of SARS-CoV-2. Convalescent plasma (CP) has demonstrated potential benefits in	The authors found that convalescent plasma (CP) treatment was not	Diorio C, Anderson EM, McNerney KO, et al. Convalescent plasma for pediatric patients with

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		patients with SARS-CoV-2-associated acute respiratory distress syndrome			adults with SARS-CoV-2 but has theoretical risks. This article provides data on pediatric patients (n=4, age range=14-18 years, sexes not stated) in Philadelphia, USA, with acute respiratory distress syndrome and without MIS-C who received CP treatment. The overall efficacy of CP is difficult to determine due to ongoing hospitalizing for 2 patients and the post-transfusion cardiac-related death of another; however, 1 case showed efficacy. The plasma donor for this patient showed higher SARS-CoV-2 spike receptor-binding domain (RBD) antibody titers (>1:6000) than the donor for any of the other patients, suggesting that donor plasma high in RBD antibodies could be beneficial. Infusion of CP was not associated with antibody-dependent enhancement and did not suppress endogenous antibody response. The authors conclude by suggesting randomized pediatric trials for further insight.	associated with antibody-dependent enhancement and did not suppress endogenous antibody response in 4 pediatric cases; however, the overall efficacy of CP therapy was unclear.	SARS-CoV-2-associated acute respiratory distress syndrome. <i>Pediatr Blood Cancer</i> . 2020;e28693. doi:10.1002/psc.28693
Prevention, overnight camps, nonpharmaceutical interventions, Maine, USA	4-Sep-20	Preventing and Mitigating SARS-CoV-2 Transmission - Four Overnight Camps, Maine, June-August 2020	Morbidity and Mortality Weekly Report	Report	During June-August 2020, four overnight camps in Maine, USA, implemented several nonpharmaceutical interventions (NPIs) to prevent and mitigate the transmission of SARS-CoV-2. The NPIs included prearrival quarantine, pre- and post-arrival testing and symptom screening, cohorting, use of face coverings, physical distancing, enhanced hygiene measures, cleaning and disinfecting, and maximal outdoor programming. Testing and symptom screening during the camp sessions enabled early and rapid identification and isolation of attendees with COVID-19. Among the 1,022 attendees (staff members and campers) from 41 states, one territory, and six international locations, 1,010 were tested before arrival. Four (0.4%) asymptomatic attendees received positive SARS-CoV-2 test results before arrival. Therefore, those four attendees delayed their arrival, completed ten days of isolation at home, remained asymptomatic, and did not receive any further testing before arrival or for the duration of camp attendance. Approximately one week after camp arrival, all 1,006 attendees without a previous diagnosis of COVID-19 were tested, and three asymptomatic cases were identified. Following the isolation of these persons and quarantine of their contacts, no secondary transmission of SARS-CoV-2 occurred.	Implementing a multilayered prevention and mitigation strategy in four overnight camps in Maine, USA, successfully identified and isolated three asymptomatic COVID-19 cases and prevented secondary transmission. This study's findings can inform similar multilayered public health strategies to prevent and mitigate the introduction and transmission of SARS-CoV-2 in similar congregate settings.	Blaisdell LL, Cohn W, Pavell JR, Rubin DS, Vergales JE. Preventing and Mitigating SARS-CoV-2 Transmission - Four Overnight Camps, Maine, June-August 2020. <i>MMWR Morb Mortal Wkly Rep</i> . 2020;69(35):1216-1220. Published 2020 Sep 4. doi:10.15585/mmwr.mm6935e1
Switzerland, Bronchiolitis, Infant	4-Sep-20	Can SARS-CoV-2 cause life-threatening bronchiolitis in infants?	Pediatric Pulmonology	Letter to the editor	This letter is meant to inform the community of pediatricians and pediatric intensivists that SARS-CoV-2 is suspected to cause life-threatening bronchiolitis in infants. The authors report the case of an 11-month-old boy in Bellizona, Switzerland in March 2020 who presented to a local hospital with elevated temperature, tachypnea, and expiratory stridor. The patient's medical history included four episodes of lower respiratory tract infections, one of which was due to respiratory syncytial virus (RSV) bronchiolitis. The patient was tested for SARS-CoV-2 using PCR on hospital days	Bronchiolitis may be a life-threatening complication of SARS-CoV-19 for predisposed infants, and that a diagnosis of COVID-19 should be suspected even when initial PCR tests are negative.	André MC, Konrad P, Julia B, et al. Can SARS-CoV-2 cause life-threatening bronchiolitis in infants? <i>Pediatr Pulmonol</i> . doi:10.1002/ppul.25030

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					1, 2, 4, and 8, with a positive result only on day 8. Other diagnostic testing included a microbial culture and a standard respiratory PCR on day 1, which were both negative. Despite initially negative SARS-CoV-2 test, the authors assume the life-threatening bronchial obstruction was caused by SARS-CoV-2 in conjunction with post-RSV bronchial hyperreactivity.		
Maternal bonding, pandemic, postpartum depression, pregnancy, Turkey	4-Sep-20	The Effect of COVID-19 Pandemic and Social Restrictions on Depression Rates and Maternal Attachment in Immediate Postpartum Women: a Preliminary Study	The Psychiatric Quarterly	Original Article	The authors aimed to evaluate the postpartum depression rates and maternal-infant bonding status among immediate postpartum women, whose last trimester overlapped with the lockdowns and who gave birth in a tertiary care center in Turkey with strong hospital restrictions. A total of 223 low-risk term pregnant women who gave birth were included and surveyed with the Edinburgh Postpartum Depression Scale (EPDS) and Maternal Attachment Inventory (MAI) within 48 h after birth. EPDS is scored between 0-30, and scores of 13 and higher are considered as probable risk for postpartum depression. The median EPDS score of 223 women was 7. The authors determined that 14.7% of the women have a risk for postpartum depression. For depressive women, the median EPDS score was 15. MAI is scored between 26-104, and higher scores show a higher maternal attachment. The median MAI score of 223 women was 100. The median MAI scores for the 33 women with depression was 73 and for the 190 women without depression was 101. The MAI scores of women with depression were significantly lower than controls ($p < 0.001$), so depressive mothers show significantly lower maternal attachment scores. The authors emphasize that providing appropriate isolation in hospitals for pregnant women may have a positive impact on the depressive symptoms of new mothers.	The authors evaluated the postpartum depression rates and maternal-infant bonding status among 223 immediate postpartum women in Turkey. 14.7% of postpartum women were determined to have a risk for postpartum depression. The authors observed significantly lower maternal attachment scores in depressive mothers.	Oskovi-Kaplan ZA, Buyuk GN, Ozgu-Erdinc AS, et al. The Effect of COVID-19 Pandemic and Social Restrictions on Depression Rates and Maternal Attachment in Immediate Postpartum Women: a Preliminary Study [published online 2020 Sep 4]. Psychiatr Q. 2020. doi:10.1007/s11226-020-09843-1
Vertical transmission, maternal outcome, perinatal outcome	4-Sep-20	The effect of coronavirus infection (SARS-CoV-2, MERS-CoV, and SARS-CoV) during pregnancy and the possibility of vertical maternal-fetal transmission: a systematic review and meta-analysis	European Journal of Medical Research	Review	The authors conducted a systematic search on PubMed, Web of Science, Embase, Google Scholar and the Cochrane Library until the end of April 2020 to provide an overview of the effect of CoV (SARS-CoV-2, MERS-CoV, and SARS-CoV) infection on maternal and perinatal, and the possibility of vertical transmission of the virus from pregnant women to the fetus. Out of 879 articles reviewed, 39 studies involving 1316 pregnant women were included. The most common clinical features were fever, cough, and myalgia, while lymphocytopenia and elevated CRP marker were the most common abnormal laboratory findings. Higher prevalence of COVID-19 and other CoV was reported among preterm birth < 37 weeks of gestation and maternal outcomes included pre-eclampsia, miscarriage, preterm premature rupture of membranes and fetal growth restriction. Among the perinatal outcomes, fetal distress rated 26.5%, neonatal asphyxia rated 1.4%. Neonate admitted to ICU was rated 11.3%, while the rate	This systematic review discovered that respiratory infectious diseases increased risk of adverse maternal obstetrical complications due to physiological changes occurred during pregnancy. They argued that a very low expression of ACE-2 in early maternal-fetal interface cells might be the reason for no reported vertical transmission in utero.	Diriba K, Awulachew E, Getu E. The effect of coronavirus infection (SARS-CoV-2, MERS-CoV, and SARS-CoV) during pregnancy and the possibility of vertical maternal-fetal transmission: a systematic review and meta-analysis. Eur J Med Res. 2020;25(1):39. Published 2020 Sep 4. doi:10.1186/s40001-020-00439-w

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					of perinatal death was 2.2%. In the current review, none of the studies reported the transmission of CoV from the mother to the fetus in utero during the study period. They concluded that respiratory infectious diseases have demonstrated an increased risk of adverse maternal obstetrical complications due to physiological changes that occurred during pregnancy and argued that a very low expression of ACE-2 in early maternal-fetal interface cells might be the reason for no reported vertical transmission in utero.		
Allergies, peanut allergies, infants, allergic reaction	4-Sep-20	Increasing awareness of the low risk of severe reaction at infant peanut introduction: Implications during COVID-19 and beyond [Abstract and article not free]	Journal of Allergy and Clinical Immunology	Editorial	Due to COVID-19, families may be more reluctant to introduce peanuts to children at home, especially among infants at higher risk of developing a peanut allergy. In this editorial, the authors provide guidance about the safety of early peanut introduction during the COVID-19 pandemic. They cite data obtained from large observational studies and randomized control trials, such as the Learning Early About Peanut study that indicate the risk of severe reactions upon introduction of peanut in infancy is very low, even in infants at high-risk for developing a peanut allergy. Since pre-emptive screening is still low-priority, a way to circumvent the hesitancy of families is the introduction of peanuts to infants under the virtual supervision of physicians. This could also be beneficial after the pandemic for families living remotely. This editorial reassures families about the safety of introducing peanut in infancy at home.	Through this editorial, the authors aim to bring awareness to the low-risk of severe reactions upon early introduction of peanut to infants, even in those who experience anaphylaxis and those who are at high-risk for developing peanut allergies. This can be used to guide early food introduction to infants during the COVID-19 pandemic.	Abrams EM, Primeau M, Kim H, Gerdt J, et al. Increasing awareness of the low risk of severe reaction at infant peanut introduction: Implications during COVID-19 and beyond. J Allergy Clin Immunol Pract. 2020. doi:10.1016/j.jaip.2020.08.044
Pediatric, children, Type 1 Diabetes, morbidity, UK, Italy, Germany	4-Sep-20	COVID-19 and Children with Diabetes-- Updates, Unknowns, and Next Steps: First, Do No Extrapolation.	Diabetes Care	Original Article	The authors present three articles describing the impact of the COVID-19 pandemic on new-onset and established pediatric type 1 diabetes. First, the Rabbone et al. examined diabetes diagnoses and reports of diabetic ketoacidosis (DKA) in Italian children with new-onset and established type 1 diabetes between February 20 to April 14, 2020. The results demonstrated a 23% decrease in new presentations of type 1 diabetes compared to a similar period in 2019, but an increase in new cases presenting with DKA. Second, Unsworth et al. analyzed data from five U.K. regional inpatient units collected from late March to early June 2020 and observed that two units reported an increase in pediatric type 1 diabetes cases while the other three units reported no change. Finally, Tittel et al. reviewed country-wide electronic medical record data from 216 Diabetes-Prospective Follow-up registry (DPV) clinics in Germany, from mid-March to mid-May 2020. Their results showed no significant difference in the rate of new-onset pediatric type 1 diabetes compared to predicted rates based on data collected over the last decade. Notably, all three articles documented primarily mild cases of COVID-19 in pediatric patients with type 1 diabetes. The authors also present a table of	The three articles presented do not provide compelling evidence that the COVID-19 pandemic leads to dramatic short-term adverse changes in the incidence of pediatric type 1 diabetes. Overall, the accumulating evidence suggests that children with type 1 diabetes infected with SARS-CoV-2 will have similar disease outcomes as peers without diabetes.	DiMeglio LA, Albanese-O'Neill A, Muñoz CE, Maahs DM. COVID-19 and Children With Diabetes- Updates, Unknowns, and Next Steps: First, Do No Extrapolation [published online, 2020 Sep 4]. Diabetes Care. 2020;doi:10.2337/dci20-0044

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					needs and recommended actions for managing pediatric diabetes during the COVID-19 pandemic.		
Miscarriage, Pakistan, placenta, infection	4-Sep-20	First trimester miscarriage in a pregnant woman infected with COVID-19 in Pakistan [No abstract and article not available for free]	Journal of Infection	Case Report	The authors report the case of miscarriage during the first trimester in a pregnant woman infected with SARS-CoV-2 in Pakistan. A 30-year-old woman with no prior medical history, presented at 10 weeks 6 days of gestation to the hospital with fever, dry cough, headache, body pain, sore throat, chest pain, and loss of smell and taste. A nasopharyngeal (NP) swab was collected and tested positive for SARS-CoV-2 on June 4, 2020. She was discharged and took paracetamol 3 times a day for 1 week, and her fever and body pain improved after 5 days. 3 days later she presented with severe abdominal pain, diarrhea, and dry cough, and she was prescribed Cefspan 400mg and Flagyl 400 mg for 5 days. She presented to the hospital again on June 18, 2020 with severe uterine contraction, cough, and minor vaginal bleeding. An ultrasound noted inflammation in the placenta, and she subsequently experienced a miscarriage on the same day. A NP swab taken for other respiratory viruses tested negative. Her NP swab for COVID-19 became negative on June 29, 2020. The authors conclude that this case of miscarriage during the first trimester appears related to placental infection with no other causes identified. Furthermore, evidence of placental infection, indicated by increased perivillous fibrin and villous infarcts, has been observed in the placenta of COVID-19 infected pregnant women.	The authors present the case of a woman who tested positive for SARS-CoV-2 during pregnancy who experienced a first trimester miscarriage. After excluding other factors, her miscarriage seems linked to placental infection and inflammation. Markers of placental infection have been observed in cases of COVID-19 infected pregnant women.	Rana DMS, Usman MM, Alam DMM, et al. First trimester miscarriage in a pregnant woman infected with COVID-19 in Pakistan [published online ahead of print, 2020 Sep 4]. J Infect. 2020;S0163-4453(20)30587-9. doi:10.1016/j.jinf.2020.09.002.
MIS-C, pediatrics, children, clinical presentation, mortality	4-Sep-20	Multisystem inflammatory syndrome in children: A systematic review	EClinical Medicine (The Lancet)	Review article	This systematic review of 39 observational studies (n = 662 patients) conducted from January 1st to July 25th, 2020 describes the typical presentation and outcomes of children diagnosed with multisystem inflammatory syndrome in children (MIS-C). While 71.0% of children (n = 470) were admitted to the ICU, only 11 deaths (1.7%) were reported. Average length of hospital stay was 7.9 days. Fever (100%, n = 662), abdominal pain or diarrhea (73.7%, n = 488), and vomiting (68.3%, n = 452) were the most common presenting symptoms. Multiple serum inflammatory, coagulative, and cardiac markers were considerably abnormal. Mechanical ventilation and extracorporeal membrane oxygenation were necessary in 22.2% (n = 147) and 4.4% (n = 29) of patients, respectively. An abnormal echocardiograph was observed in 314 of 581 individuals (54.0%) with the most common abnormality being a decreased ejection fraction (45.1%, n = 262 of 581). Some children developed MIS-C despite an asymptomatic course of COVID-19. The potential long-term sequelae from this disease are still currently unknown.	In this systematic review the authors evaluate the clinical presentation and outcomes of MIS-C, a pediatric disease linked to SARS-CoV-2 infection.	Ahmed M, Advani S, Moreira A, et al. Multisystem inflammatory syndrome in children: A systematic review. EClinicalMedicine. 2020 Sep 4:100527.
Child maltreatment,	4-Sep-20	Child Maltreatment	Child Abuse & Neglect	Original Article	This study investigated factors associated with child maltreatment during the COVID-19 pandemic, including parental	The authors identified parental job loss during	Lawson M, Piel MH, Simon M. Child Maltreatment during the

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<p>coping, job loss, pandemic, physical abuse, United States</p>		<p>during the COVID-19 Pandemic: Consequences of Parental Job Loss on Psychological and Physical Abuse Towards Children</p>			<p>job loss, and whether cognitive reframing moderated associations between job loss and child maltreatment. Cognitive reframing is a strategy where stressors are redefined and made more manageable, which may mitigate the threat of preexisting and COVID-19 related risk factors on child maltreatment. A community sample of 342 parents (62% mothers) of 4- to 10-year-olds (mean = 7.38, SD = 2.01; 57.3% male) living in the United States completed online questionnaires regarding experiences with COVID-19, the Parent-Child Conflict Tactics Scale, and the Family Crisis Oriented Personal Evaluation Scales. Parental job loss (OR = 4.86, 95% CI [1.19, 19.91], p = 0.03), parental depressive symptomology (OR = 1.05, 95% CI [1.02, 1.08], p < 0.01), and parental psychological maltreating history were predictive of parents who psychologically maltreated their children during the COVID-19 pandemic (OR = 111.94, 95% CI [28.54, 439.01], p < 0.001). Regarding physical abuse, a significant interaction between job loss and reframing coping emerged (OR = 0.76, 95% CI [0.59, 0.99], p = 0.04). Among parents who lost their jobs, the probability of physical abuse decreased as reframing coping increased. The authors determined that parental job loss during the pandemic can be detrimental to children's safety by increasing risk for psychological maltreatment and physical abuse during the COVID-19 pandemic.</p>	<p>the COVID-19 pandemic as a robust predictor of psychological maltreatment and physical abuse towards children during the pandemic. However, among parents who lost their jobs, positive cognitive reframing, where stressors are redefined and made more manageable, was a significant buffer of this association on physical abuse.</p>	<p>COVID-19 Pandemic: Consequences of Parental Job Loss on Psychological and Physical Abuse Towards Children [published online 2020 Sep 4]. Child Abuse Negl. 2020. doi:10.1016/j.chiabu.2020.104709</p>
<p>Age, children, locations, online, parents, physical activity, sedentary behavior, sex, sports, United States</p>	<p>4-Sep-20</p>	<p>Early effects of the COVID-19 pandemic on physical activity and sedentary behavior in children living in the U.S</p>	<p>BMC Public Health</p>	<p>Original Article</p>	<p>COVID-19 restrictions such as the closure of schools and parks, and the cancellation of youth sports and activity classes around the United States may prevent children from achieving recommended levels of physical activity (PA). Parents and legal guardians of 211 children (mean = 8.73 [SD = 2.58] years) completed an online survey between April 25–May 16, 2020 assessing the effects of the pre-COVID-19 (February 2020) and early-COVID-19 (April–May 2020) periods on PA and sedentary behavior (SB). The most common physical activities during the early-COVID-19 period were free play/unstructured activity and going for a walk. Children engaged in about 90 min of school-related sitting and over 8 h of leisure-related sitting a day. Parents of older children (ages 9–13 years) perceived greater decreases in PA and greater increases in SB from the pre- to early-COVID-19 periods compared to younger children (ages 5–8 years). Children were more likely to perform PA at home indoors or on neighborhood streets during the early- COVID-19 periods compared to pre-COVID-19 periods. The authors argue that programmatic and policy strategies should be geared towards promoting PA and reducing SB during the next few months of the pandemic.</p>	<p>The authors surveyed guardians of 211 children in the USA from April 25–May 16, 2020 to assess physical activity and sedentary behavior before and during the COVID-19 pandemic. Results from this study suggest children performed less physical activity and engaged in more sedentary behavior during the early-COVID-19 period as compared to before the pandemic.</p>	<p>Dunton GF, Do B, Wang SD. Early effects of the COVID-19 pandemic on physical activity and sedentary behavior in children living in the U.S. BMC Public Health. 2020;20(1):1351. Published 2020 Sep 4. doi:10.1186/s12889-020-09429-3</p>

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Child protection, psychological resilience, mental health, Brazil, child maltreatment,	4-Sep-20	Brazilian Child Protection Professionals' Resilient Behavior during the COVID-19 Pandemic	Child Abuse & Neglect	Original Research	An area of concern is supporting the resilience and wellbeing of professionals working in child protection during the COVID-19 pandemic. Three hundred and nine professionals working in child protection and related fields (e.g., psychologists, social workers, professors, pediatricians, nurses, and other clinicians) in Brazil were surveyed on demographics, current work conditions, engagement in resilient behaviors, and individual and socio-ecological predictors of those behaviors. Three categories of resilient behaviors were measured: personal resilience (e.g., "Caring about my own mental health"; "Time available for hobbies/exercises/meditation"); familial resilience (e.g., "Time for family-work balance"; "Shared household tasks"); and career resilience (e.g., "Direct communication with work during the pandemic"; "Shared responsibility at work"). Both job support and individuals' beliefs of the importance of resilient behaviors predicted their engagement in such behaviors. The authors conclude that child protection professionals' resilience must be fostered by socio-ecological contexts, with additional supports needed due to the COVID-19 pandemic.	Effective job support is a key component of promoting resilience among child protection professionals. Supportive work environments should be particularly emphasized in light of additional stressors caused by COVID-19.	Priolo Filho SR, Goldfarb D, Zibetti MR, Aznar-Blefari C. Brazilian Child Protection Professionals' Resilient Behavior during the COVID-19 Pandemic. Child Abuse Negl. 2020;104701. doi:10.1016/j.chiabu.2020.104701
pediatric, neurology, EEG, infantile spasms, COVID-19	3-Sep-20	Child neurology, COVID-19, and crisis in society	Developmental Medicine and Child Neurology	Invited Editorial	During the COVID-19 pandemic, medical resources and personnel have become limited, forcing physicians and healthcare providers to prioritize survival when deciding how resources will be allocated. During this time of scarcity, vulnerable populations required changes in their standard-of-care. For example, infantile spasms are usually evaluated using inpatient video-electroencephalography (EEG) and adrenocorticotropic hormone therapy. However, this method puts patients and families at excess risk for SARS-CoV-2 exposure. To balance this conundrum, the Child Neurology Society (CNS) posted new recommendations emphasizing telemedicine, outpatient EEG, and oral prednisolone treatment. Further, CNS has issued extensive age-specific guidelines for virtual exams of infants, children, and adolescents which are linked in this article. Also linked are guidelines on the re-opening of pediatric neurology clinics which emphasize staff and patient protection. The authors conclude by recognizing that socio-economic disparities continue to manifest in health outcomes and the community of child neurologists stands with these vulnerable and underserved populations.	This article outlines some examples of how the COVID-19 pandemic has altered standard of care for pediatric neurology populations. The article links the current guidelines from the Child Neurology Society for various pediatric neurology procedures as well as for clinic re-opening.	Pearl PL. Child neurology, COVID-19, and crisis in society. Dev Med Child Neurol. 2020;62(10):1113. doi:10.1111/dmnc.14624
Pediatrics, sleep medicine, telemedicine	3-Sep-20	Telemedicine in Pediatric Sleep	Sleep Medicine Clinics	Original Article	There are a multitude of potential benefits to incorporating telemedicine into pediatric sleep practices, including saving travel time and costs, fewer school absences, less missed work time for parents, and bringing multiple caregivers together who all may provide different perspectives on how a child's sleep problem is affecting daytime function and behavior. This article reviews how telemedicine has been explored in pediatric sleep medicine and	The authors review the role of telemedicine in pediatric sleep medicine, highlighting applications and challenges encountered during the COVID-19 pandemic.	Paruthi S. Telemedicine in Pediatric Sleep. Sleep Med Clin. 2020 Sep;15(3S):e1-e7. doi: 10.1016/j.jsmc.2020.07.003. Epub 2020 Sep 3. PMID: 33008491; PMCID: PMC7467903.

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					presents current applications and challenges encountered during the COVID-19 pandemic. The authors highlight several pediatric sleep disorders particularly amendable to virtual visits because the physical examination adds little or no additional significant information. These include circadian rhythm disorders, especially delayed sleep-wake phase disorder, insomnia, and sleep-related movement disorders, such as restless legs syndrome. For other disorders, they recommend a hybrid model of telemedicine and in-person assessment. Challenges to telemedicine include reimbursement, performing detailed physical exams, and obtaining signatures for consent.		
Children, viral clearance, antibody, seropositive, timing, USA	3-Sep-20	Kinetics of Viral Clearance and Antibody Production Across Age Groups in Children with Severe Acute Respiratory Syndrome Coronavirus 2 Infection	The Journal of Pediatrics	Original Article	The authors' objective was to investigate the timing of viral clearance and antibody production in children with COVID-19. All patients aged ≤22 years seeking care at the Children's National Hospital, Washington, DC, USA, between March 13 and June 21, 2020, were tested for SARS-CoV-2 by RT-PCR and IgG antibody. The authors retrospectively analyzed 6,369 patients who underwent PCR testing and 215 patients who underwent antibody testing. The results showed that the positivity rate varied over time due to viral circulation in the community and transition from targeted testing of symptomatic patients to universal screening of hospitalized patients. The median duration of viral shedding (RT-PCR positivity) was 19.5 days, and the time from RT-PCR positivity to negativity was 25 days. Of note, patients aged 6 through 15 years demonstrated a longer time of RT-PCR positivity to negativity, compared with patients aged 16 through 22 years (median: 32 vs. 18 days, P = .015). Furthermore, the median time to seropositivity from RT-PCR positivity was 18 days, whereas the median time to reach adequate levels of neutralizing antibodies was 36 days. Only 17 of 33 (50%) patients demonstrated adequate neutralizing antibodies during the time frame of specimen collection.	Findings from this study showed that most pediatric patients demonstrated a prolonged period of viral shedding after infection with SARS CoV-2. However, only approximately 50% achieved an adequate antibody level during the timeframe of specimen testing.	Bahar B, Jacquot C, Mo YD, et al. Kinetics of Viral Clearance and Antibody Production Across Age Groups in Children with Severe Acute Respiratory Syndrome Coronavirus 2 Infection [published online, 2020 Sep 3]. J Pediatr. 2020;S0022-3476(20)31114-8. doi:10.1016/j.jpeds.2020.08.078
Pregnancy, obstetric patients, treatments, medication, safety, outcomes, mortality	3-Sep-20	COVID-19-related disease severity in pregnancy	American Journal of Reproductive Immunology	Special Issue Article	Data remain limited on disease severity, course, and treatment of COVID-19 in pregnancy. Current data suggest that pregnant people have similar disease course and outcomes compared to nonpregnant people, with the majority experiencing mild disease; however, pregnant people may have increased risk of hospitalization and ICU admission. This narrative review of COVID-19 during pregnancy underscores key knowledge gaps regarding the impact of this viral infection on reproductive health. The article covers physiological changes in pregnancy to the immune system and respiratory system that can impact COVID-19 severity, pregnancy outcomes, safety of medication use for COVID-19, and the clinical course and treatments of severe and critical illness (cardiomyopathy, mechanical	This article summarizes evidence related to COVID-19 in pregnancy, covering physiological changes that impact COVID-19 severity, pregnancy outcomes, safety of medications for COVID-19, and the clinical course and treatments of severe and critical illness.	Thompson, JL, Nguyen, LM, Noble, KN, Aronoff, DM. COVID-19-related disease severity in pregnancy. Am J Reprod Immunol. 2020; 00:e13339. https://doi.org/10.1111/aji.13339

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					ventilation, prone positioning, extracorporeal membrane oxygenation, thromboprophylaxis). Among patients who develop severe and critical disease, major maternal morbidity and mortality have been described including cardiomyopathy, mechanical ventilation, extracorporeal membrane oxygenation, and death. The inclusion of pregnant patients in therapeutic trials will provide vital data on treatment options for patients.		
Infants, children, hepatic dysfunction, hyperphosphatemia, France	3-Sep-20	Severe hyperphosphatemia and severe acute respiratory syndrome coronavirus 2 infection in children [Free Access to Abstract Only]	Blood Coagulation and Fibrinolysis	Case Report	Hepatic dysfunction and the slight elevation of liver enzymes have been reported in cases of COVID-19 infection. The authors report the first infant case of severe hyper-phosphatasemia, the elevation of serum alkaline phosphatase, caused by SARS-CoV-2 infection in a 9-month-old child admitted to the Pediatric Covid-19 Unit of Amiens University Hospital (France). A high viral load was detected by RT-PCR assay 24 hours after the child started having first symptoms. Neurological and endocrinological assessment excluded other related genetic diseases. Given the hepatic tropism and COVID-19-related hyperinflammatory reactions, this case suggests that isolated severe hyper-phosphatasemia in children with COVID-19 infection should not only increase the possibility of transient hyper-phosphatasemia but also highlight a classic natural history of transient hyper-phosphatasemia during viral infection.	This article details the first case of a 9-month-old infant in France with severe transient hyper-phosphatasemia caused by SARS-CoV-2 infection with high viral load detected by RT-PCR assay.	Tchidjou HK, Caron F, Ferec A, et al. Severe hyperphosphatasemia and severe acute respiratory syndrome coronavirus 2 infection in children [published online, 2020 Sep 3]. Blood Coagul Fibrinolysis. 2020. doi:10.1097/MBC.0000000000000954
Adolescent, physical activity, crisis, parenting, protective factors, puberty, risk factors, Bosnia, Herzegovina	3-Sep-20	Contextualizing Parental/Familial Influence on Physical Activity in Adolescents Before and During COVID-19 Pandemic: A Prospective Analysis.	Children	Original Research	The authors aimed to evaluate the changes in the physical activity level (PAL) during the COVID-19 pandemic and evaluate the influence of sociodemographic and parental/familial factors on PAL levels before and during the pandemic in adolescents from Bosnia and Herzegovina. The authors included 688 adolescents 15–18 years of age, tested for COVID-19 in January 2020 (baseline; before the COVID-19 pandemic), and in April 2020 (follow-up; during the COVID-19 pandemic lockdown). The Physical Activity Questionnaire for Adolescents (PAQ-A) was used to assess PALs at baseline and at the follow-up period. The results showed a significant decline in PALs between baseline and follow-up (t-test: 11.88, p < 0.001). Also, approximately 50% of adolescents had sufficient PAL at baseline, while only 24% achieved sufficient PAL at follow-up. Of note, paternal education was positively correlated, while familial conflict was negatively correlated with PALs before and during the COVID-19 pandemic.	This study showed a significant decrease in physical activity level (PAL) of adolescents in Bosnia and Herzegovina during the COVID-19 pandemic, and that parental/familial conflict decreased the PAL before and during the pandemic. These results highlight the importance of parent-child relationships and parental/familial support in promoting physical activity during regular life and crises such as the COVID-19 pandemic.	Gilic B, Ostojic L, Corluca M, et al.. Contextualizing Parental/Familial Influence on Physical Activity in Adolescents before and during COVID-19 Pandemic: A Prospective Analysis. Children (Basel). 2020;7(9):E125. Published 2020 Sep 3. doi:10.3390/children7090125
Vitamin D, deficiency, infection risk, sufficient, Chicago, USA	3-Sep-20	Association of Vitamin D Status and Other Clinical Characteristics	JAMA Network	Original Research	The authors conducted a retrospective cohort study to examine whether prior vitamin D status before COVID-19 testing is associated with COVID-19 test results. They included 489 patients at the University of Chicago Medicine in Illinois, USA, with a 25-hydroxycholecalciferol or 1,25-dihydroxycholecalciferol level	The authors observed that persons who are likely to have deficient vitamin D levels at the time of COVID-19 testing were at	Meltzer DO, Best TJ, Zhang H, Vokes T, Arora V, Solway J. Association of Vitamin D Status and Other Clinical Characteristics With COVID-19 Test Results.

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		With COVID-19 Test Results			measured within one year before COVID-19 testing from March 3 to April 10, 2020. Vitamin D deficiency was defined by the last measurement of 25-hydroxycholecalciferol less than 20 ng/mL or 1,25-dihydroxycholecalciferol less than 18 pg/mL before COVID-19 testing. Treatment changes were defined by changes in vitamin D type and dose between the date of the last vitamin D level measurement and the date of COVID-19 testing. The results showed that 15% of study participants tested positive for COVID-19. Also, the vitamin D status of patients before COVID-19 testing was classified as follows: 25% likely deficient, 59% likely sufficient, and 16% uncertain. Furthermore, patients with likely deficient vitamin D status at the time of COVID-19 testing had an increased relative risk of testing positive for COVID-19 (relative risk, 1.77; 95% CI, 1.12-2.81; P = .02) compared with patients with likely sufficient status at the time of COVID-19 testing.	significantly higher risk of testing positive for COVID-19 than persons who were likely to have sufficient levels. These findings suggest a role of vitamin D status in the risk of COVID-19 infection.	JAMA Netw Open. 2020;3(9):e2019722. doi:10.1001/jamanetworkopen.2020.19722
Mobile health, phone app, mobile app, telemedicine, eHealth, gestational diabetes, insulin, Spain	3-Sep-20	Managing gestational diabetes mellitus using a smartphone application with artificial intelligence (SineDie) during the COVID-19 pandemic: Much more than just telemedicine	Diabetes Research and Clinical Practice	Brief Report	This article describes a mobile phone application to remotely manage the care of pregnant women with gestational diabetes mellitus (GDM) during the COVID-19 pandemic in Spain. The SineDie telemedicine platform was developed as a clinical decision support system to manage GDM treatment remotely and has been recently adapted as an app for Android smartphones. Glycemia data is synced with the app through each patients' glucose meter and information regarding ketonuria, dietary compliance, and insulin treatment can be manually entered. The system generates recommendations for doctors regarding diet modifications, the need for insulin treatment, and changes in insulin dose. The app notifies the physician if insulin treatment is necessary, and patients are notified through the app by any changes to their care plan made by physicians. The researchers began using the SineDie app for 20 patients visiting the endocrinology department for GDM in a hospital in Barcelona, Spain, at the beginning of the COVID-19 pandemic from March 31 to May 14, 2020. The women followed the same care plan as standard care, but input their data to the app rather than visiting the clinic for monitoring. The 20 women using the app were followed for a median of 16.5 days (IQR 8.6 – 36.2 days), and the data reported included a mean of 4.2 glucose measurements per day (SD ± 0.8) and 0.9 data uploads per day (SD ± 0.2).	SineDie is a mobile health application to help women manage gestational diabetes. This app or other similar telemedicine approaches may prove effective tools for the management of gestational diabetes mellitus during the COVID-19 pandemic.	Albert L, Capel I, García-Sáez G, et al. Managing gestational diabetes mellitus using a smartphone application with artificial intelligence (SineDie) during the COVID-19 pandemic: Much more than just telemedicine. Diabetes Res Clin Prac. 2020;169:108396. doi:10.1016/j.diabres.2020.108396
Preeclampsia, labetalol, magnesium sulfate, oxygen saturation	3-Sep-20	Preeclampsia Treatment in Severe Acute Respiratory Syndrome Coronavirus 2	American Journal of Obstetrics & Gynecology MFM	Letter to the Editor	The authors describe the first reported case of management of pre-eclampsia with known maternal SARS-CoV-2 infection. The patient was a 26-year-old woman at 37 weeks gestation with SARS-CoV-2 infection, dyspnea, and diagnosis of pre-eclampsia with severe features. Given normal oxygenation and benign lung examination, she received IV labetalol for hypertension and IV	There were no adverse consequences after IV labetalol and magnesium sulfate administration in this case of preeclampsia in a pregnant patient with	Joudi N, Henkel A, Lock WS, Lyell D. Preeclampsia treatment in severe acute respiratory syndrome coronavirus 2. American Journal of Obstetrics & Gynecology MFM.

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					magnesium sulfate for seizure prevention. Her blood pressure subsequently improved, and she had no reported exacerbation of pulmonary symptoms during magnesium sulfate administration. Furthermore, she was able to maintain oxygen saturation greater than 97% on room air during treatment. The patient delivered a healthy male infant by uncomplicated forceps-assisted vaginal delivery for fetal indications and maternal exhaustion. Her blood pressures remained within mild range, and she was continued on IV magnesium sulfate therapy at a maintenance rate of 2 gm per hour for 24 hours after delivery. Also, she did not require treatment for SARS-CoV-2 infection as she was clinically stable. The patient was subsequently discharged home on postpartum day 2 with no symptoms suggestive of SARS-CoV-2 infection, and she did not require oral medication for blood pressure control.	SARS-CoV-2 infection. Therefore, the authors support the expert opinion that magnesium sulfate may be used as indicated in patients with mild/moderate symptoms in SARS-CoV-2 infection.	2020;2(3):100146. doi:10.1016/j.ajogmf.2020.100146
PCR, placenta, membrane, nasopharyngeal, neonates, New York, USA	3-Sep-20	Detection of Severe Acute Respiratory Syndrome Coronavirus 2 in Placental and Fetal Membrane Samples	American Journal of Obstetrics & Gynecology MFM	Research Letter	The authors performed PCR assays to detect the presence of SARS-CoV-2 RNA in placental and fetal membrane samples. All pregnant women who received a diagnosis of COVID-19 and who delivered between March 1 and April 20, 2020, at NYU Langone Health, USA, were included in the study. Testing of placental or membrane samples for SARS-CoV-2 RNA was performed within 30 minutes after delivery. Placental swabs were obtained from the amniotic surface after clearing the surface of maternal blood, and membrane swabs were obtained from between the amnion and chorion after manual separation of the membranes. Also, infants were tested for SARS-CoV-2 using PCR of nasopharyngeal swabs between day 1 and day 5 of life during hospitalization. The results showed that of 11 placental or membrane swabs sent for testing after delivery, 3 swabs returned positive for SARS-CoV-2, all in women with severe to critical COVID-19 status at the time of delivery. Furthermore, although neonates in this study tested negative for SARS-CoV-2 in the first five days of life, many were born through cesarean deliveries, which may be associated with decreased length of exposure and a decreased likelihood of vertical transmission.	Findings from this study showed the presence of SARS-CoV-2 RNA in placental and membrane samples by RT-PCR at the time of delivery. These results may indicate the possibility of intrapartum viral exposure and the need for multiple testing methods for neonates after birth.	Penfield CA, Brubaker SG, Limaye MA, et al. Detection of severe acute respiratory syndrome coronavirus 2 in placental and fetal membrane samples. American Journal of Obstetrics & Gynecology MFM. 2020;2(3):100133. doi:10.1016/j.ajogmf.2020.100133
Prenatal care, maternal health, pregnancy, maternal mortality	3-Sep-20	Do not forget our pregnant women during the COVID-19 pandemic	Women & Health	Editorial	As health-care systems worldwide have become overrun responding to COVID-19, elective and preventive care has been largely deferred or eliminated and fear of infection prevents many patients from seeking care. Evidence from past epidemics indicates an increased risk of maternal and perinatal mortality will likely result, particularly in low- and middle-income countries. Delays in seeking care, in reaching health-care services, and in receiving adequate care at a health facility are all known risk factors for adverse maternal outcomes. The authors recommend clear communication of altered policies, occupational segregation, responsible social distancing, use of PPE, and	This editorial warns of the impact of COVID-19 on pregnant women seeking and accessing adequate prenatal care, provides evidence of adverse maternal outcomes from past epidemics, and provides strategies for ensuring prenatal care can	Osanan GC, Vidarte MFE, Ludmir J. Do not forget our pregnant women during the COVID-19 pandemic [published online, 2020 Sep 3]. Women Health. 2020;60(9):959-962. doi:10.1080/03630242.2020.1789264

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					telemedicine to maintain prenatal care. Combinations of telemedicine, home care, and mobile or drive-through prenatal care are other possible alternatives.	continue in a safe and protective environment.	
Pregnancy, ARDS, ICU care, multi-disciplinary, management algorithms, critical care, Ohio, USA	3-Sep-20	Severe acute respiratory distress syndrome in coronavirus disease 2019–infected pregnancy: obstetric and intensive care considerations	American Journal of Obstetrics & Gynecology MFM	Case Report	This case highlights a multi-disciplinary approach to the critical care of a 39-year-old G6 P2031 pregnant woman at 31-week gestation who was admitted on March 24, 2020 to a tertiary care center in Cincinnati, Ohio, USA for management of COVID-19 that rapidly progressed to severe acute respiratory distress syndrome (ARDS). Her history was notable for mild myotonic dystrophy, bicuspid aortic valve, 2 previous C-sections, and a previous mild cerebrovascular accident. She quickly required intubation and maximal volume-controlled ventilator support with persistent hypoxemia. The authors describe in detail her initial presentation and clinical status, their work-up and approach, and the algorithms utilized for her management. A multi-disciplinary team was assembled to develop plans regarding staff exposure mitigation, emergency preparedness, delivery timing, neonatal resuscitation, nutritional support, venous thrombo-embolism prophylaxis, and adjunctive measures including the potential for inhaled pulmonary vasodilators (epoprostenol) and extracorporeal membrane oxygenation (ECMO). She had a positive COVID-19 RT-PCR on hospital day 4. On hospital day 8, the patient tolerated a repeat low-transverse cesarean delivery and returned to the ICU where her clinical status improved, although she was still intubated by hospital day 17.	This case of rapid clinical decompensation and development of severe COVID-19–related acute respiratory distress syndrome in a pregnant woman highlights physiologic and management considerations for the care of critically ill pregnant women with COVID-19 using a multi-disciplinary approach.	Schnettler WT, Al Ahwel Y, Suhag A. Severe acute respiratory distress syndrome in COVID-19-infected pregnancy. Am J Obstet Gynecol MFM 2020;2:100120.
Pregnancy, testing, false negatives, sensitivity, critical care	3-Sep-20	False-negative testing for severe acute respiratory syndrome coronavirus 2: consideration in obstetrical care	American Journal of Obstetrics & Gynecology MFM	Case Report	This is a case report of a primiparous woman at 33 weeks' gestation with clinical signs and symptoms of COVID-19, including fever, tachycardia, tachypnea, lymphopenia, mild elevation of liver enzymes, and bilateral areas of consolidation and ground-glass opacification on CT, in whom three separate nasopharyngeal (NP) RT-PCR tests for SARS-CoV-2 from 2 institutions returned negative. She became critically ill requiring intubation and vasopressor support, with minimal variability on fetal heart tracing necessitating a preterm cesarean delivery. Broncho-alveolar lavage (BAL) performed after intubation by the ICU team ultimately returned positive for SARS-CoV-2. The authors conclude that false-negative testing of NP RT-PCR for SARS-CoV-2 is a clinically relevant problem with multiple important implications, especially in pregnant women with suspicion for severe and/or critical COVID-19. Repeat NP RT-PCR testing or more invasive testing with BAL for SARS-CoV-2 may be required to obtain a positive result.	The authors describe a critically ill pregnant woman with clinical symptoms of COVID-19 who had 3 false-negative nasopharyngeal swabs prior to a positive broncho-alveolar lavage specimen. This highlights the limitations of diagnostic testing for SARS-CoV-2 in pregnancy.	Kelly JC, Dombrowski M, O'Neil-Callahan M, et al. False-negative coronavirus disease 2019 testing: considerations in obstetrical care. Am J Obstet Gynecol MFM 2020;2:100130.
Universal testing, support persons, labor, delivery,	3-Sep-20	Universal Testing of Patients and their Support	American Journal of Obstetrics &	Letter to the Editor	The authors present the outcomes of universal SARS-CoV-2 testing for pregnant women and their designated support persons admitted to the labor and delivery unit at Mount Sinai	Findings from this study showed a high proportion of pregnant women and	Buckley A, Bianco A, Stone J. Universal testing of patients and their support persons for severe

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pregnancy, New York, USA		Persons for Severe Acute Respiratory Syndrome Coronavirus 2 when Presenting for Admission to Labor and Delivery at Mount Sinai Health System	Gynecology MFM		Health System, New York, USA, between April 4th – 15th, 2020. The results showed that of the 307 asymptomatic women tested for SARS-CoV-2 infection, 50 had a positive result, and the prevalence of asymptomatic infection in this group was 16.3% (50/307). Also, 19.6% (39/199) support persons who underwent SARS-CoV-2 testing had a positive result. Of note, 82.1% (23/28) support persons of pregnant women with SARS-CoV-2 tested positive, whereas 9.4% (16/171) support persons of pregnant women without SARS-CoV-2 had a positive result. Furthermore, the comparison of patients with a positive test result with those who had a negative test result corresponds to a difference in the risk of the support person being positive for infection of 72.8 (95% confidence interval [CI], 57.9–87.6) and a relative risk of infection of 8.8 (95% CI, 5.3–14.4).	support persons who were asymptomatic but positive for SARS-CoV-2 at the height of the pandemic in New York City hospitals. These results suggest that universal testing may help inform obstetrical and neonatal practices and provides enhanced safety for all.	acute respiratory syndrome coronavirus 2 when presenting for admission to labor and delivery at Mount Sinai Health System. American Journal of Obstetrics & Gynecology MFM. 2020;2(3):doi:10.1016/j.ajogmf.2020.100147
Newborn, NICU, New York, USA	3-Sep-20	Characteristics of Newborns Born to SARS-CoV-2-Positive Mothers: A Retrospective Cohort Study	American Journal of Perinatology	Original Article	The authors describe the characteristics of newborns born to SARS-CoV-2 positive mothers at Brookdale Hospital Medical Center, New York, USA, from March to May 2020. The results showed that of the 79 mothers tested for SARS-CoV-2 in this study, 15 (18.98%) were positive. Also, 40% of SARS-CoV-2 positive mothers had mild-to-moderate disease, and 60% were asymptomatic. Interestingly, only one newborn from a SARS-CoV-2-positive mother tested positive and was unstable in the neonatal intensive care unit. The authors noted that only 20% of SARS-CoV-2-positive mothers had skin-to-skin contact with their newborns, compared with 76.6% of SARS-CoV-2-negative mothers (p < 0.001). Furthermore, 73.3% of newborns from SARS-CoV-2-positive mothers were isolated compared with 23.4% from SARS-CoV-2-negative mothers (p < 0.001). The authors observed that newborns of SARS-CoV-2 positive mothers were three times more likely to have oxygen desaturations than newborns from negative mothers. Also, newborns of SARS-CoV-2-positive mothers were four times more likely to have poor feeding than newborns of SARS-CoV-2-negative mothers. Finally, newborns of SARS-CoV-2-positive mothers were ten times more likely to be symptomatic at the 2-week follow-up.	This study suggests that although neonates born to mothers with confirmed or suspected SARS-CoV-2 are mostly asymptomatic, critical illness is still possible. The authors recommend testing these newborns at least 24 hours after birth and monitoring them for the development of symptoms for 14 days after birth.	Farghaly MAA, Kupferman F, Castillo F, Kim RM. Characteristics of Newborns Born to SARS-CoV-2-Positive Mothers: A Retrospective Cohort Study [published online 2020 Sep 3]. Am J Perinatol. 2020;doi:10.1055/s-0040-1715862
Children, safety, burns, ED, school closures, UK	3-Sep-20	Did Children 'Stay Safe'? Evaluation of Burns Presentations to a Children's Emergency Department During the Period of COVID-	BMJ Archives of Disease in Childhood	Letter	The authors sought to identify whether there had been more burns during the 10-week school closures (March 23 to May 31, 2020) in the Leicestershire and Rutland population, UK, and to identify themes for targeted health promotion. They retrospectively collected data on all patients < 18 years presenting with an Emergency Care Data Set discharge diagnosis consistent with a burn. The results showed proportionally more burns during the study period in 2020 (1.3%) than in 2019 (0.7%). However, the absolute numbers were lower in 2020 (64/5031) than in 2019 (83/12599). Of note, there were burn rate	Findings from this study showed that despite more children being at home during the COVID-19 school closures, the potential for more accidents did not translate into an increased rate of Emergency Department visits for burns. However,	Mann JA, Patel N, Bragg J, Roland D. Did children 'stay safe'? Evaluation of burns presentations to a children's emergency department during the period of COVID-19 school closures [published online, 2020 Sep 3]. Arch Dis Child. 2020;doi:10.1136/archdischild-2020-320015

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		19 School Closures			reductions in age groups 2–3 years (45%, 12 vs. 22) and 11–16 years (59%, 7 vs. 17) but a 27% increase in the 6–10 years group (15 vs. 11). Also, there was no proportional increase in thermal burns and scalds related to food and drink overall (59% in 2020 vs. 60% in 2019). Furthermore, three children required transfers to regional burns centers in 2020 versus two children in 2019.	whether parents instead chose to seek advice from other services such as local pharmacies or within their support network, cannot be excluded.	
Children, adverse outcome, prognosis, triage tools, emergency department (ED), pediatric early warning scores, UK	3-Sep-20	Prognostic accuracy of emergency department triage tools for children with suspected COVID-19: The PRIEST observational cohort study	medRxiv	Pre-print (not peer-reviewed)	Triage tools such as pediatric early warning scores can support Emergency Department (ED) clinicians' decision making for children with acute illness. The authors conducted a multi-center, prospective and retrospective study (PRIEST) to estimate warning scores' accuracy for predicting severe illness in children presenting to the ED with suspected COVID-19 infection. Between 26 March - 28 May 2020, the authors recruited 1530 children from 44 EDs across the UK. They recorded 30-day outcome data and compared 4 types of early warning scores (the WHO algorithm, Swine Flu Hospital Pathway for Children (SFHPC), Pediatric Observation Priority Score (POPS), and Children's Observation and Severity Tool (COAST)) prognostic accuracy for adverse outcome). The WHO algorithm had the highest sensitivity (0.85) and lowest specificity (0.75) while POPS (0.96) and COAST (0.92) optimized sensitivity at the expense of specificity (0.25 and 0.38 respectively). This suggests that none of the scores showed excellent discriminant value for predicting adverse outcome. Given the rarity of COVID-19 adverse outcomes among children, developing and validating general pediatric early warning scores instead of COVID-19-specific triage tools might be more helpful.	According to this study, existing triage tools in EDs did not show excellent discriminant value for predicting adverse outcomes in children with suspected COVID-19. Given the rarity of COVID-19 adverse outcomes in children, the authors suggest developing and validating general pediatric early warning scores with improved prediction instead of COVID-19-specific scores.	Biggs K, Thomas B, Goodacre S, et al. Prognostic accuracy of emergency department triage tools for children with suspected COVID-19.: The PRIEST observational cohort study. medRxiv 2020.09.01.20185793; doi:https://doi.org/10.1101/2020.09.01.20185793
Twin gestation, placental abruption, pregnancy, neonatal outcomes	3-Sep-20	Placental abruption in a twin pregnancy at 32 weeks' gestation complicated by coronavirus disease 2019 without vertical transmission to the babies	American Journal of Obstetrics & Gynecology MFM	Case Report	The authors report a case of a woman with monochorionic diamniotic twin pregnancy who presented at 32 weeks' gestation with cough, fever, and shortness of breath and tested positive for COVID-19. She had tested negative 2 weeks prior when she initially presented with mild symptoms. She was admitted for supportive care and her hospital course was complicated by an antepartum hemorrhage for which she delivered by emergency C-section at 32+6 weeks gestation. Placental abruption was confirmed clinically at delivery and placental pathology demonstrated non-specific hypoperfusion. Both neonates were negative for COVID-19 at postnatal days 3 and 5 and both neonatal and maternal outcomes were positive. In this case, the patient had no recognized risk factors for placental abruption, and the authors conclude it may have been attributable to the COVID-19 infection.	The authors present a case of twin gestation complicated by mild COVID-19 infection and subsequent placental abruption, which they suspect may have been attributable to the impact of COVID-19 on maternal hemostatic parameters.	Kuhr T, McMicking J, Nanda S, Nelson-Piercy C, Shennan A. Placental abruption in a twin pregnancy at 32 weeks' gestation complicated by coronavirus disease 2019 without vertical transmission to the babies. American journal of obstetrics & gynecology MFM. 2020 May 8:100135.
Pediatrics, children, CT, lung findings,	3-Sep-20	Computed Tomography Features of COVID-19 in	medRxiv	Pre-print (not peer-reviewed)	The authors conducted a literature search through PubMed, Web of Science, Embase, Johns Hopkins University published data, and the Chinese databases CNKI, Wanfang, and Chongqing Weipu between January 1 and August 10, 2020 to assess the	Based on the findings in this review, lung CT results for children with COVID-19 are less likely to	Wang J, Mo Y, Su Y, Wang L, et al. Computed Tomography Features of COVID-19 in Children: A Systematic Review and Meta-

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		Children: A Systematic Review and Meta-analysis			characteristics of chest CT of children with COVID-19. 37 studies were included, for a total of 1747 children with COVID-19. The overall rate of abnormal lung CT findings was 63.2% (95% confidence interval [CI]: 55.8-70.6%), with a rate of 61.0% (95% CI: 50.8-71.2%) in China and 67.8% (95% CI: 57.1-78.4%) in the rest of the world in the subgroup analysis. The incidence of ground-glass opacities was 39.5% (95% CI: 30.7-48.3%), multiple lung lobe lesions 65.1% (95% CI: 55.1-67.9%), and bilateral lung lesions 61.5% (95% CI: 58.8-72.2%). Other imaging features included nodules (25.7%), patchy shadows (36.8%), halo sign (24.8%), consolidation (24.1%), air bronchogram signs (11.2%), cord-like shadows (9.7%), crazy-paving pattern (6.1%), and pleural effusion (9.1%).	demonstrate findings than those in adults. The lung lesions in pediatric patients mostly involve both lungs or multiple lobes, and common manifestations include patchy shadows, ground-glass opacities, consolidation, partial air bronchogram signs, nodules, and halo signs.	analysis. medRxiv. 2020. doi: https://doi.org/10.1101/2020.09.02.20187187
Children, re-opening, transmission, schools, fall 2020	3-Sep-20	SARS-CoV-2 transmission, the ambiguous role of children and considerations for the reopening of schools in the fall	Future Microbiology	Commentary	The authors comment on recent reports that further illustrate the transmission dynamics of SARS-CoV-2 to address concerns regarding the reopening of schools in fall 2020. Until recently, SARS-CoV-2 was thought to spread from person-to-person primarily through respiratory droplets via coughing and sneezing. However, due to additional findings of plausible aerosol and fomite transmission events, the correlates of sustained human-to-human transmission of the virus have not yet been clearly defined. Further, the authors discuss the controversies surrounding the pathogenesis of COVID-19 in children such as immune system differences, reduced disease severity, and risk of MIS-C. The authors present different studies that provide evidence that transmission in schools mirror community transmission, suggesting that re-opening schools seems to be safer when community transmission rates are low. The authors conclude by suggesting that schools re-opening in fall 2020 should be mindful of community transmission rates and adopt additional strategies to limit spread in schools such as hand hygiene and physical distancing.	The authors present reports suggesting that transmission in schools mirrors community transmission rates and thus, re-opening schools when community transmission is low, is safer. Schools re-opening in fall 2020 should implement additional measures such as hand hygiene and physical distancing.	Anastassopoulou C, Spanakis N, Tsakris A. SARS-CoV-2 transmission, the ambiguous role of children and considerations for the reopening of schools in the fall [published online ahead of print, 2020 Sep 3]. Future Microbiol. 2020;10.2217/fmb-2020-0195. doi:10.2217/fmb-2020-0195
Children, adolescents, PPE, face masks, infection control, Portugal	3-Sep-20	SARS-CoV-2 Pandemic: Should Children Wear Masks?	Acta Médica Portuguesa	Letter to the Editor	Face masks or coverings, used in combination with other containment measures, may limit the spread of SARS-CoV-2, but the use of face masks presents some challenges with children. This letter briefly presents recommendations for the use of face masks in children and adolescents. Masks are not recommended for children under 2 years because of their small airways, limited motor skills, and the risk of suffocation. Only immunocompromised children or those with severe chronic diseases should be encouraged to wear FFP2/N95 masks. All other children can wear surgical masks or hand-made cloth masks. Parents and teachers should provide careful explanations on how to properly wear and take them off and discourage touching the mask whenever possible. Clear, age-appropriate	This letter briefly presents recommendations for the use of face masks in children and adolescents, including common difficulties, special cases, and guidelines specific to Portugal. The authors do not recommend the use of face masks in children under 2 years.	Dias JV, Contreiras M, Oom P. SARS-CoV-2 Pandemic: Should Children Wear Masks? [published online, 2020 Sep 3]. Acta Med Port. 2020;10.20344/amp.14787. doi:10.20344/amp.14787

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					communication can help overcome poor acceptance and fear. Children with cognitive impairments and behavioral disorders may have more difficulty tolerating a face covering and those with hearing impairments may need modified masks with clear panels on the front. The authors also reference recommendations specific to Portugal urging the use of masks by children over 10 years in indoor recreation facilities.		
Pregnant, maternal morbidity, mortality, therapeutic trials	3-Sep-20	COVID-19 Related Disease Severity in Pregnancy	American Journal of Reproductive Immunology	Narrative Review	Data about SARS-CoV-2 in pregnancy remains limited. The authors provide a narrative review of COVID-19 during pregnancy and underscore key knowledge gaps in the understanding of the impact of the viral infection on reproductive health. Pregnant people have similar disease course and outcomes compared to nonpregnant individuals, and the majority of pregnant patients experience mild disease. However, pregnant people may exhibit an increased risk of hospitalization and ICU admission. Among pregnant patients who develop severe or critical disease, there may be an increased risk for major maternal morbidity and mortality, such as cardiomyopathy, mechanical ventilation, extracorporeal membrane oxygenation, and death. Multidisciplinary care and continued research should be used to optimize outcomes for both the mother and fetus. Furthermore, the authors call for the inclusion of pregnant patients in therapeutic trials to provide vital data to expand future treatment options for patients.	The authors provide a narrative review of COVID-19 during pregnancy that delineates the disease course and outcomes. While the majority of pregnant patients experience mild disease, severe maternal morbidity and mortality have been reported. The authors call for further research, especially on outcomes in women who recover or have infection within the first or second trimester.	Thompson JL, Nguyen LM, Noble KN, Aronoff DM. COVID-19 Related Disease Severity in Pregnancy [published online ahead of print, 2020 Sep 3]. Am J Reprod Immunol. 2020;e13339. doi:10.1111/aji.13339
Maternal-fetal surgery, healthcare response	3-Sep-20	Maternal-fetal surgery during the coronavirus disease 2019 pandemic	American Journal of Obstetrics and Gynecology MFM	Clinical Perspective	In response to the COVID-19 pandemic, the American College of Surgeons and the CDC (USA) recommended a postponement of non-emergent surgical procedures. The authors describe how maternal-fetal surgical procedures have been often inaccurately grouped with elective procedures. This has led to the closure of several fetal surgery centers. Maternal-fetal surgical procedures are undertaken for life-threatening or life-altering fetal conditions. A delay in therapy could result in fetal loss to the underlying condition or could commit the infant to post-natal treatment with suboptimal long-term outcomes. The authors make a number of suggestions that should be considered during these unique times. These include the use of telemedicine consultation, comprehensive COVID-19 testing of patients and their support person, and providing surgical procedures for life-threatening fetal conditions for pregnant patients with unknown or positive COVID-19 status. The authors encourage a coordinated and collaborative approach to meeting patients' needs and advocate for consultation and sharing of resources between fetal centers.	The authors offer suggestions about the various considerations that should be assessed with regard to maternal-fetal surgery during the COVID-19 pandemic. They emphasize the importance of continuing to provide necessary maternal-fetal surgery and encourage collaboration between fetal centers.	Crombleholme T, Moise K. Maternal-fetal surgery during the coronavirus disease 2019 pandemic. Am J Obstet Gynecol MFM. 2020;2(3):100144. doi:10.1016/j.ajogmf.2020.100144

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Pregnancy, labor, ethics	3-Sep-20	Laboring alone? Brief thoughts on ethics and practical answers during the coronavirus disease 2019 pandemic	American Journal of Obstetrics and Gynecology MFM	Personal Perspective	During the COVID-19 pandemic, hospitals eliminated patient visitors in an effort to promote social distancing and protect the health of their workforce and patients. However, in most institutions, labor and delivery units have been rare exceptions to the “no-visitor” rules because visitors in the labor and delivery units are believed to have an essential role in the process of care. Not having a partner present for the birth of a child seems unimaginable, unkind, and traumatic. Yet as the pandemic grows, some hospital systems have begun to rethink this exception. The authors discuss the goals, risks, and benefits comprising the ethics of laboring alone. The authors detail the role of the patient’s partner as a source of support and the importance of limiting health care workers risk of contracting COVID-19. They suggest an approach that both limits the chance a visitor presents a risk and moderates any residual risk impact for health care workers. Used in combination, these measures will contribute to promoting healthy maternal and neonatal outcomes, protecting the safety and health of all involved in patients’ care, and creating a satisfactory childbirth experience.	The authors outline the ethical, safe, and practical considerations to guide decisions about laboring alone during the COVID-19 pandemic. They recommend that an approach that balances the risk of exposure for health care workers and optimizes the delivery experience for the patient and her partner.	Ecker J, Minkoff H. Laboring alone? Brief thoughts on ethics and practical answers during the coronavirus disease 2019 pandemic. Am J Obstet Gynecol MFM. 2020;2(3):100141. doi:10.1016/j.ajogmf.2020.100141
Pregnancy, vaccine research, Zika vaccine, decision-making, vaccine	3-Sep-20	Pregnant women's perceptions of risks and benefits when considering participation in vaccine trials	Vaccine	Research Article	Pregnant women have historically been excluded from vaccine trials, particularly vaccine research during infectious disease outbreaks. The authors conducted qualitative semi-structured in-depth interviews with pregnant and recently pregnant women (n=13) and gathered their views on four hypothetical Zika Virus vaccine research scenarios that included different vaccine platforms. The study aimed to explore pregnant women’s decision-making processes around vaccine research participation during infectious disease outbreaks such as the recent Zika outbreak; inferences of which can be expanded to the current COVID-19 pandemic. The findings suggested that most women were accepting of vaccine research (only one woman declined all four scenarios). The authors highlighted three broad themes that characterized women’s decisions: evidence, risk, and trust. Further, women varied on types and levels of evidence, which risks were most important, and from whom they trusted recommendations. The authors suggest incorporating women’s priorities into the trial design may help promote participation. The authors conclude by suggesting that these findings on Zika Virus vaccine trials can be extended to the current COVID-19 pandemic.	Interviews with pregnant and recently pregnant women revealed a willingness to participate in at least one of four hypothetical Zika Virus vaccine trials and prioritized evidence, risk, and trust in their decision-making process. These results can be expanded to vaccine research for a COVID-19 vaccine.	Jaffe E, Lyerly AD, Goldfarb IT. Pregnant women's perceptions of risks and benefits when considering participation in vaccine trials [published online ahead of print, 2020 Sep 3]. Vaccine. 2020;S0264-410X(20)31111-7. doi:10.1016/j.vaccine.2020.08.059
Pediatric, palliative care, Italy	3-Sep-20	How the COVID-19 lockdown affected the parents of offspring who	Acta Paediatrica	Brief Report	These authors studied the effect of COVID-19 lockdown on families of children in a Pediatric Palliative Care (PPC) network in Italy. During lockdown, the PPC network continued to support families by telephone, and provided COVID-19 testing as needed. The authors devised a 20-item questionnaire based on phone	These authors studied the effect of COVID-19 lockdown on families of children in a Pediatric Palliative Care network in	Santini A, Avagnina I, Salamon E, Giacomelli L, Shah A, Benini F. How the COVID-19 lockdown affected the parents of offspring who needed palliative care in the

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		needed palliative care in the Veneto region of Italy			interviews in March and April 2020. A psychologist then administered the questionnaire via phone to 88 parents in the PPC network, 7-17 April 2020. The mean age of the pediatric patients was 11 years (SD 6 years). 95.4% of parents felt positively about the situation. The patients' routine remained very similar or quite similar to before lockdown in 64.8% of cases, probably because their illnesses already limited their daily activities. The authors concluded that the families were already living in uncertain times and the coping mechanisms developed during their children's illnesses proved useful during lockdown. Overall, the families were very resilient. Despite these findings, the long-term psychological burden on parents during the pandemic should be investigated.	Italy. The authors concluded that the families were already living in uncertain times and the coping mechanisms developed during their children's illnesses proved useful during lockdown.	Veneto region of Italy [published online ahead of print, 2020 Sep 3]. Acta Paediatr. 2020;10.1111/apa.15560. doi:10.1111/apa.15560
Transmission, asymptomatic, spread	3-Sep-20	Asymptomatic SARS Coronavirus 2 infection: Invisible yet invincible	International Journal of Infectious Diseases	Review Article	While successful containment measures of COVID-19 in China and many European countries have led to flattened curves, case numbers are rising dramatically in other countries, with the emergence of a second wave expected. Asymptomatic individuals carrying SARS-CoV-2 are hidden drivers of the pandemic, and infectivity studies confirm the existence of transmission by asymptomatic individuals. The data addressed by the authors show that the characteristics of asymptomatic and pre-symptomatic infection are not identical. Younger age correlates strongly with asymptomatic and mild infections, and children as hidden drivers. The estimated proportion of asymptomatic infections ranges from 18% to 81%. The current perception of asymptomatic infections does not provide clear guidance for public health measures. Asymptomatic infections will be a key contributor in COVID-19 spread, and therefore the asymptomatic cases should be reported in official COVID-19 statistics.	The authors of this study explain that asymptomatic infections are an important aspect of SARS-CoV-2 infection and that they are a key contributor to COVID-19 spread. Children may be asymptomatic drivers of this spread but the role of children in transmission remains unclear.	Nikolai L, Meyer C, Kreamsner P, Velavan T. Asymptomatic SARS Coronavirus 2 infection: Invisible yet invincible. International Journal of Infectious Diseases. 2020. doi:10.1016/j.ijid.2020.08.076
Newborn, neonates, pregnant women, USA	3-Sep-20	Characteristics of Newborns Born to SARS-CoV-2-Positive Mothers: A Retrospective Cohort Study	American Journal of Perinatology	Original Article	This retrospective cohort study performed at Brookdale Hospital Medical Center in New York City, USA from March to May 2020 aimed to assess the characteristics of newborns born to SARS-CoV-2-positive women compared with those mothers who tested negative. 79 mothers tested for SARS-CoV-2 were included, out of which 18.98% of mothers tested SARS-CoV-2 positive. They observed SARS-CoV-2-positive mothers were 90% less likely to have skin-to-skin contact with their infants and 3.3 times more likely to be isolated. With the multivariable logistic regression model, infants of SARS-CoV-2 positive mothers were three times as likely to have oxygen desaturations, four times more likely to have poor feeding, and ten times more likely to be symptomatic at the 2-week follow-up compared to newborns of SARS-CoV-2-negative mothers. Only one newborn was tested positive for SARS-CoV-2 and was unstable in the neonatal ICU. They concluded that neonates born to mothers with confirmed or	This retrospective cohort study conducted in New York City, USA discovered that infants of SARS-CoV-2 positive mothers were three times as likely to have oxygen desaturations, four times more likely to have poor feeding, and ten times more likely to be symptomatic at the 2-week follow-up compared to newborns of SARS-CoV-2-negative mothers.	Farghaly MAA, Kupferman F, Castillo F, et al. Characteristics of Newborns Born to SARS-CoV-2-Positive Mothers: A Retrospective Cohort Study [published online, 2020 Sep 3]. Am J Perinatol. doi:10.1055/s-0040-1715862

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					<p>suspected SARS-CoV-2 are most of the time asymptomatic. However, neonatal critical illness due to SARS-CoV-2 is still a possibility. In addition, testing these newborns at least at 24 hours after birth and monitoring them for the development of symptoms for 14 days after birth is needed.</p>		
Iran, seizures, MIS-C, pediatrics	3-Sep-20	Status epilepticus as a first presentation of COVID-19 infection in a 3 years old boy; Case report and review the literature	ID Cases	Case Report	<p>This article reports the case of a previously healthy 3-year-old boy who presented to the emergency room of a hospital in Iran with repeated fever-induced seizures and status epilepticus as the first symptoms of COVID-19. The boy tested positive for SARS-CoV-2 by RT-PCR on the day of admission, and a brain CT scan revealed brain edema. 5 days later, a brain MRI revealed an intra-cerebral hemorrhage. The patient was later also diagnosed with MIS-C. RT-PCR of cerebral spinal fluid was negative, although direct invasion of SARS-CoV-2 cannot be excluded even with negative PCR. After 14 days in the ICU, the patient was discharged in good health. The authors state that this case indicates the possibility that SARS-CoV-2 may infect the nervous system as well as the respiratory tract. They suggest that clinicians should consider COVID-19 as a differential diagnosis for patients with neurological manifestations.</p>	<p>This case report details a 3-year-old boy in Iran whose presenting symptom of COVID-19 infection was fever-induced seizure. The authors suggest that SARS-CoV-2 could potentially infect the nervous system and suggest that clinicians consider neurological manifestations of COVID-19.</p>	<p>Saeed A, Shorafa E. Status epilepticus as a first presentation of COVID-19 infection in a 3 years old boy; Case report and review the literature. IDCases. 2020; doi:10.1016/j.idcr.2020.e00942</p>
China, children, PCR test, nasopharyngeal swab, symptoms	3-Sep-20	COVID-19 in Children: Clinical Characteristics and Follow-Up Study	SN Comprehensive Clinical Medicine	Pre-print (not peer-reviewed)	<p>This was a retrospective cohort study of 5 children admitted to Ningbo Women and Children's Hospital in Ningbo, China, with confirmed COVID-19. Between February 4 and April 6, 2020, the researchers engaged in dynamic tracking from date of hospitalization until 4 weeks after discharge. The mean hospitalization stay was 18 days (SD 5.4 days). The mean age of the children was 77.6 months (range 12-133 months), and 2 were female. Four of the patients were asymptomatic; one had an acute upper respiratory tract infection. None exhibited fever, shortness of breath, or cough. Patients took an average of 16 days (SD 5.4 days) to exhibit a negative PCR for SARS-CoV-2 from nasopharyngeal swab.</p>	<p>Five children in China were hospitalized with confirmed COVID-19. The mean hospital stay was 18 days (SD 5.4 days) and the average time period to a negative COVID-19 test was 16 days (5.4 days)</p>	<p>Ruan PS, XU HQ, Wu JH, et al. Covid-19 in children: Clinical characteristics and follow-up study [published online ahead of print, Sept. 3, 2020]. SN Compr Clin Med. doi: 10.1007/s42399-020-00502-x</p>
ACE2, pediatrics, clinical presentation, easing restrictions	3-Sep-20	Reduced development of COVID-19 in children reveals molecular checkpoints gating pathogenesis illuminating potential therapeutics	Proceedings of the National Academy of Sciences	Review Article	<p>In this study, the authors detail reasons for the reduced development of COVID-19 in children compared to adults. They highlight possible means of transmission and pathogenesis of the novel virus. There are several possibilities for the reduced severity of illness in children, these include less ACE2 receptors in the upper respiratory tract, viral and immunological interference, as well as decreased cytokine production in children. Additionally, the cross reactivity of T-cell and humoral immunity between common coronaviruses and SARS-CoV-2, as well as the protective role of T-helper 2 immune responses and eosinophilia can offer protective benefits, reducing the severity of COVID-19 manifestations in children. Despite the reduced severity of illness, the authors cite concern for the unknown nature of the role of</p>	<p>The authors review differences in the pathogenesis of COVID-19 in children compared to adults and detail factors related to reduced disease in children. Children may experience a protective immune response due to cross-reactive humoral immunity and decreased ACE2 expression.</p>	<p>Baruch J, Moon F, Ho PP, Kaminski N, et al. Reduced development of COVID-19 in children reveals molecular checkpoints gating pathogenesis illuminating potential therapeutics. Proc Natl Acad Sci. 2020. doi:10.1073/pnas.2012358117</p>

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					children in the spread of disease, which could have a major impact on vulnerable populations when the shelter-in-place restrictions are lifted. COVID-19 can also have long-term impacts on the psychological and physiological health of children, and these factors may disproportionately impact socioeconomically disadvantaged children.		
IDAS II, anxiety, depression, Turkey, pregnant women	3-Sep-20	Anxiety and depression symptoms in the same pregnant women before and during the COVID-19 pandemic [Free Access to Abstract Only]	Journal of Perinatal Medicine	Original Article	This study aimed to compare the level of anxiety and depression in pregnant women before and during the COVID-19 pandemic. A total of 63 pregnant women in Turkey were surveyed with the Inventory of Depression and Anxiety Symptoms II (IDAS II) and Beck Anxiety Inventory (BAI) both before and during the SARS-CoV-2 pandemic. IDAS II consists of 99 questions with 18 distinct subscales to assess specific symptoms of major depression, anxiety disorders, and bipolar disorder. Respondents rate the degree to which they experience each symptom during the past two weeks on a 5-point scale, ranging from 1 = not at all to 5 = extremely for scores totaling 99-495 overall. The mean total IDAS II score was found to increase from 184.8±49.8 (min: 109, max: 308) pre-pandemic to 202.6±52.9 (min: 104, max: 329) during the SARS-CoV-2 pandemic. The difference in anxiety and depression of participating patients between the periods was statistically significant (p<0.001). BAI screens for the presence of anxiety symptoms. According to BAI scores, the number of patients without anxiety and with mild anxiety decreased during the SARS-CoV-2 pandemic, whereas the number of patients with moderate and severe anxiety increased during the SARS-CoV-2 pandemic. In conclusion, the results indicated that depressive and anxiety symptoms were significantly increased during the SARS-CoV-2 pandemic compared with pre-pandemic surveys.	This cross-sectional survey study conducted among pregnant women in Turkey revealed a statistically significant increase in depression and anxiety symptoms during the COVID-19 pandemic compared to pre-pandemic surveys.	Ayaz R, Hocaoglu M, Gunay T, et al. Anxiety and depression symptoms in the same pregnant women before and during the COVID-19 pandemic [published online 2020 Sep 3]. J Perinat Med. 2020. doi:10.1515/jpm-2020-0380
MIS-C, Kawasaki disease	3-Sep-20	Immune pathogenesis of COVID-19-related Multisystem Inflammatory Syndrome in Children (MIS-C)	The Journal of Clinical Investigation	Viewpoint	Several important features of Multisystem Inflammatory Syndrome in Children (MIS-C) differentiate it from Kawasaki disease, however initial diagnostic confusion led some clinicians to conclude that the two conditions were the same. The authors in this review discuss what is known about MIS-C and the need to elucidate the specific immune mechanisms underlying hyperinflammatory syndromes caused by SARS-CoV-2 to advance potential targeted treatments and prevention efforts.	Exploring the immune mechanisms of hyperinflammatory syndromes caused by SARS-CoV-2 infection, including MIS-C, will provide further insights for more targeted treatment and potentially global prevention efforts.	Rowley AH, Shulman ST, Arditi M. Immune pathogenesis of COVID-19-related Multisystem Inflammatory Syndrome in Children (MIS-C) [published online ahead of print, 2020 Sep 1]. J Clin Invest. 2020;143840. doi:10.1172/JCI143840
PIMS-TS, FIP, cats, feline coronavirus, SARS-CoV-2	2-Sep-20	Cats and kids: How a feline disease may help us unravel COVID-19 associated	Infection	Correspondence	The authors summarize similarities between pediatric inflammatory multi-system syndrome temporally associated with SARS-CoV-2 (PIMS-TS) and a disease in cats called feline infectious peritonitis (FIP) caused by the feline coronavirus (FCoV), an alpha-coronavirus. The common link for both disease manifestations is the occurrence of multi-system vasculitis,	The authors summarize similarities between pediatric inflammatory multi-system syndrome temporally associated with SARS-CoV-2 (PIMS-TS) and	Alberer M, von Both U. Cats and kids: how a feline disease may help us unravel COVID-19 associated paediatric hyperinflammatory syndrome. Infection.

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		paediatric hyperinflammatory syndrome			involving monocytes and macrophages as possible key players in the pathogenesis. Both conditions are predominantly present in the young, and both diseases show granulomatous lesions, ascites, and pleural effusions, which are also similar to what is seen in Kawasaki disease. Further, both FIP and COVID-19 show over-expression of inflammatory cytokines and lymphopenia. Given that mutations in the FIP spike protein give rise to different pathogenic strains, it may be prudent to see whether similar mutations might exist in SARS-CoV-2 variants. The authors urge post-mortem pathology of COVID-19 patients to help clarify the underlying mechanisms of this disease. Interestingly, remdesivir, a drug with proven benefit on the clinical course of COVID-19, has also been successfully used in the treatment of FIP. The authors assert that FIP is a veterinary disease that could help elucidate SARS-CoV-2 activity and the mechanisms underlying severe cytokine storm and PIMS-TS.	a disease in cats called feline infectious peritonitis (FIP). Both diseases manifest in the young, and create multi-system infection and inflammation. The authors assert that FIP could help elucidate the underlying mechanisms of SARS-CoV-2 and PIMS-TS.	2021;49(1):191-193. doi:10.1007/s15010-020-01515-3
Psychological factors, stress, depression, mental health, internet addiction, children, adolescent,	2-Sep-20	Internet Addiction and Related Psychological Factors Among Children and Adolescents in China During the Coronavirus Disease 2019 (COVID-19) Epidemic	Frontiers in Psychiatry	Original Research Article	This study aimed to assess internet use characteristics and objectively examine the potential psychological factors associated with Internet Addiction (IA) during the COVID-19 epidemic in China. They conducted a cross-sectional, anonymized, self-reported survey among Chinese children and adolescents aged 6 to 18 years old. A total of 2050 participants (mean age:12.34 ± 4.67 years old, female: 48.44%) were enrolled. 55 (2.68%) participants met the criterion for addictive internet use, while 684 (33.37%) participants were classified as problematic internet users. Internet usage had grown during the COVID-19 epidemic, including the frequency and duration of recreational Internet use, and the frequency of stay-up internet use. A linear regression analysis showed female gender ($\beta=0.091$, $p<0.001$), age ($\beta=0.066$, $p=0.001$), depression ($\beta=0.257$, $p<0.001$), and stress ($\beta=0.323$, $p<0.001$) were significantly correlated with the Young's Internet Addiction Test total scores ($R=0.539$, $R^2 = 0.291$, $p<0.001$). They concluded that age, gender, depression, and stress were the potential key factors affecting IA. Extended family and professional support should be considered for vulnerable individuals during these unprecedented times.	The study conducted a survey among 2050 Chinese children and adolescents aged 6 to 18 years old. They observed excessive internet use among Chinese children and adolescents during the outbreak of COVID-19 and argued that age, gender, depression, and stress were the potential key factors affecting Internet Addiction.	Dong H, Yang F, Lu X, et al. Internet Addiction and Related Psychological Factors Among Children and Adolescents in China During the Coronavirus Disease 2019 (COVID-19) Epidemic. Front Psychiatry. 2020 Sep 2;11:00751. doi: 10.3389/fpsy.2020.00751.
Pakistan, pregnant women, pregnancy, asymptomatic	2-Sep-20	The alarming rate of COVID-19 among pregnant women in Pakistan	Anaesthesia, Pain & Intensive Care	Correspondence	From March 29-May 9, 2020, 303 deliveries were conducted at hospitals in Pakistan, and at time of admission, COVID-19 symptoms were screened in all pregnant women. COVID-19 symptoms were observed in 32.3% of the women, and of these women, 28.5% were positive for COVID-19. The other 67.6% did not have any symptoms at admission, but 1.4% were found to be positive for COVID-19. Out of 303 patients, 10.2% obstetric women were SARS-CoV-2 positive. The implementation of testing	The implementation of testing protocols for the detection of SARS-CoV-2 in the pregnant women at the time of admission for delivery indicated that in Pakistan, almost 33% pregnant women	Ullah R, Memon FS, Anjum S. The alarming rate of COVID-19 among pregnant women in Pakistan. Anaesthesia, Pain & Intensive Care. 2020;24(4):471-471. doi:10.35975/apic.v24i4.1325

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					protocols for the detection of SARS-CoV-2 in pregnant women at the time of admission for delivery indicated that in Pakistan, almost 33% pregnant women displayed various symptoms of COVID-19. The authors conclude that the use of testing practices at admission provides the possible advantage of re-assessing hospital isolation procedures, pre-empt the best assignments, notify service centers, and give guidance about usage of personal protective materials.	displayed various symptoms of COVID-19 and 10.2% were COVID-19 positive.	
Brazil, food insecurity, COVID-19	2-Sep-20	COVID-19 and food and nutritional (in)security: action by the Brazilian Federal Government during the pandemic, with budget cuts and institutional dismantlement	Cad. Saude Publica	Original Research	This article aimed to evaluate how initial measures taken by the Brazilian Federal Government to mitigate the pandemic's effects impacted food and nutritional security. The authors discuss how in Brazil, the COVID-19 pandemic amplified existing social, racial, and gender inequalities (with women in some contexts more affected), further jeopardizing the "Human Right to Adequate Food" and the attainment of food and nutritional security, especially among more vulnerable groups. A narrative literature review was performed of governmental bulletins, homepages of various government ministries, and scientific articles and position papers on the recent institutional changes in public policies and programs in Brazil from March to May, 2020. Actions were systematized according to the guidelines of the National Policy for Food and Nutritional Security and an analysis was conducted to assess for gaps. The authors identified several institutional crisis management strategies which were implemented to address access to income, emergency aid, and increased food distribution. Despite these efforts, the authors fear the setbacks and dismantlement in food and nutritional security may undermine the Federal Government's capacity to respond to COVID-19 and continue to exacerbate existing social inequities.	This article reviews the state of food security in Brazil during the COVID-19 pandemic. The authors worry that despite the implemented and proposed actions in this review, setbacks in food and national security may deter government efforts to mitigate the risks of COVID-19 and exacerbate social inequities.	Alpino TMA, Santos CRB, Barros DC. COVID-19 and food and nutritional (in)security: action by the Brazilian Federal Government during the pandemic, with budget cuts and institutional dismantlement. Cad Saude Publica. 2020 Sep 2. doi: 10.1590/0102-311X00161320.
Vertical transmission, pregnant women, late pregnancy, China	2-Sep-20	COVID-19 and pregnancy outcomes: initial findings show little threat, but more data are needed	BMJ Journals Evidence-Based Nursing	Commentary	The authors commented on the Chen H, et al. paper published at The Lancet on March 7 th , 2020. This retrospective descriptive study concluded that the clinical presentation of COVID-19 pregnant women is no different from those reported for COVID-19 non-pregnant adult patients and there is no evidence of intra-uterine infection transmitted vertically in late pregnancy. The authors argued that this interpretation of results needed more caution because of the lack of knowledge on several aspects of COVID-19, the small sample size from a single center, that all participants were in the 3 rd trimester, and none had severe manifestations of COVID-19 odds ratios and relative risks. The authors commented that the vertical transmission potential of COVID-19 could not be excluded based on the study and it warrants further research.	This commentary on a paper by Chen et al argued that interpretation of the results needed more caution. They argued that exclusion of the vertical transmission potential of COVID-19 and no difference in clinical presentation between COVID-19 pregnant women and COVID-19 non-pregnant adults should not be interpreted only based on the single-	Nunes Ribeiro CJ, Almeida Lima SVM, Dos Santos AD. COVID-19 and pregnancy outcomes: initial findings show little threat, but more data are needed. Evid Based Nurs. 2020 Sep 2. doi: 10.1136/ebnurs-2020-103296.

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Antibodies, cohort study, United Kingdom	2-Sep-20	Seroprevalence of SARS-CoV-2 antibodies in children - A prospective multicentre cohort study.	medRxiv	Preprint (not peer-reviewed)	The objective of this study was to report the presence of SARS-CoV-2 antibodies, consistent with previous infection, and to report the symptomatology of infection in children. This multicenter observational cohort study conducted between 16 April - 3 July 2020 at 5 UK sites, recruited 992 children aged 2 to 15 years of age (median age 10 years). 68 (6.9%) participants were positive for SARS-CoV-2 antibody tests indicative of previous SARS-CoV-2 infection, and of these, 34/68 (50%) reported no symptoms. 4 independent variables were identified as significantly associated with SARS-CoV-2: known infected household contact; fatigue; gastro-intestinal symptoms; and changes in sense of smell or taste. The authors concluded that children demonstrated similar antibody titres in response to SARS-CoV-2 irrespective of age, and the symptoms of SARS-CoV-2 infection in children were subtle. Fatigue, gastro-intestinal symptoms and changes in sense of smell or taste were most strongly associated with antibody positivity.	center study with a small sample size. Data on child SARS-CoV-2 antibody levels was collected from 5 medical facilities in the UK. The authors concluded that age was not a statistically significant factor in predicting the presence of antibodies in children.	Waterfield T, Watson C, Moore R, et al. Seroprevalence of SARS-CoV-2 antibodies in children - A prospective multicentre cohort study. medRxiv. 2020. doi: 10.1101/2020.08.31.20183095
Children, multisystem inflammatory syndrome, Latin America	2-Sep-20	COVID-19 and Multisystem Inflammatory Syndrome in Latin American children: a multinational study	medRxiv	Pre-print (not peer-reviewed)	The authors assess Latin American pediatric cases of COVID-19 and MIS-C using an ambispective multicentre cohort study in 5 countries - Mexico, Colombia, Peru, Costa Rica and Brazil. Cases of confirmed pediatric SARS-CoV-2 infections evaluated before or during the study period were collected from 1 July - 11 August 2020 by a core group of independent pediatricians, pediatric infectious diseases specialists and emergency physicians. All patients ≤ 18 years, with positive RT-PCR on at least one clinical sample (nasopharyngeal swab, bronchoalveolar lavage, blood, stool, or cerebrospinal fluid), or fulfilling the US Centers for Disease and Control criteria for MIS-C with microbiological documentation of SARS-CoV-2 exposure (PCR or IgG) were included, for a total of 409 children with median age of 3.0 years (IQR 0.6–9.0). Of these, 95 (23.2%) were diagnosed with MIS-C. 191 (46.7%) children were admitted to a hospital and 52 (12.7%) required admission to a Pediatric ICU (PICU). 92 (22.5%) patients required oxygen support: 8 (2%) were started on continuous positive airway pressure and 29 (7%) on mechanical ventilation. 35 (8.5%) patients required inotropic support. Factors associated with PICU admission included pre-existing medical condition (P < 0.0001), immunodeficiency (P = 0.01), lower respiratory tract infection (P < 0.0001), gastro-intestinal symptoms (P = 0.006), radiological changes suggestive of pneumonia and acute respiratory distress syndrome (P < 0.0001) and low socio-economic conditions (P 0.009). This study shows a high number	This study shows a high number of severe forms of COVID-19 and MIS-C in Latin American children. The findings highlight an urgent need for more data of COVID-19 in South America.	Antúñez-Montes OY, Escamilla MI, Figueroa-Uribe AF. COVID-19 and Multisystem Inflammatory Syndrome in Latin American children: a multinational study. medRxiv. 2020. doi: https://doi.org/10.1101/2020.08.29.20184242

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					of severe forms of COVID-19 and MIS-C in Latin American children.		
Children, pediatrics, testing, Korea	2-Sep-20	COVID-19 in Children: Clinical Characteristics and Viral Detection	NEJM Journal Watch	Comment	The author provides a comment about a case series of 91 children (age < 18 years) in South Korea with confirmed COVID-19 presented in Han MS et al. 2020. The case series documented if the children were symptomatic, linked to an outbreak, had close contact with confirmed cases, or had traveled abroad. Repeat testing for SARS-CoV-2 was performed, with a mean follow-up of 22 days. The author notes the study's strengths, including its close follow-up of asymptomatic, pre-symptomatic, and symptomatic children that demonstrated prolonged viral shedding. While it is unknown how viral shedding relates to communicability, given that children are commonly asymptomatic and viral shedding can be prolonged, testing strategies that only target symptomatic individuals will have little impact on curtailing the pandemic.	In this comment, the author supports the findings discussed in Han MS et al. 2020. Since asymptomatic, pre-symptomatic, and symptomatic children demonstrated prolonged viral shedding, that author advises that testing only symptomatic children will be unable to stop the COVID-19 pandemic.	Lehman D. COVID-19 in Children: Clinical Characteristics and Viral Detection. NEJM Journal Watch. 02 Sep 2020.
ACT, acceptance and commitment training, children, autism, mindfulness	2-Sep-20	Taking ACTION: 18 Simple Strategies for Supporting Children With Autism During the COVID-19 Pandemic	Behavior Analysis In Practice	Review	The COVID-19 pandemic has dramatically uprooted the lives of families around the world. Families living with children with autism spectrum disorder (ASD) may be particularly affected due to being abruptly deprived of their usual in-person support from applied behavior analysis (ABA) service providers. This article gives instructions on 18 simple acceptance and commitment training (ACT) programs that can be used as supplements to ongoing ABA services to support children with ASD with verbal difficulties. The authors describe several challenges that have been frequently reported by families and ABA practitioners during the pandemic. For each behavioral challenge, they provide a brief practical description, brief behavioral conceptual description, and how-to guidance on implementing ACT procedures that address each behavioral challenge at a functional level. The Appendix contains child-friendly worksheets for practitioners to use as visual supports while implementing the intervention procedures. Although the procedures described in this article are based on well-known and empirically supported ACT procedures, the existing research on their effectiveness is still in its infancy.	This article describes 18 simple acceptance and commitment training procedures that can be added to applied behavior analysis (ABA) interventions for children with autism spectrum disorder and provides families with strategies to overcome challenges caused by the COVID-19 pandemic.	Tarbox CM, Silverman EA, Chastain AN, et al. Taking ACTION: 18 Simple Strategies for Supporting Children With Autism During the COVID-19 Pandemic [published online, 2020 Sep 2]. Behav Anal Pract. 2020;1-29. doi:10.1007/s40617-020-00448-5
Children, youth, school closure, social anxiety	2-Sep-20	School Closures and Social Anxiety During the COVID-19 Pandemic	Journal of the American Academy of Child and Adolescent Psychiatry	Original Article	Researchers have reported on the effects that social isolation and loneliness may have on children and adolescents during the COVID-19 pandemic. However, for a subset of children and youth with social phobia a temporary lessening of distress may be observed while schools are closed due to a lack of exposure to anxiety-provoking situations in the school environment. Furthermore, in many jurisdictions, citizens are being commended by politicians and public health officials for engaging in practices aimed at mitigating viral spread. As a result,	The author argues that children and youth with social phobia may report improvement concurrent with school closures, but this does not prevent the need for continued treatment of social anxiety	Morrisette M. School Closures and Social Anxiety During the COVID-19 Pandemic [published online, 2020 Sep 2]. J Am Acad Child Adolesc Psychiatry. 2020;S0890-8567(20)31838-4. doi:10.1016/j.jaac.2020.08.436

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					individuals with a social anxiety disorder are receiving positive reinforcement for avoiding the very situations to which psychological treatment would encourage exposure. In addition, avoidance reinforces further avoidance and acute destabilization for socially anxious children and youth is foreseeable when schools re-open and attendance is expected. It is imperative that the treatment of social anxiety disorder continue during the pandemic.	disorder during the pandemic.	
Pakistan, appendicitis	2-Sep-20	Acute appendicitis during SARS-CoV-2: A brief communication of patients and changes clinical practice from a single institute in Pakistan	Journal of Pediatric Surgery	Letter to the Editor	The authors of this letter refer to the paper “Limiting hospital resources for acute appendicitis in children: Lessons learned from the U.S. epicenter of the COVID-19 pandemic” by Kvasnovsky et al, and comment on their institutional experience with regard to the management of pediatric patients presenting to their center with acute appendicitis during the COVID-19 pandemic. They outline the policies followed in their health care facility for managing pediatric surgery patients, compiled from the expertise of surgeons, anesthesia teams, and infectious diseases departments. Additionally, they discuss the significant challenges they have faced implementing these policies including lockdown policies, patients leaving the hospital against medical advice, and a decrease in the volume if patients operated. The authors conclude that despite their facility doing its best to continue delivering quality healthcare, they predict there will be a significant need for funds to revert the hospital to its initial status.	This letter serves to provide institutional experience to the paper “Limiting hospital resources for acute appendicitis in children: Lessons learned from the U.S. epicenter of the COVID-19 pandemic.” The authors outline the guidelines for treatment of pediatric appendicitis patients in their facility as well as specific challenges they have faced to these guidelines.	Saleem A, Sajid MI, Arshad M. Acute appendicitis during SARS-CoV-2: A brief communication of patients and changes in clinical practice from a single institute in pakistan. Journal of pediatric surgery. 2020. doi: 10.1016/j.jpedsurg.2020.07.033.
Pregnancy, immunology, vertical transmission	2-Sep-20	COVID-19, a Disease of Enigma: Why Pregnant Women are Less Vulnerable?	Ethiopian Journal of Health Sciences	Editorial	The author proposes that pregnant women are relatively resistant to COVID-19 infection. Pregnant women are usually vulnerable to respiratory infections, due to anatomic, physiologic, and immunologic changes in pregnancy. However, several studies have demonstrated a low risk of severe COVID-19 complications in pregnancy and evidence of vertical transmission has been inconclusive. The author hypothesizes that the activation of damaging T-helper (Th) 1 cells in COVID-19 infection is counteracted by the activation of Th 2 cells. As a result of Th 2 cells and hormonal effects, an inflammatory reaction to SARS-CoV-2 is minimized. The author also attributes the lack of severity of COVID-19 in pregnancy to increases in interleukin (IL)-10 levels. The weakened immune system in pregnancy is protective against the immuno-pathogenic effects of COVID-19. The article reviews that the relatively young age of pregnant women is likely beneficial, as COVID-19 is more common and severe with increasing age. The author concludes by suggesting further research on the possible therapeutic or prophylactic role of IL-10 against COVID-19.	The author proposes that pregnant women are relatively resistant to COVID-19 infection. He hypothesizes that this resistance may be related to T-helper 2 cell activation, pregnancy hormones, interleukin-10 levels, young age, or weakened immunity in pregnancy.	Berhan Y. COVID-19, a Disease of Enigma: Why Pregnant Women are Less Vulnerable?. Ethiop J Health Sci. 2020;30(3):315-318. doi:10.4314/ejhs.v30i3.1

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Pregnancy, hepatic injury, thromboprophylaxis, pneumonia	2-Sep-20	COVID-19 complicated by hepatic dysfunction in a 28-week pregnant woman	BMJ Case Reports	Case Report	In this case report, a 35-year-old pregnant woman at 28 weeks 5 days gestation presented to the hospital with shortness of breath and a dry cough. She had a known household contact hospitalized with pneumonia presumed to be COVID-19. On arrival, the patient was tachypneic and tachycardic but afebrile with oxygen saturations on room air of 96%. Her history was notable for several episodes of minor antepartum hemorrhage and evidence of a low-lying placenta, but all other prenatal studies at 24 weeks gestation had been unremarkable. Interestingly, she also had elevated bile acid and alanine transaminase (ALT) levels on admission. With admission and supportive management, the patient improved. She experienced a minor antepartum hemorrhage on the day of admission with no additional bleeding, and her abnormal liver tests resolved with resolution of COVID-19 symptoms. She went on to deliver a healthy neonate at term. The authors discuss the differential diagnosis of these findings, and the possible mechanisms of hepatic injury in COVID-19. Additionally, they discuss the decision making for thromboprophylaxis given the low-lying placenta and concern for bleeding in this patient.	This case provides an example and discussion of COVID-19 associated abnormal liver function in pregnancy. It also highlights the importance of individualizing recommendations for thromboprophylaxis in pregnant women with COVID-19 based on co-existing bleeding risks.	Anness A, Siddiqui F. COVID-19 complicated by hepatic dysfunction in a 28-week pregnant woman. BMJ Case Rep. 2020;13(9):e237007. Published 2020 Sep 2. doi:10.1136/bcr-2020-237007
Fertility intention, government policy, couples, Shanghai, China	2-Sep-20	Fertility Intentions Among Couples in Shanghai Under COVID-19: A Cross-Sectional Study	International Journal of Gynecology and Obstetrics	Original Article	The authors conducted a single-center, cross-sectional study to evaluate the effects of the COVID-19 pandemic on the fertility intentions of childbearing couples in Shanghai, China, in the setting of persistently low fertility. Information collected from each patient through a telephone questionnaire included sociodemographic characteristics, reproductive history, fertility intentions before and after the COVID-19 pandemic, female psychological state, and the impact of the COVID-19 pandemic on daily life. The results showed that 296/447 (66.2%) participants did not change their original fertility intentions to have children, while there were 151/447 (33.8%) participants whose fertility intentions were affected by the COVID-19 pandemic. Furthermore, participants who believed in government and hospital prevention and control policies in response to the COVID-19 pandemic were less likely to change their intention to become pregnant (P<0.001). However, couples who believed that the COVID-19 pandemic would affect their female and fetal health were more likely to cancel their pregnancy plans (P<0.001).	This study showed that about one-third of the participants canceled their pregnancy plans after the COVID-19 outbreak. The authors suggest that the COVID-19 pandemic offers the opportunity to adjust existing hospital and government prevention and control policies to develop more effective public health measures and improve people's fertility intentions.	Zhu C, Wu J, Liang Y, et al. Fertility intentions among couples in Shanghai under COVID-19: A cross-sectional study [published online, 2020 Sep 2]. Int J Gynaecol Obstet. 2020;doi:10.1002/ijgo.13366
Children, oncology, telehealth, chemotherapy, Italy	2-Sep-20	Hospital-based Home Care for Children with Cancer During the COVID-19 Pandemic in	Pediatric Blood Cancer	Letter to the Editor	The authors describe their experience with an integrated project of telehealth and hospital-based home care (HBHC) for noncritical pediatric patients in active anticancer treatment at the Padua Pediatric Hematology, Oncology, and Stem Cell Transplant Center, Italy, between March and April 2020. Forty-four patients underwent different HBHC procedures, including 138 blood tests,	The authors' experience confirmed that telemedicine integrated with HBHC represents an effective alternative to hospital access. Therefore,	Massano D, Cosma L, Garolla M, Sainati L, Biffi A. Hospital-based home care for children with cancer during the COVID-19 pandemic in northeastern Italy [published, 2020 Sep 2]. Pediatr

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		Northeastern Italy			18 chemotherapy infusions (vincristine and cytarabine), removal of a peripherally inserted central catheter, 104 onco-hematological clinical examinations, and 153 telemedicine consultations. Importantly, all patients were screened before the center staff reached their domicile for home care visits, and all healthcare professionals used adequate PPE. Also, the time spent at each patient's domicile was as short as possible (average 5 ± 2 min for the medical examination and 10 ± 4 min for the nursing activity). The authors observed that home-based activities and telemedicine allowed a decrease in the number of hospital visits of about 15% (mean value), with peaks of 25% in the COVID-19 pandemic's two most critical weeks. Furthermore, no pediatric patient or healthcare worker was infected by SARS-CoV-2, and the satisfaction rate of families was very high.	the authors support the use of telehealth for noncritical pediatric outpatients treated for onco-hematologic diseases to avoid potential COVID-19 exposure.	Blood Cancer. 2020;e28501. doi:10.1002/pbc.28501
Anxiety, asthma, children, Turkey	2-Sep-20	General Health Status of Asthmatic Children During COVID-19 Pandemic	Pediatrics International	Original Research	Patients with chronic disease are often susceptible to SARS-CoV-2 infection; however, whether COVID-19 exacerbates asthma is not known. The authors conducted a single-center, cross-sectional study in Turkey to reveal pediatric asthmatic patients' medical and psychological status and examine the families' asthma management during the pandemic. 60 pediatric patients with mild to moderate asthma and their parents answered a questionnaire administered by Istanbul University's Pediatrics Pulmonology between 20 April and 15 May 2020. The questionnaire asked the patients' health status and the family's asthma management approach. 13.3 % of the patients had an asthma attack, but only 3.3% required medical attention. Most patients and their parents continued current medications. 68% of the parents reported concern about the failure of ambulatory care, but their concerns were not significantly associated with anxiety or depression ($p > 0.05$). Most patients and their parents adopted the COVID-19 precautionary measures issued by the Health Ministry. The authors advocate for medical and psychological management for asthma patients and their caretakers during the pandemic.	The authors did not observe a significant association between asthma exacerbations and COVID-19 in their study. While the parents were concerned about the failure of the ambulatory care services, their concerns were not significantly associated with anxiety or depression. Patients' and their caretakers' medical and psychological status are crucial for asthma management, and healthcare professionals need to monitor their adaptation to a new normal lifestyle.	Hepkaya E, Kilinc AA, Cebi MN, Koyuncu Z, Cokugras H. General Health Status of Asthmatic Children During COVID-19 Pandemic [published online ahead of print, 2020 Sep 2]. <i>Pediatr Int</i> . 2020;10.1111/ped.14453. doi:10.1111/ped.14453
Childhood diseases, vaccination, repurposing, percent death rate, percent recovery, global	2-Sep-20	Vaccination for some childhood diseases may impact the outcome of covid-19 infections	medRxiv	Pre-print (not peer-reviewed)	The authors aimed to explore the repurposing of childhood vaccines to mitigate the adverse outcomes of COVID-19 infection through analysis of three databases: UNICEF Immunization Coverage, Worldometer Coronavirus Updates, and the World Bank List of Economies. Data was used to explore associations between vaccinations for various diseases and COVID-19 mortality rates across various world economies. The findings suggest mean percentage mortality rates were lower in countries that vaccinated against the following disease versus those who did not: Hepatitis b at birth (2.53% vs 3.79% $p = 0.001$), Bacille	The authors analyzed global data to explore the repurposing of vaccines and suggested that there exists potential to help mitigate COVID-19 mortality across world economies by vaccinating against a variety of childhood diseases.	Gobe I, Koto GF, Molebatsi K, et al. Vaccination for some childhood diseases may impact the outcome of covid-19 infections [preprint 2020 Sep 2]. medRxiv. 2020. doi:10.1101/2020.09.02.20186528

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					Calmette-Guérin (BCG) (2.93% vs 5.10%, $p = 0.025$) and inactivated polio vaccine (IPV) 1st dose (2.8% vs 4.01%, $p = 0.022$). Further, in high-income countries, a negative correlation between vaccination and death rates was significant for measles-containing vaccination (MCV) 2nd dose, rubella-containing vaccine 1st dose, Hepatitis b 3rd dose, and IPV 1st dose. In low-income countries, rubella-containing vaccines were associated with lower deaths. The authors conclude by suggesting that potential for repurposing other vaccines to help mitigate morbidity and mortality for COVID-19 exists.		
MIS-C, multi-inflammatory inflammatory syndrome, pediatrics, Kawasaki Disease, Atlanta, USA	2-Sep-20	Quantitative SARS-CoV-2 Serology in Children With Multisystem Inflammatory Syndrome (MIS-C)	Pediatrics	Original Research	This prospective study sought to better understand the quantitative SARS-CoV-2 serologic response in children with MIS-C. The authors measured SARS-CoV-2 serologic responses in children hospitalized with MIS-C ($n=10$), symptomatic COVID-19 ($n=10$), Kawasaki Disease (KD; $n=5$), and healthy controls ($n=4$) in a children's hospital in Atlanta, USA. Children with MIS-C had a median age of 8.5 years (IQR 6.5-12 years). All children with MIS-C had high titers of SARS-CoV-2 spike receptor-binding domain (RBD) IgG antibodies, which correlated with full-length spike IgG antibodies ($R^2=0.956$, $P<0.001$), nucleocapsid protein antibodies ($R^2=0.846$, $P<0.001$), and neutralizing antibodies ($R^2=0.667$, $P<0.001$). Children with MIS-C had significantly higher SARS-CoV-2 RBD IgG antibody titers than children with COVID-19, KD, and hospitalized controls. All children with MIS-C also had detectable RBD IgM antibodies, indicating recent SARS-CoV-2 infection. RBD IgG titers correlated positively with erythrocyte sedimentation rate and with hospital and ICU lengths of stay. The authors suggest that quantitative SARS-CoV-2 serology may have clinical importance in distinguishing MIS-C from similar clinical entities and stratifying risk for adverse outcomes.	The authors found that MIS-C patients had high titers of SARS-CoV-2 spike receptor-binding domain (RBD) IgG antibodies, with significantly higher titers than healthy controls and patients with COVID-19 and Kawasaki Disease. RBD titers positively correlated with erythrocyte sedimentation rate and hospital and ICU lengths of stay.	Rostad CA, Chahroudi A, Mantus G, et al. Quantitative SARS-CoV-2 Serology in Children With Multisystem Inflammatory Syndrome (MIS-C). <i>Pediatrics</i> . 2020;e2020018242. doi:10.1542/peds.2020-018242s
Social distancing, school closures, infectious diseases, children, infection control, USA	2-Sep-20	Social Distancing for COVID-19 and Diagnoses of Other Infectious Diseases in Children [Free Access to Abstract Only]	Pediatrics	Research Brief	Social distancing during the COVID-19 pandemic has largely removed children from school, day care, and other contact with peers. In addition to reducing transmission of SARS-CoV-2, these changes would be expected to reduce the transmission of other infectious diseases among children. This study analyzed pediatric medical records of children (0-17 years) in Massachusetts (USA) from January - April 2020 to determine the effect of social distancing on 12 infectious diseases commonly diagnosed in pediatric primary care: acute otitis media, bronchiolitis, common cold, croup, gastroenteritis, influenza, nonstreptococcal pharyngitis, pneumonia, sinusitis, skin and soft tissue infections, streptococcal pharyngitis, and urinary tract infection (UTI). Results indicate a profound decrease ($p<0.001$) in the diagnosis of common infectious diseases among children (particularly influenza, croup, and bronchiolitis) in comparison to the same	This study analyzed pediatric medical records of children (0-17 years) in Massachusetts (USA) to determine the effect of social distancing on 12 infectious diseases commonly diagnosed in pediatric primary care. Results indicate a profound decrease in the diagnosis of common infectious diseases among children (particularly influenza, croup, and	Hatoun J, Correa ET, Donahue SMA, et al. Social Distancing for COVID-19 and Diagnoses of Other Infectious Diseases in Children [published online, 2020 Sep 2]. <i>Pediatrics</i> . 2020;e2020006460. doi:10.1542/peds.2020-006460

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					period in 2019, indicating either a decline in the incidence of the conditions or a choice not to seek care. The smaller decrease in diagnoses for UTI, an infectious but generally not contagious disease, suggests that changes in care-seeking behavior had a modest effect on the other observed declines.	bronchiolitis), indicating either a decline in the incidence of the conditions or a choice not to seek care.	
India, fetus, labor, PPE, pregnancy, prenatal care	2-Sep-20	Recommendations for prenatal, intrapartum and postpartum care during COVID-19 pandemic in India	American Journal of Reproductive Immunology	Special Issue Article	Although available literature suggests no substantial increased risk of acquiring COVID-19 in pregnancy and negligible fetal transmission rate, nevertheless utmost care is needed to manage such pregnancies, their prenatal care, and labor. This review highlights the main recommendations applied in India for prenatal, intrapartum, and postpartum care during the COVID-19 pandemic. The authors cover the etiopathogenesis of COVID-19, clinical features, effect of COVID-19 on pregnancy, vertical transmission, perinatal and neonatal outcomes, mode of delivery, patient triage, role of plasma therapy, care during labor, and postpartum care. In particular, the authors discourage unnecessary use of induction, c-section, or isolation from the mother and recommend proper training for healthcare providers in the proper use and disposal of PPE (N95 mask, coverall, long shoe covers, and goggles or long face shield).	This review highlights the main recommendations applied in India for prenatal, intrapartum, and postpartum care during the COVID-19 pandemic, covering the etiopathogenesis of COVID-19, clinical features, the effect of COVID-19 on pregnancy, vertical transmission, perinatal and neonatal outcomes, mode of delivery, patient triage, role of plasma therapy, care during labor, and postpartum care.	Sharma JB, Sharma E, Sharma S, et al. Recommendations for prenatal, intrapartum and postpartum care during COVID-19 pandemic in India [published online, 2020 Sep 2]. Am J Reprod Immunol. 2020;e13336. doi:10.1111/aji.13336
Pediatrics, oncology, PPE, quarantine, francophone Africa	2-Sep-20	Patient Management in Pediatric Oncology During the COVID-19 Pandemic: Report from Francophone Africa	Pediatric Blood Cancer	Letter to the Editor	The authors conducted a cross-sectional survey to study the potential impact of the COVID-19 pandemic on pediatric oncology centers in francophone Africa from May 1 to May 15, 2020. The survey was electronically distributed through the francophone African Group of Pediatric Oncology (GFAOP) network and completed by 25 pediatric oncology centers across 15 countries. Survey questions included PPE availability, staff shortage, shortages of blood products, and chemotherapy protocol modification. The authors observed that the impact of the COVID-19 pandemic on the pediatric oncology centers was mild (61%) to severe (24%). Although all countries had COVID-19 care units, none were located in pediatric oncology centers, and there were no cases of COVID-19 reported in any of the pediatric oncology settings. Of note, the PPE provided by hospitals (70%) and donors (30%) was insufficient in 80% of centers, and only 35% had adapted their facilities for COVID-19 patients. Also, most centers (60%) reduced their activities because of staff shortages and some postponed surveillance consultations. There were also reports on chemotherapy regimen modifications due to drug shortages, blood supply shortages, and surgery and radiotherapy delays.	This study on the impact of the COVID-19 pandemic on pediatric oncology centers in francophone Africa showed reduced activity in most centers due to a shortage of staff, blood products, chemotherapy drugs, and PPE. The authors suggest an anticipatory approach in managing pediatric oncology patients during the COVID-19 pandemic to ensure safe but flexible clinical care.	Traoré F, Couitchere L, Michon J, Hessissen L. Patient management in pediatric oncology during the COVID-19 pandemic: Report from francophone Africa [published 2020 Sep 2]. Pediatr Blood Cancer. 2020;e28571. doi:10.1002/pbc.28571

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MIS-C, Kawasaki disease, pediatric, gene, T-cells, immune	2-Sep-20	Cytotoxic lymphocytes are dysregulated in multisystem inflammatory syndrome in children	medRxiv	Pre-print (not peer-reviewed)	Multisystem inflammatory syndrome in children (MIS-C) presents with fever, inflammation, and multiple organ involvement in children following SARS-CoV-2 infection. The genes, pathways, and cell types driving MIS-C are still unknown. The authors sequenced the blood transcriptomes of MIS-C cases (n=8 case, mean age 11 years, range 5-20 years), pediatric cases of COVID-19 disease (n=7 cases, mean age = 12.4 years), and healthy adult controls (n=4 cases, mean age = 30.75 years). MIS-C patients were largely free of other comorbidities, and nearly all 7 of the pediatric COVID-19 cases were chronically immunocompromised. Following RNA sequencing, they identified a MIS-C transcriptional signature that is partially shared with the transcriptional response to SARS-CoV-2 infection and to Kawasaki disease, a clinically similar condition. However, no overlap was seen with classic auto-immune diseases. Within a co-expression network, genes downregulated in MIS-C clustered around those of exhausted CD8+ T-cells and CD56dimCD57+ NK cells. Additionally, genetic regulators of the MIS-C cluster included TBX21, a central coordinator of exhausted CD8+ T-cell differentiation. These findings suggest a dysregulated cytotoxic lymphocyte response to SARS-CoV-2 infection is a driver of MIS-C pathogenesis.	The authors present the findings of a genome-wide investigation of the molecular etiology of MIS-C in comparison to pediatric COVID-19 cases and healthy adult controls. The downregulation of cytotoxic lymphocytes was observed in both MIS-C and Kawasaki disease. Therapeutic approaches to induce T-cell exhaustion may be effective for diseases such as MIS-C.	Beckmann ND, Comella PH, Chen E. et al. Cytotoxic lymphocytes are dysregulated in multisystem inflammatory syndrome in children. medRxiv. 2020.08.29.20182899. Beckmann ND, Comella PH, Chen E. et al. Cytotoxic lymphocytes are dysregulated in multisystem inflammatory syndrome in children. medRxiv. 2020.08.29.20182899 doi: 10.1101/2020.08.29.20182899
Disabilities, management and policy, respiratory disorders, China	2-Sep-20	Decrease of respiratory diseases in one social children welfare institute in Shanxi Province during COVID-19	Journal of Public Health	Original Article	The authors sought to assess the impact of disinfection measures on the incidence of diseases in a children's welfare institute in China during the COVID-19 pandemic. The authors determined the prevalence rates of respiratory and digestive diseases for patients <14 years old during the COVID-19 pandemic and compared the rates with the same period in 2018 and 2019. According to the data analysis of the same time period from 2018 to 2020, the anti-epidemic measures lead to a significant reduction in prevalence rate of respiratory diseases among children of the children's welfare institute in 2020 compared with 2018 and 2019. However, the prevalence rate of digestive diseases did not change. The study demonstrated that normalized prevention measures and management can reduce prevalence rate of infectious diseases.	The authors determined that the anti-epidemic measures lead to a significant reduction in prevalence rate of respiratory diseases among children in a children's welfare institute in 2020 compared with 2018 and 2019..	Liu B, Han QF, Liang WP, Shi XY, Wei JJ, Decrease of respiratory diseases in one social children welfare institute in Shanxi Province during COVID-19 [published online 2020 Sep 2]. Journal of Public Health. 2020. doi.org/10.1093/pubmed/fdaa150
Infectious diseases, pediatrics, public health, infant, fever, Scotland	2-Sep-20	Case of COVID-19 in a 5-week-old baby	BMJ Case Reports	Case Report	These authors share the case of a previously well 5-week-old female in Scotland who presented to the hospital in March 2020 with increased sleepiness and fever. She had no history of travel or unwell contacts. The patient was given IV cefotaxime and IV fluids. Blood tests showed mild lymphopenia. Blood culture, urine culture, and CSF virology and culture were negative. A throat swab PCR test was positive for SARS-CoV-2, and no other respiratory viruses were detected. The infant developed intermittent decreases in oxygen saturation and mild nasal congestion. She stayed in an isolated room with her mother, and	These authors share the case of a 5-week-old female who presented with increased sleepiness and fever and tested positive for COVID-19. They conclude that COVID-19 needs to be considered in any pediatric patient presenting with fever,	Fleming R, Grattan R, Bohmova K. Case of COVID-19 in a 5-week-old baby. BMJ Case Rep. 2020;13(9):e236330. Published 2020 Sep 2. doi:10.1136/bcr-2020-236330

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					staff wore the appropriate PPE. The patient was discharged to home following 48 hours of antibiotics, and has remained well since then. The diagnosis of COVID-19 needs to be considered in any pediatric patient presenting with fever, regardless of patient age, travel history or unwell contact history.	regardless of patient age, travel history or unwell contact history.	
Children, viral load, transmissibility, Singapore	2-Sep-20	SARS-CoV-2 Viral RNA Load Dynamics in the Nasopharynx of Infected Children	medRxiv	Pre-print (not peer-reviewed)	In order to estimate the transmission potential of children in schools and communities, more needs to be understood about the temporal trend of pediatric SARS-CoV-2 viral load. This study analyzed daily cycle threshold values of 17 children in Singapore with confirmed SARS-CoV-2 (median age 7.7 years; range 0.3-15.8 years) via nasopharyngeal swabs and RT-PCR to determine differences in viral load dynamics between asymptomatic and symptomatic children. Among 17 infected children, 10 (58.8%) were symptomatic. Symptomatic children, when compared to asymptomatic children, had higher viral loads (mean cycle threshold on day 7 of illness 28.6 versus 36.7, $p = 0.02$); higher viral loads were also observed after adjusting for the estimated date of infection. This suggests symptomatic SARS-CoV-2-infected children may have higher transmissibility than asymptomatic children. Peak SARS-CoV-2 viral loads occurred around days 2-3 of illness/days of diagnosis in infected children. Since peak viral load is observed in such an early stage of illness, viral shedding and transmission in the pre-symptomatic phase are probable. The authors recommend screening for SARS-CoV-2 in children with epidemiological risk factors, even when they are asymptomatic in order to improve virus containment in the community.	The authors analyzed daily cycle threshold values of 17 children in Singapore with confirmed SARS-CoV-2 via nasopharyngeal swab to determine differences in viral load dynamics between asymptomatic and symptomatic children. Higher viral loads were observed in symptomatic children and peak viral load was observed around days 2-3 of illness. Viral shedding and transmission in the pre-symptomatic phase are probable.	Kam K, Thoon KC, Maiwald M, et al. SARS-CoV-2 viral RNA load dynamics in the nasopharynx of infected children [published online, 2020 Sep 2]. medRxiv. 2020. doi: 10.1101/2020.08.31.20185488
Cardiovascular risk, pregnancy, colchicine, fibrosis, hydroxychloroquine, methotrexate, thrombosis	2-Sep-20	Benefits and adverse effects of hydroxychloroquine, methotrexate and colchicine: searching for repurposable drug candidates	Rheumatology International	Review	Repurposing anti-rheumatic drugs has been suggested for COVID-19 treatment. This review provides an overview of the widely used anti-rheumatic drugs – hydroxychloroquine, methotrexate, and colchicine -- for additional indications. The authors summarize what is known for each of these drugs in treating any non-rheumatologic indication, as well as what is known so far for their use in COVID-19 treatment. Though one study found that treatment with colchicine was associated with an 85% reduction in the hazard of COVID-19-associated death, another found that 6 out of 7 children with pediatric auto-inflammatory syndromes who developed COVID-19 were on colchicine. Several clinical trials are exploring hydroxychloroquine treatment for recurrent pregnancy loss, but there is little evidence that hydroxychloroquine provides particular benefits to patients with COVID-19, possibly due to the timing of drug treatment. The authors recommend carefully considering the risk-benefit ratio of anti-rheumatic drug use before prescribing these drugs for newer, unlicensed indications.	The authors recommend that physicians carefully consider potential risks and benefits to anti-rheumatic drugs, including hydroxychloroquine and colchicine, before prescribing these drugs for treatment of COVID-19.	Misra DP, Gasparyan AY, Zimba O. Benefits and adverse effects of hydroxychloroquine, methotrexate and colchicine: searching for repurposable drug candidates. Rheumatol Int. 2020. doi:10.1007/s00296-020-04694-2

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FiO ₂ , hyperoxia, TMPRSS	2-Sep-20	Elevated FiO₂ increases SARS-CoV-2 co-receptor expression in respiratory tract epithelium	American Journal of Physiology	Original research	Patients with severe COVID-19 and at-risk individuals with chronic lung disease are managed with oxygen support, such as an increased fraction of inspired oxygen (FiO ₂). However, whether FiO ₂ therapy increases the expression of SARS-CoV-2 entry receptors and co-receptors, including ACE2 and the transmembrane serine proteases, is not known. This cross-sectional study assesses steady-state mRNA levels for genes encoding ACE2 and the transmembrane serine proteases TMPRSS1, TMPRSS2, and TMPRSS11D in harvested lung tissues from preterm-born human infants with broncho-pulmonary dysplasia (BPD) (6M/4F, duration of FiO ₂ supplementation=5-96 days) treated with an elevated FiO ₂ and healthy infant controls (2M/6F). Elevated FiO ₂ exposure was associated with an increase in gene and protein expression of TMPRSS11D, but other SARS-CoV-2 entry receptors were unaffected. The authors also included a pilot range-finding study to determine the minimum duration of oxygen exposure required to induce perturbations to co-receptor gene expression in primary human nasal, tracheal, esophageal, bronchial, and alveolar epithelial cells. TMPRSS2 gene and protein expression were consistently increased in tracheal, esophageal, bronchial, and alveolar epithelial cells after 48 hours of exposure to 85% O ₂ . Gene expression of ACE2 was unaffected in both studies. These data suggest oxygen supplementation may increase susceptibility to SARS-CoV-2 infection. The authors note that BPD infants are a model system for all ages receiving FiO ₂ oxygen supplementation and that the studies are not pediatric-specific.	Elevated fraction of inspired oxygen may promote TMPRSS11D and TMPRSS2 expression, which may increase SARS-CoV-2 infection susceptibility.	Myti D, Gunjak M, Casado F, et al. Elevated FiO ₂ increases SARS-CoV-2 co-receptor expression in respiratory tract epithelium. Am J Physiol Lung Cell Mol Physiol. 2020; 10.1152/ajplung.00345.2020.
Ethics, children	2-Sep-20	Injustices faced by children during the COVID-19 pandemic and crucial next steps	Canadian Journal of Public Health	Letter to the editor	Though children and youth tend to develop symptomatic COVID-19 less frequently than adults, they are affected by other impacts of the ongoing pandemic, especially those facing socio-economic or racial marginalization or those with pre-existing conditions. This letter calls for opportunities for young people to participate at a policy level and as moral agents rather than viewing them as mere “germ spreaders.” The authors call for the following: policies and practices to meaningfully engage young people as active contributors in pandemic policy planning; research and funding related to investigating the impacts of COVID-19 on children and young adults; increased governmental resources dedicated to ensuring that the rights and welfare of young people remain at the forefront of all pandemic discussions; briefs created by community organizations and teams that have worked with young people during the pandemic; and media prioritization of the voices and experiences of young people and their families affected by the pandemic.	Though children and young adults develop symptomatic COVID-19 less frequently than older groups, they are affected by related impacts. This letter provides several suggestions for promoting young people’s needs and including their voices during the pandemic.	Campbell S, Carnevale FA. Injustices faced by children during the COVID-19 pandemic and crucial next steps. Can J Public Health. 2020;10.17269/s41997-020-00410-6.

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Switzerland, seroprevalence, antibodies, study design	2-Sep-20	Seroprevalence and immunity of SARS-CoV-2 infection in children and adolescents in schools in Switzerland: design for a longitudinal, school-based prospective cohort study	medRxiv	Pre-print (not peer-reviewed)	This paper describes the design of a longitudinal cohort study that will repeatedly assess the extent and patterns of seroprevalence of SARS-CoV-2 antibodies in school-attending children, to examine risk factors for infection, relationship between seropositivity and symptoms, and temporal persistence of antibodies. The study will enroll a regionally representative random sample of children aged 5 to 16 years old from 58 schools in Zurich, Switzerland and will also include testing of school personnel and parents. Venous blood and saliva samples will be collected for SARS-CoV-2 serological testing after the first wave of infections (June/July 2020), in fall (October/November 2020), and after winter (March/April 2021), and bi-monthly questionnaires to children, parents and school personnel will cover SARS-CoV-2 symptoms and tests, health, preventive behavior, lifestyle and quality of life information. The authors hypothesize that the longitudinal design will allow experts to describe the temporal trends of immunity to SARS-CoV-2 and allow them to inform goal-oriented policy decisions for school management during subsequent outbreaks.	The authors describe the design of a longitudinal study that aims to assess patterns of seroprevalence of antibodies in school-aged children. Data will be taken in three periods and will hopefully provide insight for policy decisions in school management.	Ulyte A, Radtke T, Haile R, et al. Seroprevalence and immunity of SARS-CoV-2 infection in children and adolescents in schools in Switzerland: design for a longitudinal, school-based prospective cohort study. medRxiv. 2020. doi:10.1101/2020.08.30.20184671
Pregnancy, psychological distress, resilience, self-mastery, Arab, minority, Jewish, mental health, Israel	2-Sep-20	Jewish and Arab Pregnant Women's Psychological Distress During the COVID-19 Pandemic: The Contribution of Personal Resources	Ethnicity and Health	Original research	The authors conducted a study in Israel to examine psychological distress in Israeli pregnant women during the worldwide spread of COVID-19. They recruited 403 Israeli women (233 Jewish and 170 Arab) via a social media website from March 18 to April 9, 2020. The study participants completed a questionnaire on sociodemographic characteristics, contribution of personal resources, internal (self-mastery and resilience) and external characteristics (perceived social support), and the level of COVID-19 infection-related anxiety. The authors observed that Arab women reported significantly higher COVID-19 infection-related anxiety and psychological distress than Jewish women. Also, Jewish women reported significantly higher self-mastery than Arab pregnant women. Of note, poorer health, lower economic status, being an Arab woman, and lower levels of self-mastery, resilience, and perceived social support were associated with higher psychological distress. Furthermore, higher levels of COVID-19 infection-related anxiety contributed significantly to higher psychological distress.	The study suggests that pregnant women may be at risk of experiencing psychological distress during the COVID-19 pandemic and that minority populations may be at even greater risk. The results also highlight the contribution of a woman's personal and environmental resources in reducing psychological distress, which may help with developing interventions.	Chasson M, Taubman-Ben-Ari O, Abu-Sharkia S. Jewish and Arab pregnant women's psychological distress during the COVID-19 pandemic: the contribution of personal resources [published online, 2020 Sep 2]. Ethn Health. 2020;1-13. doi:10.1080/13557858.2020.1815000
Coronary artery abnormality, deformation, echocardiography, MIS-C, myocarditis, Philadelphia, USA	2-Sep-20	Echocardiographic Findings in Pediatric Multisystem Inflammatory Syndrome Associated with	Journal of the American College of Cardiology	Original Research	The authors aimed to analyze the echocardiographic manifestations in multisystem inflammatory syndrome associated with COVID-19 (MIS-C). They retrospectively reviewed the echocardiographic findings of 28 MIS-C, 20 healthy controls, and 20 classic Kawasaki disease (KD) patients admitted to the Children's Hospital of Philadelphia, USA, from April 10 to June 7, 2020. The echocardiographic parameters in the acute phase of the MIS-C and KD groups and during the subacute period in the	This study showed that although MIS-C shares similarities with Kawasaki Disease, it is notably distinct in that the coronary arteries may be often spared, and there is a higher frequency of left	Matsubara D, Kauffman HL, Wang Y, et al. Echocardiographic Findings in Pediatric Multisystem Inflammatory Syndrome Associated with COVID-19 in the United States [published online 2020 Aug 31]. J Am Coll Cardiol.

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		COVID-19 in the United States			MIS-C group were reviewed. The results showed that left ventricular systolic and diastolic function were worse in MIS-C than in classic KD, and these functional parameters correlated with biomarkers of myocardial injury. Furthermore, only one patient in the MIS-C group (4%) had coronary artery dilatation in the acute phase, which returned to normal during the early follow-up stage. The authors also observed that the strongest predictors of myocardial injury were global longitudinal strain, right ventricular strain, and left atrial strain. Also, there was good recovery of systolic function during the subacute period, but diastolic dysfunction persisted.	ventricular dysfunction, myocarditis, and shock. These findings may help clinicians educate families on the acute and short-term cardiac condition in MIS-C.	2020;S0735-1097(20)36488-3. doi:10.1016/j.jacc.2020.08.056
School reopening, children	2-Sep-20	The role of school reopening in the spread of COVID-19	medRxiv	Pre-print (not peer-reviewed)	Many countries chose to close schools as part of their response to the SARS-CoV-2 pandemic. Whilst nations are gradually reopening schools, and many politicians advise that schools remain safe and the risk of increases in the spread of COVID-19 are low, little evidence has been presented to confirm those statements. A review of new confirmed COVID-19 cases by country suggests that the reopening of schools is likely to be driving increases in the number of new cases. The author of this study downloaded the number of new confirmed cases of COVID-19 per country, up to September 1, 2020, and calculated seven-day rolling total numbers of new cases for each country by day. Countries were excluded if the initial wave of COVID-19 cases remained ongoing, if the data was highly variable, or if disparate schooling systems and dates were used throughout the country. In many countries that closed schools during the initial increase in COVID-19 cases, reopening was associated with a new increase in cases. The different patterns seen in the caseloads matched against school reopening dates indicated a number of contributory causes. Furthermore, the spread of the virus through schools and then into the community does appear to contribute to the overall numbers of cases.	While reopening of schools following an initial peak and decrease in COVID-19 infections is desirable for a range of reasons, doing so without adequate controls and protections may lead to an exacerbation of spread within the school environment. This could then lead to increased community spread of disease.	Beesley R. The role of school reopening in the spread of COVID-19. 2020. doi:10.1101/2020.09.03.20187757
Depression, anxiety, stress, pregnant women, Nigeria, sociodemographic characteristics	2-Sep-20	Prevalence and predictors of depression, anxiety and stress symptoms among pregnant women during COVID-19-related lockdown in Abakaliki, Nigeria	medRxiv	Pre-print (not peer-reviewed)	Conditions such as extreme stress, emergency and conflict situations, and natural disasters can inflate the risks of perinatal mental health morbidity. The questionnaire-based cross-sectional study was conducted from March 1-July 31, 2020 among 456 pregnant women attending prenatal care at Abakaliki, Nigeria during COVID-19-related lockdown. They were screened for psychological morbidities using DASS 21 (Depression, Anxiety and Stress Scale). Depression was reported in 206 (45.2%) participants; 33 (7.2%) had severe depression, and 29 (6.4%) had extremely severe depression. Anxiety was reported in 171 (37.5%) participants; 15 (3.3%) had severe anxiety and 35 (7.7%) had extremely severe anxiety. Stress was reported in 259 (56.8%) participants; 105 (23%) had severe stress and 76 (16.7%) had	The authors conducted a questionnaire-based cross-sectional study among 456 pregnant women attending prenatal care in Nigeria during COVID-19-related lockdown. The authors found that depression (45.2%), anxiety (37.5%), and stress (56.8%) symptoms were relatively common among pregnant women and were	Nwafor JI, Okedo-Alex IN, Ikeotuonye AC. Prevalence and predictors of depression, anxiety and stress symptoms among pregnant women during COVID-19-related lockdown in Abakaliki, Nigeria. medRxiv. 2020. doi.org/10.1101/2020.08.30.20184697

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					extremely severe stress. Multiparity (2 – 4 births to a fetus with a gestational age of 24 weeks or more) and occupations such as trading and farming were predictors of depression whereas higher multiparity (≥5 births), urban residence and being in 3rd trimester gestation were identified as predictors of anxiety and stress. The authors emphasize the need to integrate screening for anxiety, stress and depression in existing antenatal care programs.	impacted by socio-demographic characteristics.	
Pediatric, telemedicine, strategy, USA	2-Sep-20	Developing a pediatric ophthalmology telemedicine program in the COVID-19 crisis	American Association for Pediatric Ophthalmology and Strabismus	Research Article	The authors described their methodology for implementing synchronous telemedicine during the COVID-19 pandemic. They conducted a retrospective review of outpatient records at the Ophthalmology Department of UPMC Children’s Hospital of Pittsburgh, USA from March 21st to April 10th, 2020, to determine the outcome of already-scheduled face-to-face outpatient appointments. A total of 237 virtual ophthalmology consult visits were offered during the study period: 212 were scheduled, and 206 were completed, of which 43 were with new patients and 163 with returning patients. Following the initial virtual visit, another was required on average in 4 weeks by 21 patients; in-person follow-up was required for 170 patients on average 4.6 months after the initial virtual visit. None needed review within 72 hours. The pediatric on-demand service completed 290 visits, of which 25 had eye complaints. In their study cohort, the scheduled clinic e-visits had a low no-show rate (3%), and 8% of the on-demand virtual access for pediatric care was eye-related. The authors concluded that with proper materials, technology, and staffing, a telemedicine strategy can be rapidly implemented to provide continued patient care during pandemic conditions.	The authors described their telemedicine strategy carried out at the Ophthalmology Department of UPMC Children’s Hospital of Pittsburgh, USA and argued that with proper materials, technology, and staffing, it can be rapidly implemented to provide continued patient care during pandemic conditions.	Kapoor S, Eldib A, Hiasat J, et al. Developing a pediatric ophthalmology telemedicine program in the COVID-19 crisis [published online, 2020 Sep 2]. J AAPOS. 2020;S1091-8531(20)30166-X. doi:10.1016/j.jaaapos.2020.05.008
Parental stress, parent-child-relationship, Singapore	2-Sep-20	Mediating Effects of Parental Stress on Harsh Parenting and Parent-Child Relationship during Coronavirus (COVID-19) Pandemic in Singapore	Journal of Family Violence	Original Article	Because of the COVID-19 pandemic, "Circuit-breaker" safety distancing was implemented in Singapore from April to May 2020. Schools and workplaces were closed, and parents had to balance telecommuting with parenting responsibilities. Coupled with the high degree of economic uncertainty and reduced social support, the authors hypothesized that these circumstances would lead to an increase in parental stress. Based on the Parental Stress Model, the authors aimed to understand how parents' perceived impact of COVID-19 increased harsh parenting and reduced parent-child relationship closeness through the mediating effects of parenting stress. They collected data from 258 parents living in Singapore using online surveys disseminated through Facebook and community organizations. Parental stress (mediator) was measured with the Parental Stress Scale. Two outcomes were used: parent-child relationship closeness and harsh parenting (spanking, yelling). The authors found that	The authors of this study examined the effects of the COVID-19 pandemic on parental stress and the parent-child relationship. They explained the importance of supporting parents’ psychological health, both for them and their children.	Chung G, Lanier P, Wong PYJ. Mediating Effects of Parental Stress on Harsh Parenting and Parent-Child Relationship during Coronavirus (COVID-19) Pandemic in Singapore [published online ahead of print, 2020 Sep 2]. J Fam Violence. 2020;1-12. doi:10.1007/s10896-020-00200-1

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					parenting stress was a significant mediator in the relationship between the perceived impact of COVID-19. This negatively impacted parent-child closeness (indirect effect = -0.30) and positively impacted harsh parenting (indirect effect = 0.58). The impact of COVID-19 and stay-home orders can increase parenting stress. This, in turn, has a negative impact on parenting by affecting parents' relationship with their children and increasing the use of harsh parenting. Given that these are risk factors for potential child abuse, supporting parents and mitigating the impact of COVID-19 are important.		
Infants, children, meningoencephalitis, enterovirus, cerebrospinal fluid, Colombia	2-Sep-20	Acute Meningoencephalitis as Initial Presentation of SARS-CoV-2 Infection in Pediatrics	The Pediatric Infectious Disease Journal	Letter to the Editor	In response to Lorenz et al. (2020), a case study describing a newborn with acute encephalitis caused by SARS-CoV-2, this letter to the editor describes a case of a 5-month-old infant with acute meningo-encephalitis and COVID-19, manifested with respiratory, gastro-intestinal, and neurological symptoms. The infant presented to the emergency department in Colombia with 4 days of fever, vomiting, loose stools, cough, and respiratory distress. Doctors observed a bulging fontanel, neck stiffness, and irritability. Cerebrospinal fluid (CSF) analysis was abnormal with high protein, normal glucose, and elevated white cells. Two days after admission, the infant presented with obtundation and 3 generalized seizures. Nasopharyngeal RT-PCR was negative for SARS-CoV-2 upon admission, but a repeat test was positive on day 2. CSF BioFire Film Array panel was negative for Enterovirus. Combined with other evidence summarized in this article, the authors suggest meningo-encephalitis that is otherwise suggestive of Enterovirus infection may be an initial presentation of COVID-19 in children.	This letter describes the case of a 5-month-old infant in Colombia with acute meningo-encephalitis who tested positive for SARS-CoV-2 and negative for Enterovirus. In the context of similar case reports, the authors suggest meningo-encephalitis that is otherwise suggestive of Enterovirus infection may be an initial presentation of COVID-19 in children.	Arango Ferreira C, Correa-Rodas M. Acute Meningoencephalitis as Initial Presentation of SARS-CoV-2 Infection in Pediatrics [published online, 2020 Sep 2]. <i>Pediatr Infect Dis J.</i> 2020. doi:10.1097/INF.0000000000002885
Fellowship education, disaster response, physician wellness, redeployment, New York City, USA	2-Sep-20	Lessons From the Frontlines: Pandemic Response Among New York City Pediatric Emergency Medicine Fellowship Programs During COVID-19 [Free Access to Abstract Only]	Pediatric Emergency Care	Special Feature	The authors describe the collective experiences and lessons learned by the pediatric emergency medicine (PEM) fellowship directors in New York City, USA across multiple domains during the COVID-19 pandemic. The authors collected information about pandemic response efforts from program directors from all ten New York City PEM fellowship programs via an anonymous electronic data sharing document. The authors highlighted experiences in the following domains: clinical responsibilities, expectation management, transparency, education and safety, wellness, and research. Of note, the findings suggested that the staffing re-deployment strategies across hospitals may challenge core ethical principles of role fidelity and beneficence. Throughout the re-deployment process, transparency about mandates and next steps was vital and the inclusion of fellows into the planning process is central to transparency and partnership. The overall wellness of fellows during the COVID-19 pandemic was impacted and can be categorized into three	The COVID-19 pandemic response efforts in pediatric medicine fellowships in New York City, USA impacted an array of domains including transparency, clinical responsibilities, and wellness. Re-deployment strategies of fellows had emotional and psychological consequences; these findings can help influence future pandemic responses.	Sagalowsky ST, Roskind CG, Fein DM, et al. Lessons From the Frontlines: Pandemic Response Among New York City Pediatric Emergency Medicine Fellowship Programs During COVID-19. <i>Pediatr Emerg Care.</i> 2020;36(9):455-458. doi:10.1097/PEC.000000000000204

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					distinct psychological or emotional phases: preparation, re-deployment, and recovery. The authors concluded by suggesting that re-deployment strategies during pandemic response efforts require transparency and empathy to protect the vulnerabilities of trainees and mindfulness of the emotional and psychological weight of experiencing pandemic times.		
Coagulation, HELLP syndrome, liver, pregnancy, C-section, Sweden	2-Sep-20	Complicated COVID-19 in pregnancy: a case report with severe liver and coagulation dysfunction promptly improved by delivery	BMC Pregnancy and Childbirth	Case Report	It has been proposed that pregnant women and their fetuses may be at elevated risk for poor outcomes due to COVID-19, potentially due to pregnancy-induced immune responses and cardiovascular changes. The authors present the case of a 26-year-old pregnant Somali woman in Sweden. She was confirmed positive for SARS-CoV-2 with initial presenting symptoms of shortness of breath, dry cough, nausea and abdominal pain, and fever. Her condition rapidly worsened leading to severe liver and coagulation impairment, and an emergency C-section was performed at gestational week 32. Her COVID-19 symptoms improved following the C-section, and she was discharged 3 days later. The infant was born in good health and showed no evidence of vertical transmission. The authors state that Atypical HELLP syndrome could not be ruled out. They state that it is imperative that pregnant women be considered a vulnerable group.	This report details the case of a pregnant woman in Sweden diagnosed with COVID-19 who developed severe symptoms including liver and coagulation impairment. Symptoms were significantly improved after an emergency C-section was performed.	Ronnje L, Länsberg JK, Vikhareva O, et al. Complicated COVID-19 in pregnancy: a case report with severe liver and coagulation dysfunction promptly improved by delivery. BMC Pregnancy Childbirth. 2020; doi:10.1186/s12884-020-03172-8
children, ovarian torsion, dermoid cyst, surgery, COVID-19	1-Sep-20	Pediatric Ovarian Torsion: A Diagnostic Challenge in COVID-19 Times	Kathmandu University Medical Journal (KUMJ)	Case Report	The authors present the case of an 8-years-old girl in India with severe, colicky lower abdominal pain for 2 days, who was admitted to the hospital in late June 2020. The patient was alert and mildly dehydrated. She was diagnosed with acute abdomen with a differential diagnosis of acute ovarian torsion, appendicular perforation, Meckel's diverticulitis, and ileocecal mass. Laboratory findings showed a negative SARS-CoV-2 PCR test and increased lactic acid dehydrogenase. CT-scan revealed a hypodense cystic lesion with areas of fat density and calcification with the size of 11x9x8 cm in the pelvis, suggestive of ovarian dermoid cyst torsion. Therefore, she underwent exploratory laparotomy and right ovarian cystectomy, which revealed an enlarged, congested right twisted ovarian cyst. The peritoneal fluid analysis showed reactive mesothelial cells, macrophages, and red blood cells. The congested dusky cyst specimen was 8x4x2 in size, filled with areas of calcification, hair, and cheesy material, and fibro-collagenous wall with keratinous debris and hair shaft. Laparoscopy is not preferred during the COVID-19 pandemic as it imposes the risk of aerosolization of viral particles during CO2 insufflation. Moreover, healthcare settings have experienced manpower and resource shortages, making it challenging to safely conduct the procedure during the pandemic. The authors emphasized the importance of timely diagnosis and	This is a case report of an 8-years-old girl in India with ovarian dermoid cyst torsion in late June 2020 during the COVID-19 pandemic. She underwent exploratory laparotomy and right ovarian cystectomy as laparoscopy is not recommended during the pandemic as the procedure increases SARS-CoV-2 particles aerosolization and requires more manpower and resources.	Chanchlani R , Jangid M , Ahmad R , et al. Pediatric Ovarian Torsion: A Diagnostic Challenge in COVID-19 Times. Kathmandu Univ Med J (KUMJ). 2020;18(70):120-123.

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					surgical intervention to prevent complications and isolate COVID-19 patients from other patients to avoid cross-infection.		
Breastfeeding, Coronavirus Infections, Coronavirus, SARS Virus, Maternal-Child Nursing, SARS-CoV-2	1-Sep-20	Overview on the Recommendations for Breastfeeding and COVID-19	Journal of Human Growth and Development	Review	The authors of this scope review study, received for publication in May 2020, aim to describe the recommendations about breastfeeding during SARS-CoV-2 infection and to provide different authors' views on the breastfeeding process around the world during the SARS-CoV-2 pandemic. The authors reviewed scientific articles published in several databases including National Library of Medicine (MEDLINE/PubMed) and Literature Latin American and Caribbean Health Sciences (LILACS). In total 22 publications were included, 11 of which were scientific articles. The results found that the discussion on SARS-CoV-2 viral transmission through breastfeeding is controversial, and recommendations vary by country. China and Portugal adopted more preventive measures and advised against breastfeeding, even in infected mothers without symptoms. On the other hand, the WHO issued guidelines encouraging breastfeeding, even in women infected with SARS-CoV-2, with respiratory measures in place to prevent newborn contamination. The United States CDC aligns with the WHO recommendations and adds that the decision to initiate or continue breastfeeding must be made by the mother, family, and healthcare team. In conclusion, due to little scientific data on the topic at the time of the article, each country has needed to decide the strategy that best fits its reality.	This scope review study, received for publication in May 2020, aims to describe the recommendations about breastfeeding during SARS-CoV-2 infection and to provide different authors' and countries' views on breastfeeding processes during the SARS-CoV-2 pandemic. Due to little scientific data on the topic at the time of the article, each country has needed to decide the strategy that best fits its reality.	Mocelin HJS, Primo CC, Laignier MR. Overview on the recommendations for breastfeeding and COVID-19. J Hum Growth Dev. 2020; 30(3):335-343. doi: 10.7322/jhgd.v30.11060.
Antenatal care, pregnancy, ultrasound, exposure, obstetrics	1-Sep-20	DORSCON Orange: An Approach to Challenges in a Busy Antenatal Diagnostic Centre in the Midst of a Global Pandemic	Annals of the Academy of Medicine, Singapore	Commentary	In this commentary, the authors share strategies employed by KK Women's and Children's Hospital in Singapore to adapt antenatal care to the COVID-19 pandemic. To limit exposure risk, Antenatal Diagnostic Centre (ADC) staff were divided into 2 teams which operated in 2 physically separate areas. Social distancing was enforced, and regular meetings were limited to smaller groups. All ADC staff were required to wear surgical facemasks and underwent training for optimal use of PPE. Triage counters were set up at entry points to the hospital where patient and visitor temperatures were measured. Additional adjustments to service provisions were made during the national Disease Outbreak Response System Condition (DORSCON) level orange (February 7, 2020). Patients with a fetus with thickened nuchal translucency (NT) > 97% on first trimester screen were traditionally given an appointment for cardiac scan at 16 weeks' gestation, but this service was limited to cases with NT >99% percentile. Cervical length monitoring was offered from 16 weeks gestation onward instead of 14 weeks. In addition, an isolation room was designated for women with suspected SARS-CoV-2 infection. The authors conclude that obstetric ultrasound must continue	In this commentary, the authors share strategies employed by a tertiary care center in Singapore to adapt antenatal care to the COVID-19 pandemic. They describe methods adopted to limit exposure risk (dividing into physically separate teams, masking) and to reduce in-person visits (altering screening requirements) in an attempt to balance patient and healthcare worker safety.	Sim WS, Tan JV, Zhang VR, et al. DORSCON Orange: An Approach to Challenges in a Busy Antenatal Diagnostic Centre in the Midst of a Global Pandemic. Ann Acad Med Singap. 2020;49(9):677-683.

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					operations during a pandemic, while striking a key balance between keeping patients and healthcare workers safe.		
MIS-C, United States, pediatric, Kawasaki disease, inflammatory syndrome,	1-Sep-20	Compelling evidence of a novel multisystem inflammatory syndrome in children (MIS-C) associated with SARS-CoV-2 infection, cardiomyopathy	The Journal of Pediatrics	Editor's Perspective	This author discusses 2 studies, by Capone et al and Kaushik et al, reporting MIS-C in the United States. Each study reports 33 pediatric patients with confirmed SARS-CoV-2 infection (predominantly by antibody testing), over the same 4-week period from mid-March through mid-April, 2020. In the 2 studies, median ages were 8.6 and 10 years, underlying conditions 21% and 44%, and symptom duration prior to hospitalization 4 and 4.5 days. [age ranges not provided.] Fever and gastro-intestinal symptoms were universal. Inflammatory markers were markedly elevated and cardiac function was markedly abnormal while coronary arteries were more likely to be normal or mildly abnormal. The author reports that patients with MIS-C are less ill-appearing and less irritable than patients with shock related to Kawasaki disease, and less ill than patients with shock from bacterial infection. Cardiac dysfunction in MIS-C is usually rapidly reversible, which is distinct from viral or post-infectious myocarditis/cardiomyopathy. MIS-C is a unique clinical entity of cytokine "toxicity," thrombosis, and inflammatory symptoms, but without tissue inflammation such as vasculitis or myocarditis. The author also states that, to be more accurate, MIS-C should not be referred to as COVID-associated, since patients characteristically do not have COVID-19 symptoms. Instead, it should be stated that MIS-C is related to SARS-CoV-2 infection.	This author discusses 2 studies, by Capone et al and Kaushik et al, reporting MIS-C in the United States in March-April 2020. She reviews the articles' descriptions of MIS-C, as well as the distinct features of the syndrome.	Long SS. Compelling evidence of a novel multisystem inflammatory syndrome in children (MIS-C) associated with SARS-CoV-2 infection. The Journal of Pediatrics. 2020 Sep 1;224:1-3. doi:https://doi.org/10.1016/j.jpeds.2020.07.027
Betacoronavirus; Child; Coronavirus Infections; Epidemiology; Coronavirus; Humans; Pandemics; Pneumonia, Viral; COVID-19; India	1-Sep-20	Children of frontline coronavirus disease-2019 warriors: our observations	The Journal of Pediatrics	Letter to the Editor	The authors describe the behavioral and emotional impact of the COVID-19 pandemic on children of frontline workers in India. This includes feelings of desertion when parents are quarantined, fear of transmitting SARS-CoV-2 to other children, and problems completing activities of daily living for children under 3 years of age. The authors explain that discrimination and eviction because their parents are medical professionals may result in long-term anger, aggression, and disrespect among these children. Alternatively, some adolescents or older children may be reverent to their parents who are frontline workers. Overall the authors note the psychological toll the COVID-19 pandemic has taken on children, and specifically the children of frontline workers.	This letter to the editor notes the added psychological toll the COVID-19 pandemic has taken on children of frontline workers. Specific hardships and vulnerabilities of children of frontline workers in India are described.	Dubey S, Dubey MJ, Ghosh R, Chatterjee S. Children of frontline coronavirus disease-2019 warriors: our observations. J Pediatr. 2020;224:188-189. doi:10.1016/j.jpeds.2020.05.026
Spain; pneumonia; COVID-19; ECMO; SARS-COV-2	1-Sep-20	COVID-19 respiratory failure: ECMO support for children and young adult patients	Anales de Pediatria	Letter to the Editor	The authors present the case of a 16-year old female with no underlying conditions, who experienced severe pneumonia after infection with SARS-CoV-2 and underwent venovenous extracorporeal membrane oxygenation (ECMO). She had presented to the emergency department in Spain with fever, cough (of 6 days' duration), a chest radiograph indicative of pneumonia, and a positive SARS-CoV-2 test. Her condition	In this case study, the authors report the case of a 16-year old female who had experienced severe pneumonia and tested positive for SARS-CoV-2. Her worsening conditions	Gimeno-Costa R, Barrios M, Heredia T, et al. COVID-19 respiratory failure: ECMO support for children and young adult patients. An Pediatr (Engl Ed). 2020 Sep;93(3):202-205. doi: 10.1016/j.anpede.2020.05.004.

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					deteriorated soon after admission, with tachycardia, dyspnea, tachypnoea, fever, and dropping oxygen saturation (90%). When orotracheal intubation and invasive mechanical ventilation did not improve her condition, she was connected to ECMO. She had presented with increased inflammatory markers, ferritin, D-dimers, interleukin-6, C-reactive protein, and a negative troponin test. After treatment with tocilizumab, methylprednisolone, and remdesivir, the patient showed a marked improvement and was discharged after 15 days of admission (8 in ICU, 7 in tertiary hospital) with no supplemental oxygen required. Thus, the authors recommended the usage of ECMO as salvage therapy in pediatric and young adult COVID-19 cases refractory to mechanical ventilation, ventilation in the prone position, and/or recruitment maneuvers.	prompted the intervention with invasive mechanical ventilation with oral intubation, which was replaced by extracorporeal membrane oxygenation (ECMO). Through this case study, the authors highlight the safety of ECMO as a salvage therapy in pediatric and young adult cases refractory to mechanical ventilation/ventilation in the prone position and/or recruitment maneuvers.	Epub 2020 Aug 7. PMID: 32837968; PMCID: PMC7413090.
Newborn, pregnancy, vertical transmission mother-fetus, Mexico	1-Sep-20	First neonate born to mother with COVID-19 pneumonia in the Social Security Mexican Institute	Gaceta Médica de Bilbao	Case Report	This case report details the C-section delivery of a male neonate at 34 weeks gestational age to a 37-year-old woman with SARS-CoV-2 pneumonia in Mexico. The mother was hospitalized in the ICU with COVID-19 and comorbidities of diabetes and obesity. Though she had not traveled out of the country, she reported close contact with a confirmed case. The patient developed progressive respiratory failure due to COVID-19 pneumonia, subsequently developing multi-organ failure and requiring renal replacement therapy. The medical staff (intensivists, obstetricians, internists, anesthesiologists, pediatricians, and neonatologists) decided to perform a C-section to ensure that the infant survived due to the mother's multi-organ damage severity. The neonate was immediately separated from his mother without skin-to-skin contact and received respiratory support in the neonatal-ICU for 3 days. Throat swabs taken from the infant 2 hours and 48 hours after birth were negative for SARS-CoV-2, and the infant was healthy at a follow-up appointment on Day 39 of life. The authors state that this report suggests minimal risk for intra-uterine infection caused by vertical transmission in women who develop COVID-19 pneumonia during late pregnancy.	This case report details the C-section delivery of a neonate at 34 weeks gestational age to a woman with SARS-CoV-2 pneumonia in Mexico. The authors state that this report suggests little vertical transmission risk in women who develop COVID-19 pneumonia during late pregnancy.	Caballero Noguez B, Yruegas M, Rosas R, Caballero-Flores J. First neonate born to mother with COVID-19 pneumonia in the Social Security Mexican Institute. Gaceta Medica de Bilbao. 2020; 117: 187-190.
Child abuse, violence against children, social distancing, school closures, preventio	1-Sep-20	COVID-19 Response Measures and Violence Against Children	Bull World Health Organ	Editorial	The authors describe the increased risk of abuse and neglect of children across the globe during the COVID-19 pandemic. They review historical evidence of increases in abuse during prior epidemics. Factors contributing to violence include parental stress, children's increased presence at home, and need for survival sex. School closures increase strain on caregivers, may worsen caregiver's mental health, decrease access to school nutrition adding to the economic stress, increase contact with violent caregivers, and decrease identification and reporting of	This editorial is designed to illuminate the increased risk of violence to children during the COVID-19 pandemic. They review historical evidence of past increases of abuse during epidemics, the stressors contributing to violence	Bhatia A, Fabbri C, Cerna-Turoff I, Tanton C, Knight L, Turner E, Lokot M, Lees S, Cislighi B, Peterman A, Guedes A, Devries K. COVID-19 response measures and violence against children. Bull World Health Organ. 2020 Sep 1;98(9):583-583A. doi:

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					abuse. Social distancing may remove children from formal and informal social supports. The authors offer examples of mitigation efforts such as: paid sick leave for caregivers, child feeding programs, child helplines, enabling reporting of violence via pharmacies or supermarkets, and promoting kinship care.	against children, and possible mitigation strategies.	10.2471/BLT.20.263467. PMID: 33012855; PMCID: PMC7463187.
Placenta, histology, specimen, pregnancy, fibrin, calcifications, infiltrates, vertical transmission, Italy	1-Sep-20	Histological characterization of placenta in COVID19 pregnant women	European Journal of Obstetrics, Gynecology and Reproductive Biology	Correspondence	The authors describe the histological alterations in a series of placentas from pregnant women with documented SARS-CoV2 infection. They analyzed the placentas of 9 patients with positive SARS-CoV-2 infection by nasopharyngeal swab who delivered between March -April 2020 at Fondazione IRCCS Ca' Granda – Ospedale Maggiore Policlinico, Milan, Italy. The results showed that distal villous hypoplasia was detectable in 2 out of 9 cases (22%), with a variation in villous diameters, formation of villous clusters, distal and peripheral villous hypoplasia. Also, 5/9 cases (55%) showed a delayed villous maturation, while perivillous fibrin deposits, calcifications, and intimal hyperplasia of truncular and intermediate vessels were present in 8/9 (88%), 6/9 (67%), and 4/9 (44%) cases, respectively. No significant T- and B-cell infiltrate was observed, and only one case showed focal changes related to thrombotic vascular disease in a vascular malperfusion background. Furthermore, all newborn swab tests were negative, indicating no evidence of vertical transmission of SARS-CoV2 from infected pregnant mothers to newborns.	Findings from this study on placentas from COVID-19 pregnant women in Italy showed a high rate of chronic hypoxia-related morphological alterations of the placental parenchyma, such as delayed villous maturation associated with perivillous fibrin deposits, calcifications, and intimal hyperplasia.	Cribiù FM, Croci GA, Del Gobbo A, et al. Histological characterization of placenta in COVID19 pregnant women. Eur J Obstet Gynecol Reprod Biol. 2020;252:619-621. doi:10.1016/j.ejogrb.2020.06.041
Pregnancy, uncomplicated pneumonia, maternal outcomes, neonate, Turkey	1-Sep-20	COVID-19 Pregnant Patient Management with a Case of COVID-19 Patient with An Uncomplicated Delivery	Turkish Thoracic Journal	Case report	In this case report, a 37-year-old woman at 38 weeks gestation was admitted to the hospital in Turkey with dyspnea, non-productive cough, and fever. CT showed ground-glass opacities in the bilateral basal lungs. Although her initial PCR test was negative for SARS-CoV-2, she had a family member who had recently been treated in the ICU and died of COVID-19 pneumonia. Given the typical symptoms and exposure history, she was hospitalized as having COVID-19 pneumonia. Her rapid antibody test returned positive. She was treated with lopinavir-ritonavir combination and azithromycin with regression of symptoms and delivered a healthy neonate via C-section [indication not provided] who tested negative for SARS-CoV-2.	The authors describe a case of uncomplicated COVID-19 pneumonia in a pregnant woman at 38 weeks gestation in Turkey who delivered a healthy neonate via C-section. The neonate tested negative for SARS-CoV-2 and both mother and neonate were discharged in good health.	Özçelik N, Özdemir S, Gürlek B, Yıldız İE. COVID-19 Pregnant Patient Management with a Case of COVID-19 Patient with An Uncomplicated Delivery. Turk Thorac J. 2020 Sep;21(5):354-356. doi: 10.5152/TurkThoracJ.2020.20135 .
India, children, mental health. pandemic	1-Sep-20	Debate: COVID-19 and children in India	Child and Adolescent Mental Health	Original Article	The COVID-19 pandemic and control measures have disrupted nearly every aspect of children's lives – their health, development, learning, behavior and their families' economic security, including protection from violence and abuse. The authors argue there is an urgent need for action through screening to minimize the mental health issues of children in India who constitute a substantial proportion of the population. Uncommon emergencies such as the COVID-19 pandemic can lead to severe and impairing psychopathology in some children. The authors suggest that child mental health care should form an	The authors argue for action through screening to minimize the mental health issues of children in India due to the lasting consequences of the COVID-19 pandemic through community-based public health interventions. Limited	Kumar A, Nayar KR, Bhat LD. Debate: COVID-19 and children in India. Child Adolesc Ment Health. 2020;25(3):165-166. doi:10.1111/camh.12398

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					essential component of public health interventions. Available mental health resources must reach out to children in distress through community-based services. In India, the stigma attached to mental health issues is strong; limited access and availability of mental health services coupled with stigma might leave many vulnerable children in long-term distress without much professional help unless the government takes steps to mitigate the mental health impact of the pandemic.	access and availability of mental health services in India coupled with stigma might leave many vulnerable children in long-term distress without interventions.	
Children, mental health, physical activity, chronic respiratory disease, comorbidities, Macedonia	1-Sep-20	Pandemic with COVID-19 and Families with Children with Chronic Respiratory Diseases	Pril (Makedon Akad Nauk Umet Odd Med Nauki)	Article	The authors conducted a survey in the Republic of Macedonia in July 2020 to investigate the needs and challenges of families of children with chronic respiratory diseases (Cystic Fibrosis, Asthma, Tuberculosis, and Rhinitis Allergica). The questionnaire collected general information about the child, overall physical and mental health before and during the pandemic, and mental health condition of the parents/ caregivers. 72 parents/caregivers were included. Mean age of the children was 7.3±2.89 years [age range not given]. Most of the children were stable in their physical health, but their mental health deteriorated. During the pandemic, 62.3% of cases had regular onsite checkups, 92.5% were in regular contact with medical staff and only 7.5% had difficulties connecting with their doctors. However, a significant number of children deteriorated in their mental health; reductions in "excellent" mental health (58.5% to 30.1%; p=0.0006) and increases in children reporting "well" (9.5% to 30.2%; p=0.0019) were the most significant changes. The authors consider these findings to be the result of regular contact with medical staff, but not with mental health professionals. This group of children also saw a significant reduction in physical activity (52.8% vs 20.8% with <2 hrs/day; p=0.0001) and increased hours in front of TV screens (p=0.0056).	This survey of parents/caregivers of children with chronic respiratory diseases in the Republic of Macedonia investigated the changes in physical and mental health of children and their caregivers during the COVID-19 pandemic. Results indicate stable physical health among children, but deteriorated mental health, along with decreased physical activity and increased screen time.	Zorcec T, Jakovska T, Micevska V, Boskovska K, Cholakovska VC. Pandemic with COVID-19 and Families with Children with Chronic Respiratory Diseases. Pril (Makedon Akad Nauk Umet Odd Med Nauki). 2020 Sep 1;41(2):95-101. doi: 10.2478/prilozi-2020-0038. PMID: 33011701.
School attendance, infectivity, transmission, preschool, primary school, staff, students	1-Sep-20	Prospective Active National Surveillance of Preschools and Primary Schools for SARS-CoV-2 Infection and Transmission in England, June 2020 (sKIDS COVID-19 Surveillance in School KIDS)	Public Health England	Original Research	The authors present the results of a prospective national study in England, COVID-19 Surveillance in School KIDS (sKIDS), evaluating the infection rate and transmission of SARS-CoV-2 by students and staff in preschools and primary schools during the summer half-term from June to mid-July of 2020. Staff and students voluntarily completed questionnaires and participated in one of two testing arms: weekly nasal swabs for at least 4 weeks, and blood sampling with nasal and throat swabs at the beginning (early June) and end of half-term (mid-July). A household transmission study, including swabs and subsequent antibody testing, was also offered to family members of SARS-CoV-2 positive participants. There were 12,026 study participants in 131 schools, and 43,039 swabs were collected. The results showed a SARS-CoV-2 infection rate of 3.9/100,000 per week in students and 11.3/100,000 per week in staff. Also, SARS-CoV-2 antibody	In this prospective national study in England, the authors observed a low infectivity rate and negligible transmission of SARS-CoV-2 infections by staff and students in preschools and primary schools during the COVID-19 pandemic. The authors suggest that the lack of association between seropositivity and school attendance shows that school attendance adds	Ladhani, S. (2020, September 01). Prospective active national surveillance of preschools and Primary Schools for SARS-CoV-2 Infection and Transmission in England, June 2020 (sKIDS COVID-19 Surveillance in School KIDS) Retrieved September 30, 2020,

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					positivity was 10.6% in students and 12.7% in staff. The authors found no association between antibody positivity and either school attendance or exposure to educational settings during the lockdown period. However, non-white ethnicity, having COVID-19 like symptoms, and having a healthcare worker in the household, were significantly associated with SARS-CoV-2 seropositivity in both students and staff.	little additional risk to children and that household exposure represents a greater risk.	
Personal protective equipment, powered air purifying respirator, N95, pediatric otolaryngology, aerosol generating medical procedures	1-Sep-20	Personal protective equipment availability and usage amongst pediatric otorhinolaryngologists during the COVID-19 pandemic: An international survey	International Journal of Pediatric Otorhinolaryngology	Original Article	This study aimed to survey global pediatric otorhinolaryngology specialists to assess their usage and access to personal protective equipment (PPE) during the COVID-19 pandemic. A survey of 13 questions collected information on demographics of practice, types of PPE used for procedures of varying aerosolization risk, access to a positive air-purifying respirator (PAPR), and patients testing for SARS-CoV-2. A total of 96 responses were collected from 17 countries. N95 was the most commonly utilized PPE when dealing with COVID-19 patients (64.2%–81.9% depending on aerosolization risk of the procedure). Significantly higher use of PAPR was noted in high-risk aerosolization generating medical procedures. Face covering was used consistently (91.6%). Most respondents (78.1%, n=75) had access to PAPR or had at least requested it. The majority of patients (56.2%, n=54) were being tested for SARS-CoV-2 before procedures performed in operating rooms. Most pediatric otorhinolaryngologists used N95 and face-covering when dealing with COVID-19 patients. Despite recommendations from WHO for surgical masks in low risk procedures, N95 was the most prevalent for any COVID-19 positive patient procedures regardless of the aerosol generating risk, suggesting that pediatric otorhinolaryngologists prefer a higher level of PPE regardless of guidelines.	This study investigated the usage of and access to PPE of global pediatric otorhinolaryngology specialists. Results showed that the most commonly employed PPE among pediatric otorhinolaryngologists were N95 and face covering, despite existing recommendations for surgical masks in low-risk procedures	Dong Hyun Kim, Neil. K. Chadha, Lily. HP Nguyen, Murad Husein, Personal protective equipment availability and usage amongst pediatric otorhinolaryngologists during the COVID-19 pandemic: An international survey, International Journal of Pediatric Otorhinolaryngology, Volume 138, https://doi.org/10.1016/j.ijporl.2020.110349 .
MIS-C, COVID-19, SARS-CoV-2, ACE2	1-Sep-20	COVID-19 in children: Heterogeneity within the disease and hypothetical pathogenesis	Asian Pacific Journal of Allergy and Immunology	Review Article	In this review, the authors describe the clinical phenotypes of mild and severe COVID-19 and MIS-C. In a vast majority of cases of pediatric COVID-19, the clinical presentation is mild to moderate, with severe infections impacting those with existing comorbidities and those of younger age. Fever and respiratory symptoms were the most common clinical presentations in both children and adults, followed by gastro-intestinal problems. The pathophysiology of subclinical and severe COVID-19 in children remains unclear. This emphasizes further need to explore the role of pro-inflammatory cytokines in the pathogenesis of COVID-19. The presentation of MIS-C was similar to Kawasaki disease because all patients had cardiovascular involvement, a feature not seen in those afflicted with severe acute COVID-19. Additionally, MIS-C cases also reported severe gastro-intestinal symptoms and milder respiratory symptoms. The authors suggest a multifactorial background for the milder symptomatology in	The authors review the clinical phenotypes of MIS-C and COVID-19, and address reasons for the milder presentation of COVID-19 in children. The differences in symptomatology emphasize the need for close follow-up and treatment of children with comorbidities and very young children suspected to be infected with SARS-CoV-2.	Suratannon N, Dik WA, Chatchatee P, van Hagen PM. COVID-19 in children : Heterogeneity within the disease and hypothetical pathogenesis. Asian Pacific J Allergy Immunol. 2020;38(3):170-177. doi:10.12932/AP-170720-0920

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					children. This may involve the innate immune response, differential ACE2 expression, trained immunity, immune-senescence and exhaustion. Although the pathogenesis of MIS-C is not understood, the authors hypothesize that it could result from an improper immune response to the virus, with temporal overlap with COVID-19. This suggests the involvement of molecular mimicry in the clinical presentations.		
Anxiety, Iran, pandemics, psychological adaptation, coping	1-Sep-20	Anxiety Severity Levels and Coping Strategies during the COVID-19 Pandemic among People Aged 15 Years and Above in Gonabad, Iran	Archives of Iranian Medicine	Original Article	Anxiety level and coping strategies correlated with the outbreak of COVID-19 may vary for different individuals in different communities. The authors conducted a cross-sectional survey between February-March 2020 to determine the anxiety severity level, coping strategies, and influencing factors in response to the COVID-19 pandemic among 500 people aged ≥ 15 years and above in Gonabad, Iran. Of them, 53.4% (95% confidence interval [CI]: 48.9%- 57.8%) suffered moderate to severe levels of anxiety. More than half of the respondents (52.0%; 95% CI: 47.5%-56.4%) utilized emotional-based or avoidant coping strategies. Respondents with no academic education (odds ratio [OR]: 2.16; 95% CI: 1.41- 3.31) and without physical exercise (OR: 2.04; 95% CI: 1.22-3.33) preferred emotional-based coping instead of problem-based coping strategy. Female gender (OR: 1.60, 95%, CI: 1.13-2.28), underlying medical conditions (OR: 2.52, 95% CI: 1.65-3.87), and emotional-based coping (OR: 4.06, 95% CI: 2.76- 5.99) were associated with higher severity levels of anxiety.	The authors conducted a cross-sectional survey between February-March 2020 to determine the anxiety severity level, coping strategies, and influencing factors during the COVID-19 pandemic among 500 people aged ≥ 15 year in Iran. More than half of the respondents experienced mild to severe anxiety and utilized emotional-based or avoidant coping strategies during the initial phase of the COVID-19 pandemic.	Mohammadzadeh F, Delshad Noghahi A, Khosravan S, et al. Anxiety Severity Levels and Coping Strategies during the COVID-19 Pandemic among People Aged 15 Years and Above in Gonabad, Iran. Arch Iran Med. 2020;23(9):633-638. Published 2020 Sep 1. doi:10.34172/aim.2020.76
Health services research, Nigeria	1-Sep-20	Early impact of COVID-19 pandemic on pediatric surgical practice in Nigeria: a national survey of pediatric surgeons	BMJ Paediatrics Open	Original Research	In this cohort study, the authors surveyed pediatric surgeons (n=74) from 50 centers to assess socio-demographics and specific domains of COVID-19 impact on pediatric surgery services and training in Nigeria. 46 centers had suspended elective surgeries due to COVID-19. Though all centers continued emergency surgeries, pediatric emergency surgery volume was reduced in March by 31%. 11 (22%) centers reported suspending at least one case initially presenting as an emergency in March, which they later determined to be elective. 12 (24%) centers adopted new modalities for managing selected surgical conditions, and 40 (80%) centers did not offer telemedicine for patient follow-up. Protocol for the management of urgent cases such as cancers and symptomatic hernias in the early period of COVID-19 was immediate operation in 31 (62%) centers, delayed intervention in 12 (24%), watchful waiting in 2 (4%), and follow-up in 5 (10%), implying potentially poorer outcomes for pediatric patients with cancer and other urgent cases. The authors recommend telemedicine and teleconsult services be used for patient and physician interaction when available and that pediatric surgery centers develop protocols for handling the backlog of elective surgeries once the pandemic recedes.	This cohort study examines COVID-19's impact on pediatric surgery in Nigeria. Restrictions on surgeries for urgent conditions, such as cancer, could lead to poorer pediatric health outcomes. The authors recommend providers use telemedicine when possible and suggest surgery centers create protocols for handling backlogged pediatric surgeries.	Ogundele IO, Alakaloko FM, Nwokoro CC, et al. Early impact of COVID-19 pandemic on paediatric surgical practice in Nigeria: a national survey of paediatric surgeons. BMJ Paediatr Open. 2020;4(1):e000732. doi:10.1136/bmjpo-2020-000732

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Pregnancy, lung ultrasound, pulse oximetry, diagnosis, monitoring	1-Sep-20	Care of Future Mothers Amid the COVID-19 Outbreak: Is There a Monitoring Role for Lung Ultrasound?	Ultrasound in Obstetrics and Gynecology	Editorial	The authors refute the assertion of Buonsenso D et. al.* that lung ultrasound examinations are a reasonable alternative to chest CT scans in the diagnosis and monitoring of pregnant patients with COVID-19. Their argument is threefold. Detection of B-lines are not a specific indicator of COVID-19. B-lines are imaging artifacts arising from the difference in acoustic impedance between superficial and deeper structures and as such are unreliable diagnostic examinations. Training programs for use of chest ultrasound are invalid because of intra and inter-operator variability in quantifying B-lines, variations related to probes, and variability in lung appearance depending on ultrasound scan settings. Instead, they suggest using home pulse oximetry as a simple, portable, inexpensive way to assist patients in early recognition of a worsening course requiring further medical attention. *Buonsenso D, et. al. Clinical role of lung ultrasound for diagnosis and monitoring of COVID-19 pneumonia in pregnant women. <i>Ultrasound Obstet Gynecol</i> 2020; 56: 106-109.	This editorial refutes the use of lung ultrasound tests to diagnose or monitor pregnant women with COVID-19 as presented by Buonsenso D et. al. They highlight the simple, portable, and inexpensive pulse oximetry as the most practical device for monitoring of pregnant women with COVID-19.	Sperandeo M, Trovato GM. Care of future mothers amid the COVID-19 outbreak: is there a monitoring role for lung ultrasound? <i>Ultrasound Obstet Gynecol.</i> 2020 Sep;56(3):469-470. doi: 10.1002/uog.22146. PMID: 32870588.
Breastfeeding, vertical transmission, neonatal care, breast milk expressing	1-Sep-20	Possibility of SARS-CoV-2 transmission from the breast milk of COVID-19 affected women patients to their infants: worries and strategies to counter it	Le Infezioni in Medicina (InfezMed)	Editorial	The rapid progression of the COVID-19 pandemic has left pregnant women in fear regarding breastfeeding and neonatal care. The authors review existing evidence from various countries on the safety of breastfeeding and vaginal delivery during the COVID-19 pandemic. There is limited evidence of SARS-CoV-2 transmission by vaginal delivery, and placental examination did not reveal SARS-CoV-2 in the cases analyzed. Recommendations against breastfeeding without conclusive evidence may lead to severe newborn health issues and detrimental effects on the early development of the child. Considering the nutritional benefits and strong protective effect of passive immunity via breast milk against infectious agents, the Centers for Disease Control and the World Health Organization advise that breastfeeding of infants, even in case of suspected or confirmed COVID-19 infected mothers, should be determined by the mother, her family, and healthcare supervisors while taking all possible preventive measures such as wearing a mask, washing of hands and breasts with soap and water along with the adoption of good personal hygiene before breastfeeding. If the mother's health does not allow breastfeeding, then milk expression should be carried out and fed unpasteurized to the infant following proper cleaning of breasts, utensil, and pumps.	The authors review existing evidence from various countries on the safety of breastfeeding and vaginal delivery during the COVID-19 pandemic. The authors do not recommend abstaining from breastfeeding if the mother's health allows it, due to known health benefits and a lack of evidence of SARS-CoV-2 transmission via breast milk. Based on current evidence, the authors consider vaginal delivery to be safe for pregnant women with COVID-19.	Patel SK, Pathak M, Rana J, et al. Possibility of SARS-CoV-2 transmission from the breast milk of COVID-19 affected women patients to their infants: worries and strategies to counter it. <i>Infez Med.</i> 2020 Sep 1;28(3):291-294. PMID: 32920563.
Vitamin D, immune response, peptides	1-Sep-20	Vitamin D in Prevention and Treatment of COVID-19: Current	Journal of the American College of Nutrition	Review Article	The authors argue that vitamin D deficiency (VDD) partly explains geographical differences in COVID-19 susceptibility, severity, and mortality among African-American, diabetic, hypertensive, and aged populations. This review highlights the interactions between vitamin D and viral pathology, explains the mechanism by which vitamin D deficiency impacts COVID-19 illness, and presents	Vitamin D has previously been shown to affect expression of anti-microbial peptides, as well as to suppress immune over-reactivity. This review	Vyas N, Kurian SJ, Bagchi D, et al. Vitamin D in prevention and treatment of COVID-19: Current perspective and future prospects. <i>J Am Coll Nutr.</i> 2020:1-14. doi:

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		Perspective and Future Prospects [Free Access to Abstract Only]			information on vitamin D usage for treatment of COVID-19. VDD is associated with inflammatory reactions and immune dysfunction, predisposing individuals to severe infections. Vitamin D modulates innate and adaptive immunity via the expression of genes that code for anti-microbial peptides (AMPs). Anti-viral properties of vitamin D-induced AMPs can shift the polarization of the adaptive immune response from helper T cells (Th1) to the more regulatory Th2 responses that suppress immune over-reactivity. The authors summarize the available data that correlates severe VDD with COVID-19 associated coagulopathy and disrupted immune response and mortality. Many clinical trials globally are underway to determine the role of vitamin D in both prevention and treatment of COVID-19.	draws correlations between areas and populations with severe vitamin D deficiency and COVID-19 susceptibility.	10.1080/07315724.2020.1806758.
Immunology, breast milk, breast feeding, maternal-child pair, passive immunity, pregnancy, lactation period	1-Sep-20	Clinical and Immunological Features Among COVID-19 Affected Mother-infant Pairs: Antibodies to SARS-CoV-2 detected in breast milk.	New Microbes and New Infections	Original Research	The authors analyzed the clinical and immunological features, including the infection risk through breastmilk, of pregnant women with COVID-19 and their neonates at the Tongji hospital affiliated with Huazhong University of Science and Technology, Wuhan, China. They retrospectively collected data on 7 pregnant patients with laboratory-confirmed COVID-19 between January 19 to February 7, 2020. The authors also enrolled 13 pregnant women with laboratory-confirmed COVID-19 and followed them from baseline until April 5, 2020. Self-pumped breastmilk from mothers, and nasal/oropharyngeal swabs and meconium samples from neonates were tested for SARS-CoV-2 by RT-PCR. The results showed that the most common presenting symptoms were fever (78.1%) and cough (42.9%), and three patients reported abnormal fetal movement (increased or decreased). All patients underwent successful term deliveries without severe complications or ICU admission. Also, SARS- CoV- 2 nucleic acid was not detected in breast milk samples, vaginal secretions, neonatal oropharyngeal swabs, or meconium specimens. However, the authors state that maternal seroconversion of SARS-CoV-2 IgM was observed on day 8 of disease onset, while IgG was detected on day 28. Furthermore, both IgM and IgG antibodies to SARS- CoV- 2 were detected in breast milk, cord blood, and neonatal serum.	This study's findings suggest that passive acquisition of antibodies against SARS-CoV-2 by neonates can occur through breastmilk ingestion from COVID-19 infected mothers. Therefore, the authors encourage continued breastfeeding as the risk of SARS- CoV- 2 transmission to neonates is low.	Gao X, Wang S, Zeng W, et al. Clinical and immunological features among COVID-19 affected mother-infant pairs: antibodies to SARS- CoV- 2 detected in breast milk [published online ahead of print, 2020 Sep 1]. <i>New Microbes New Infect.</i> 2020;100752. doi:10.1016/j.nmni.2020.100752
Women, gender inequality, disasters, contraceptive care, economic impact, intimate partner violence	1-Sep-20	Women's Health in Times of Emergency: We Must Take Action	Journal of Women's Health	Position Statement	The authors highlight the disproportionate harm that women experience during crises such as the COVID-19 pandemic, which affect their access to care. This includes restricted reproductive health care, worsening gendered economic inequalities, and disadvantageous societal gender norms and expectations. For example, access to birth control and emergency contraceptives, which is often suboptimal at baseline, is further hindered during disasters due to supply chain issues, disruption of funds to family planning programs, and disparities in insurance coverage. In	The authors highlight in this call to action the disproportionate harm to women during crises such as the COVID-19 pandemic, including increased barriers to reproductive health care, economic inequalities, and	Lee YS, Behn M, Rexrode KM. Women's Health in Times of Emergency: We Must Take Action. <i>Journal of Women's Health.</i> Published 2020 Sep 1. doi.org/10.1089/jwh.2020.8600

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					addition, many women are facing a shift to remote work alongside daycare and school closures, potentially increasing time spent performing unpaid caregiver work. Catastrophes have also been shown to lead to an increase in intimate partner violence (IPV) due to increased time with perpetrators of violence. The authors propose ways that health care professionals can influence effective policies and strategies to mitigate these specific gendered harms during the pandemic.	greater risk of intimate partner violence.	
ACE2, pregnancy, antiviral, remdesivir, chloroquine, management	1-Sep-20	Severe acute respiratory syndrome coronavirus-2 and the deduction effect of angiotensin-converting enzyme 2 in pregnancy [Only Abstract Available for Free]	Journal of the Chinese Medical Association	Review Article	In this review, the authors discuss the symptoms, biological characteristics, and management options for SARS-CoV-2 during pregnancy. The common symptoms in pregnant women are fever, cough, and dyspnea. While ACE2 demonstrated transient overexpression and increased activity during pregnancy, there is no evidence that pregnant women are more susceptible to SARS-CoV-2. Immune suppression or modulation during pregnancy increases the risk of severe pneumonia. To date, there is no valid medication or vaccination. The antiviral Remdesivir has shown clinical improvement in the treatment of SARS-CoV-2 and is safe in pregnancy. Chloroquine is controversial in its effectiveness and safety and has not been assigned to a pregnancy category by the US Food and Drug Administration. Management includes monitoring the fetal heart rate and uterine contractions, provision of oxygen if maternal saturation is < 95%, and antibiotics for the prevention of secondary infection. Clinical considerations for delivery should be for obstetric indication, gestational age, and disease severity. The newborn should be in an isolation ward immediately after birth, and breastfeeding is not contra-indicated but should avoid direct transmission.	The authors review the literature surrounding SARS-CoV-2 during pregnancy. Physiological changes may make pregnant women more immunologically susceptible to infectious disease. Management strategies of SARS-CoV-2 during pregnancy should consider the safety of both the mother and fetus.	Lai YJ, Chang CM, Lin CK, et al. Severe acute respiratory syndrome coronavirus-2 and the deduction effect of angiotensin-converting enzyme 2 in pregnancy. <i>J Chin Med Assoc.</i> 2020;83(9):812-816. doi:10.1097/JCMA.0000000000000362
UK, Sars-CoV-2, MIS-C, COVID-19	1-Sep-20	SARS-CoV-2 Polymorphisms and Multisystem Inflammatory Syndrome in Children (MIS-C)	Pediatrics	Original Research	This cohort study compared SARS-CoV-2 viral sequences from children with MIS-C (n=5) and without MIS-C (n=8) to community SARS-CoV-2 cases (n=130) in London, UK. The age range of the pediatric cases was 1 month to 15 years. The authors found no clustering of viral sequences from MIS-C pediatric patients or non-MIS-C pediatric patients in relation to other local sequences. No single nucleotide polymorphisms (SNPs) were unique to MIS-C or other childhood cases, and no differences existed in SNPs between MIS-C, non-MIS-C, and community cases. The portions of non-synonymous SNPs did not differ between groups. These data imply that the viruses causing MIS-C are representative of locally circulating SARS-CoV-2, suggesting that alternative factors, such as host genetics, may trigger MIS-C.	This study found no difference in SARS-CoV-2 viral sequences from children with MIS-C, infected children without MIS-C, and community cases, implying that alternative factors, such as host genetics, may trigger MIS-C.	Pang J, Boshier FAT, Alders N, et al. SARS-CoV-2 polymorphisms and multisystem inflammatory syndrome in children (MIS-C). <i>Pediatrics.</i> 2020; doi: 10.1542/peds.2020-019844

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Food supplements, herbal products, Saudi Arabia	1-Sep-20	Knowledge about COVID-19 and beliefs about and use of herbal products during the COVID-19 pandemic: a cross-sectional study in Saudi Arabia	Saudi Pharmaceutical Journal	Original Article	A cross-sectional study using an online survey was completed by 5,258 individuals in Saudi Arabia between May 23-June 6, 2020 to determine the knowledge about COVID-19 preventative measures and their belief about the consumption of herbal products for the prevention of SARS-CoV-2 infection. Participants' knowledge about the appropriate COVID-19 preventive measures in terms of handwashing procedures, self-quarantine and social distancing was moderate, with a mean of 5.5 (SD: 1.7) out of 10, and 10 being adequate knowledge. About 22.1% of the participants reported that they have used herbal products or nutritional supplements during the pandemic period, to protect themselves from the disease. Social media and the Internet were the main motivators for 39.4% of participants to try herbal products. Vitamin C was the most commonly used food supplement to increase immunity and reduces the chance of contracting COVID-19. The authors found that the general population in Saudi Arabia has a moderate level of knowledge about COVID-19 transmission and preventive measures, and a considerable proportion of the population reported the use of herbal products or food supplements in order to protect themselves from the disease.	This cross-sectional study explored the knowledge of the population of Saudi Arabia about COVID-19 preventive measures and their belief about the consumption of herbal products for the prevention of SARS-CoV-2 infection. Knowledge about COVID-19 transmission and preventive measures was moderate, and a 22.1% of the population reported use of herbal products or food supplements in order to protect themselves from COVID-19.	Alyami HS, Orabi M, Aldhabbah FM, et al. Knowledge about COVID-19 and beliefs about and use of herbal products during the COVID-19 pandemic: a cross-sectional study in Saudi Arabia. Saudi Pharmaceutical Journal. 2020. doi:10.1016/j.jsps.2020.08.023.
Clinical decision making, inflammatory bowel disease, pediatric gastroenterology, ulcerative colitis, United Kingdom	1-Sep-20	Adaptations to the current ECCO/ESPGHAN guidelines on the management of pediatric acute severe colitis in the context of the COVID-19 pandemic: a RAND appropriateness panel	Gut	Original Research	Pediatric acute severe colitis (ASC) management has been standardized by evidence-based guidelines from European Crohn's and Colitis Organization (ECCO) and European Society for Pediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN). Management of this condition during the COVID-19 pandemic is challenging due to reliance on immunosuppression and the potential for surgery. The authors convened a RAND appropriateness panel of 14 medical experts from across the UK to rate the appropriateness of interventions for pediatric ASC in the context of the pandemic. Results were discussed at a moderated meeting in June 2020. Panelists recommended patients with ASC have a SARS-CoV-2 swab and expedited biological screening on admission and should be isolated. Sigmoidoscopy was recommended prior to higher-risk therapies. Methylprednisolone was considered appropriate first-line management in all patients, and thrombo-prophylaxis was recommended for all. Infliximab was judged to be an appropriate second-line therapy, regardless of COVID-19 status. Delaying colectomy due to SARS-CoV-2 infection was considered inappropriate. Corticosteroid tapering over 8–10 weeks was deemed appropriate for all.	The authors' COVID-19-specific adaptations to pediatric ASC guidelines using a RAND panel generally support existing recommendations, particularly the use of corticosteroids and escalation to infliximab if necessary.	Hansen R, Meade S, Beattie RM, et al. Adaptations to the current ECCO/ESPGHAN guidelines on the management of paediatric acute severe colitis in the context of the COVID-19 pandemic: a RAND appropriateness panel [published online ahead of print, 2020 Sep 1]. <i>Gut</i> . 2020;gutjnl-2020-322449. doi:10.1136/gutjnl-2020-322449

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Reproductive care, abortion, contraception, birth support, gender equity, USA	1-Sep-20	Reproductive Care During COVID-19	American Journal of Nursing Reports	Editorial	Radical shifts in the way reproductive care is provided and how women experience it have occurred during the COVID-19 pandemic. Many aspects of access to prenatal and birth care, contraception, and abortion access have been affected, particularly as new research becomes available and novel practices are implemented. In this editorial the author discusses how various aspects of reproductive care in the United States have been impacted, including: an increased demand for midwives, limiting the number of support people in delivery, a shift toward telemedicine for prenatal appointments, restricted access to abortion care, and issues accessing preferred contraceptive medications. As health care systems are reshaped by the pandemic, it is essential to consider women and their reproductive health needs in the design process.	Provision of prenatal, maternal, contraceptive, and abortion care have drastically changed in the COVID-19 era, with implications for health equity. To ensure quality reproductive health care, women's (especially black and latino women's) input is critical.	McSpedon C. Reproductive Care During COVID-19. <i>AJN The American Journal of Nursing</i> . 2020 120(9):19-20. doi 10.1097/01.NAJ.0000697600.29112.22
Optic neuritis, neuromyelitis optica spectrum disorder (NMOSD), case study, Netherlands	1-Sep-20	Neuromyelitis optica spectrum disorder after presumed coronavirus (COVID-19) infection: A case report	Multiple Sclerosis and Related Disorders	Case Report	Several coronaviruses are known to cause demyelinating diseases such as optic neuritis, a core clinical symptom of neuromyelitis optica spectrum disorder (NMOSD). The authors outline a case study reporting the first case linking SARS-CoV-2 infection to NMOSD in a 15-year-old Caucasian male in the Netherlands. He was ill with fever, nausea, and cough for 10 days prior to presentation with blurred vision with photopsia and frontal continuous headaches. Despite a lack of a confirmed COVID-19 test, both of his parents were ill with the same symptoms and were confirmed positive for SARS-CoV-2. An MRI scan of the orbita revealed a bilateral edematous optic nerve lesion, which is characteristic of bilateral optic neuritis. He tested positive for anti-myelin oligodendrocyte glycoprotein IgG (MOG-IgG) antibodies, supporting diagnosis of optic neuritis. The authors suggest that viral infections play a role in increased permeability of the blood-brain barrier allowing antibodies to cross. Further, previous research has suggested a relationship between several viruses and NMOSD. The authors conclude by suggesting that a causal link between SARS-CoV-2 and subsequent optic neuritis likely exists.	The case study suggests a likely link between SARS-CoV-2 infection and optic neuritis, a core clinical symptom of neuromyelitis optica spectrum disorder; the biologic plausibility is supported by several murine coronaviruses which are known to cause optic neuritis.	de Ruijter NS, Kramer G, Gons RAR, et al. Neuromyelitis optica spectrum disorder after presumed coronavirus (COVID-19) infection: A case report [published online ahead of print, 2020 Sep 1]. <i>Mult Scler Relat Disord</i> . 2020;46:102474. doi:10.1016/j.msard.2020.102474
Pediatric, health, school closures	1-Sep-20	What will the long-lasting effect of the COVID-19 pandemic be on children's health and wellbeing?	Acta Paediatrica	Editorial	COVID-19 symptoms in children are generally mild. However, COVID-19-related disruptions in routine health care, school schedules, nutrition, and family finances have had a severe impact on youth. Reduced access to medicines and food could lead to global increases in child deaths. The WHO has reported that people in their teens and twenties have a higher risk of depression/anxiety, online harassment, violence, and unintended pregnancies due to the pandemic. The author offers suggestions, including continued immunizations, telemedicine, and enhanced prevention protection practices. He also urges continued focus on non-COVID-19 concerns, such as climate change. This article	COVID-19-related disruptions in routine health care, school schedules, nutrition, and family finances have had a severe impact on youth. The author offers suggestions to help with these problems, and he encourages collaboration	Alfvén T. What will the long-lasting effect of the COVID-19 pandemic be on children's health and wellbeing? [published online ahead of print, 2020 Sep 1]. <i>Acta Paediatr</i> . 2020;10.1111/apa.15513. doi:10.1111/apa.15513

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					urges public health workers to use the UN Sustainable Development Goals and 2030 Agenda to "build back" a better society after the pandemic. It encourages collaboration with young people to build a better future.	with young people to build a better future.	
Pediatric, surgery, Canada, children's hospital	1-Sep-20	Prioritizing specialized children's surgery in Canada during the COVID-19 pandemic	Canadian Medical Association Journal	Commentary	Children requiring elective, specialized surgery in Canada are treated by sub-specialized surgical teams. Like adults, they are required to wait for surgery. During the COVID-19 pandemic, Canada's 15 pediatric hospitals cancelled elective surgeries and developed infection reduction protocols. Ambulatory clinics are being redesigned to reduce waiting, enable physical distancing, and use virtual care when possible. As hospitals restore elective surgical services, the backlog of children waiting requires a prioritization and implementation framework for surgery that reflects the unique needs of children and supports access for families who are already disadvantaged by social and economic inequality.	During the COVID-19 pandemic, Canada's pediatric hospitals cancelled elective surgeries. The backlog of children waiting requires a prioritization and implementation framework for surgery that reflects the unique needs of children and supports disadvantaged families.	Skarsgard ED; Pediatric Surgical Chiefs of Canada. Prioritizing specialized children's surgery in Canada during the COVID-19 pandemic [published online ahead of print, 2020 Sep 1]. CMAJ. 2020;cmaj.201577. doi:10.1503/cmaj.201577
Maternal health, pregnancy, maternal outcomes, perinatal outcomes, risk factors	1-Sep-20	Clinical manifestations, risk factors, and maternal and perinatal outcomes of coronavirus disease 2019 in pregnancy: living systematic review and meta-analysis	The British Medical Journal (BMJ)	Research Article	Utilizing 77 cohort studies involving 96,604 women (1 December 2019 - 26 June 2020), this living systematic review and meta-analysis summarized reporting rates, clinical manifestations, risk factors, and maternal and perinatal outcomes in pregnant and recently pregnant women with suspected or confirmed COVID-19. The most common clinical manifestations of COVID-19 in pregnancy were fever (40%), cough (39%), lymphopenia (35%) and raised C-reactive protein levels (49%). Compared with non-pregnant women of reproductive age, pregnant and recently pregnant women with COVID-19 were less likely to report fever (Odds ratio (OR) 0.43, 95% CI 0.22-0.85; I2=74%) and myalgia (0.48, 0.45-0.51; I2=0%) and more likely to need ICU admission (1.62, 1.33-1.96; I2=0%) and invasive ventilation (1.88, 1.36 to 2.60; I2=0%). 73 pregnant women (0.1%) with confirmed COVID-19 died from any cause. Increased age (1.78, 1.25 to 2.55; I2=9%), high BMI (2.38, 1.67 to 3.39; I2=0%), chronic hypertension (2.0, 1.14 to 3.48; I2=0%), and pre-existing diabetes (2.51, 1.31 to 4.80; I2=12%) were associated with severe COVID-19 in pregnancy. Pre-existing comorbidity was a risk factor for ICU admission (4.21, 1.06 to 16.72; I2=0%) and invasive ventilation (4.48, 1.40 to 14.37; I2=0%). In pregnant women with COVID-19, spontaneous preterm birth rate was 6% (95% CI 3% to 9%; I2=55%) and odds of preterm birth were higher (3.01, 95% CI 1.16-7.85; I2=1%). 25% of all neonates born to mothers with COVID-19 were admitted to the neonatal unit and were at increased risk of admission (OR 3.13, 95% CI 2.05-4.78). No differences were observed for other perinatal outcomes.	This living systematic review of 77 cohort studies found that pregnant and recently pregnant women with COVID-19 are less likely to present with fever and myalgia than non-pregnant women of reproductive age, but are potentially more likely to need ICU admission. Pre-existing comorbidities, high maternal age, and high BMI seem to be risk factors for severe COVID-19. Preterm birth rates are higher in pregnant women with COVID-19 than in those without the disease.	Allotey J, Stallings E, Bonet M, et al. Clinical manifestations, risk factors, and maternal and perinatal outcomes of coronavirus disease 2019 in pregnancy: living systematic review and meta-analysis [published online, 2020 Sep 1]. BMJ. 2020;370:m3320. doi:10.1136/bmj.m3320

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Bromhexine hydrochloride, children, treatment, transmembrane protease serine 2, dosage	1-Sep-20	Re-recognizing bromhexine hydrochloride: pharmaceutical properties and its possible role in treating pediatric COVID-19	European Journal of Clinical Pharmacology	Original Article	Recent evidence has been published that the transmembrane protease serine 2 (TMPRSS2) plays a key role in SARS-CoV-2 binding to the host cell receptor, thereby achieving viral invasion and infection. Other studies also suggest that TMPRSS2 is a drug target for treating COVID-19, and bromhexine was found to be a strong inhibitor of TMPRSS2. The authors are the only group registered to conduct clinical trials in children to explore the therapeutic potential of oral bromhexine hydrochloride in patients with COVID-19. After comprehensive consideration of age, pharmacokinetics and safety, the authors propose initially studying the use of bromhexine hydrochloride at the maximum dosage recommended by drug labels in pediatric patients with suspected and mild cases of COVID-19. The oral dose will depend on age as follows: 12 mg, 24 mg and 48 mg daily in three divided doses for ages 2–5 years (weight < 50 kg), 6–13 years (weight ≥ 50 kg) and 14–18 years, respectively. However, the authors have not recruited patients because very few children have been diagnosed with COVID-19 in China thus far.	The authors propose the use of bromhexine hydrochloride in the treatment of COVID-19-positive children as it is a strong inhibitor of transmembrane protease serine 2 (TMPRSS2). The authors suggest oral dosage recommendations for pediatric patients and are registered to conduct a clinical trial to evaluate the treatment.	Fu Q, Zheng X, Zhou Y, Tang L, Chen Z, Ni S. Re-recognizing bromhexine hydrochloride: pharmaceutical properties and its possible role in treating pediatric COVID-19 [published online 2020 Sep 1]. Eur J Clin Pharmacol. 2020. doi:10.1007/s00228-020-02971-4
Diagnosis, lung ultrasound, pregnant women	1-Sep-20	Diagnosis and monitoring of COVID-19 pneumonia in pregnant women: is lung ultrasound appropriate?	Ultrasound in Obstetrics & Gynecology	Correspondence	The authors argue against the recommended use of lung ultrasound (LUS) for monitoring pregnant women with confirmed SARS-CoV-2 infection by Buonsenso et al. The authors state that the ultrasound findings were imaging errors that have no diagnostic validity as they are non-specific, not quantifiable, and subject to interoperator variability. The pleural line irregularities with vertical artifacts may be visible in several conditions and appearance can be modified depending on equipment and operator. Due to lung air content and rib-cage hindrance, only about 70% of the pleural surface can be visualized by LUS, and therefore, pathological conditions can be examined only if they are adherent to this viewable area. Typical features of COVID-19 are mainly distributed in the peripheral and posterior parts of the lung and are not always located in areas adherent to the pleural surface and/or accessible to LUS. The authors believe that LUS should not be considered an alternative to CT scans for assessment of COVID-19 pneumonia in pregnant women.	The authors believe that lung ultrasound should not be considered an alternative to CT scan for assessment of COVID-19 pneumonia in pregnant women. The authors argue that the results of Buonsenso et al. are imaging errors that have no diagnostic validity as they are non-specific, not quantifiable and subject to interoperator variability.	Quarato CMI, Venuti M, Lacedonia D, Simeone A, Sperandeo M. Diagnosis and monitoring of COVID-19 pneumonia in pregnant women: is lung ultrasound appropriate?. Ultrasound Obstet Gynecol. 2020;56(3):467-468. doi:10.1002/uog.22156
Italy, children, pediatric department, hospital, infection prevention and control	1-Sep-20	COVID-19 Pandemic: Perspective of an Italian Tertiary Care Pediatric Center	Healthcare 2020	Communication	The authors reflect on Italian tertiary care pediatric center's multi-level interventions to prevent hospital-acquired SARS-CoV2 infection. In late February 2020, the hospital team reorganized pre-existing hospital areas in anticipation of the SARS-CoV-2 spread. Specifically, they created designated COVID-19 and COVID-19-free areas, reinforced infection prevention control for all workers including administrative staff, and adopted the “double-gate-approach,” which involved a pre-triage phone call and nasopharyngeal swab before admission. These interventions were highly effective, with only seven physicians, two nurses, and	Multi-level interventions to prevent hospital-acquired SARS-CoV2 infection inform future measures to be taken at hospitals. The authors use an Italian tertiary care pediatric center's comprehensive hospital reorganization to	Donà D, Giaquinto C, Baraldi E, et al. COVID-19 Pandemic: Perspective of an Italian Tertiary Care Pediatric Center. Healthcare (Basel). 2020;8(3):E311. Published 2020 Sep 1. doi:10.3390/healthcare8030311

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					two administrative staff testing positive between 21 February and 4 May 2020. The authors argue that rigorous interventions played an important role in creating a positive personal feeling among healthcare workers and patients' caregivers, which is crucial for effective care. While determining the exact factor that contributed to the success is difficult, the authors recommend analysis of past successes and application to similar situations in the future.	demonstrate the importance of a multi-pronged approach in infection control to protect maternal and child health.	
Children, adults, well-being, psychological effects, indirect impacts, USA	1-Sep-20	COVID-19 and the Well-being of Children and Families [Free Access to Abstract Only]	Pediatrics	Commentary	The authors provide commentary on the well-being of children and families in the USA during the COVID-19 pandemic. The pandemic has not only had direct impacts on morbidity and mortality but indirect impacts that extended far beyond individual and community illness. Mitigation efforts, such as quarantining, have resulted in emotional isolation, economic loss, and work/school closures. These efforts have reduced psychological well-being in adults including stress, depression, fear, anger, and other negative states. Further, there have been reports of increased family violence during the pandemic. The authors suggest that the COVID-19 pandemic has disrupted the overall well-being of children and families and the indirect impacts should not be overlooked.	The COVID-19 pandemic has had indirect impacts on the well-being of children and families including a reduced psychological state among adults and a worrying risk of family violence.	Coller RJ, Webber S. COVID-19 and the Well-being of Children and Families [published online ahead of print, 2020 Sep 1]. Pediatrics. 2020;e2020022079. doi:10.1542/peds.2020-022079
Mental health, anxiety, depression, stress, India	1-Sep-20	Mental health implications of COVID-19 pandemic and its response in India	International Journal of Social Psychiatry	Review	This article reviewed existing literature on mental health issues and interventions relevant to the COVID-19 pandemic and synthesized the evidence according to the impact on vulnerable groups (including children), and specific considerations for low- and middle-income countries like India. A search of PubMed and Google Scholar was undertaken. Published journals, magazines and newspaper articles, official webpages and independent websites of various institutions and non-government organizations, and verified social media portals were compiled. The major mental health issues reported were stress, anxiety, depression, insomnia, denial, anger, and fear. Children and older people, frontline workers, people with existing mental health illnesses were especially vulnerable. Possible risk factors for children include changes in routine, school closure, and social isolation. The authors recommend reducing children's screen time and exposure to negative news, providing recreational activities, identifying emotional needs, and maintaining connections with their social support network.	This review of studies in multiple countries found that stress, anxiety, depressive symptoms, insomnia, denial, anger and fear were the major mental health manifestations of the COVID 19 pandemic, and children are found to be especially vulnerable.	Roy A, Singh AK, Mishra S, Chinnadurai A, Mitra A, Bakshi O. Mental health implications of COVID-19 pandemic and its response in India [published online, 2020 Sep 1]. Int J Soc Psychiatry. 2020; doi:10.1177/0020764020950769

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Pediatrics, obesity, China, liver	1-Sep-20	Abnormal liver enzymes in children and infants with COVID-19: A narrative review of case-series studies	Pediatric Obesity	Letter to the Editor	Age-dependent effects of COVID-19 on hepatic enzymes remain largely unclear. This systematic review analyzes liver enzyme characteristics of pediatric COVID-19 patients (n=280, 58.9% male, age range=0-17 years). COVID-19-associated liver involvement was present in 29% of cases. 15.6% of cases with specific data available (n=32) had an abnormal alanine aminotransferase (ALT) measurement. Liver involvement was more prevalent among children ages 0-3 years than children >3 years (91.7% vs. 26.1%, p<0.001), and 80% of children with abnormal ALT concentrations were 0-3 years old. These data may suggest that an immature liver predisposes patients to a higher risk of abnormal liver enzymes. Interleukin (IL)-6 and IL-10 levels were not significantly different in infected children with and without elevated liver serums, suggesting that interleukins do not play a key role in COVID-19-associated abnormal liver enzymes in pediatric patients, in contrast to adult patients. Though the mechanisms underlying abnormal liver enzymes in SARS-CoV-2-infected children may differ from those of infected adults, physicians should be aware that younger children are at risk of COVID-19-related liver involvement.	Pediatric patients are at risk of developing abnormal liver enzymes during SARS-CoV-2 infection, though the mechanisms underlying COVID-19 liver involvement may differ between adult and pediatric patients. Physicians should be aware that young children (<3 years of age) are at greater risk of developing COVID-19-associated abnormal liver enzymes.	Zhou YH, Zheng KI, Targher G, et al. Abnormal liver enzymes in children and infants with COVID-19: A narrative review of case-series studies. <i>Pediatr Obes</i> . 2020;e12723. doi:10.1111/ijpo.12723
Children, education, reading development, school closures	1-Sep-20	Modeling Reading Ability Gain in Kindergarten Children during COVID-19 School Closures	International Journal of Environmental Research and Public Health	Original research	More than 1.5 billion students worldwide experienced school closures due to the COVID-19 pandemic. The authors hypothesized that these interruptions in formal in-person education caused adverse consequences on school-age children's academic outcomes. They collected data from pre-existing databases and calculated changes in children's reading ability over summer recess in the USA, used as a control due to the lack of formal education during this time. Resultant models predicted that the rate of reading ability gain in kindergarten children during COVID-19 school closures without formal in-person education will decrease 66% compared to the non-pandemic scenario (summer recess control) of 31%. The model also predicted that children who had books read to them daily would have less loss of reading ability than those that did not. The authors suggest that even though reading books to children will not replace the critical role of formal education, educators and policy makers can promote this simple strategy to reduce reading ability loss during school closures.	Using statistical modeling, the authors of this paper suggest that kindergarten aged children will have reduced reading ability as a result of COVID-19-related school closures. They hypothesize that reading to children, while it is not a complete substitute for formal education, can prevent much of the reading ability loss.	Bao X, Qu H, Zhang R, et al. Modeling Reading Ability Gain in Kindergarten Children during COVID-19 School Closures. <i>Int J Environ Res Public Health</i> . 2020; doi:10.3390/ijerph17176371
Influenza, pediatric, seasonal illness	1-Sep-20	Comparison of Clinical Features of COVID-19 vs Seasonal Influenza A and B in US Children	JAMA Network Open	Original Research	The clinical features and epidemiologic characteristics of SARS-CoV-2 compared to seasonal influenza remain unclear. This cohort study of children in the USA with COVID-19 (164M/151F, median age=8.3 years) or seasonal influenza (743M/659F, median age=3.9 years) investigated the similarities and differences in clinical features between COVID-19 and seasonal influenza in pediatric patients. Patients with COVID-19 and those	In this cohort study, the authors found no significant difference between pediatric COVID-19 and seasonal influenza patients in the USA in rates of hospitalization, ICU	Song X, Delaney M, Shah RK, et al. Comparison of Clinical Features of COVID-19 vs Seasonal Influenza A and B in US Children. <i>JAMA Netw Open</i> . 2020;3(9):e2020495.

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					with seasonal influenza had similar rates of hospitalization (17% vs. 21%), ICU admission (6% vs. 7%), and mechanical ventilation (3% vs. 2%). Significantly more patients hospitalized with COVID-19 than with seasonal influenza reported fever, diarrhea or vomiting, headache, body ache or myalgia, and chest pain. Differences in reports of cough and shortness of breath were not statistically significant between the patient groups. The authors note that school closures and stay-at-home orders may have influenced disease incidence and prevented SARS-CoV-2 and influenza coinfection. As the COVID-19 pandemic continues and the 2020-2021 influenza season approaches, findings from this study may inform the prompt identification and treatment of children with a respiratory viral infection in health care facilities.	admission, and mechanical ventilation or in reports of cough and shortness of breath. Significantly more COVID-19 patients experienced fever, gastrointestinal distress, headache, body ache/myalgia, and chest pain.	doi:10.1001/jamanetworkopen.2020.20495
Bereaved parents, grief, pediatric cancer, bereavement	1-Sep-20	Definitely Mixed Feelings: The effect of COVID-19 on bereavement in parents of children who died from cancer	Journal of Pain and Symptom Management (JPSM)	Original research	COVID-19 has impacted many elements of daily life, including the provision of support following a child's death and the experience of parental bereavement. The authors of this study aimed to examine ways in which COVID-19 has affected the bereavement experiences of parents whose children died from cancer prior to the pandemic. The authors conducted interviews with parents who participated in a survey-based study examining the early grief experience. Fifteen of thirty-three eligible parents completed the interview: 14 were White and non-Hispanic and 5 were male. Parents participated an average of 19 months (range 12-34 months) after their child's death. COVID-19 was addressed in 13 interviews. Eleven codes were used to describe interview segments; the most commonly used codes were 'change in support,' 'no effect,' 'familiarity with uncertainty/ability to cope' and 'change in contact with care/research team.' Parents identified multiple and variable ways - both positive, negative and neutral - how COVID-19 has affected their bereavement. While many parents commented on feeling more isolated because of the inability to connect with family or attend in-person support groups, others acknowledged their experience has made them uniquely positioned to cope with the uncertainty of the current situation. Clinicians must find innovative ways to connect with and support bereaved parents during this unique time.	The authors of this study examined the bereavement experiences of parents whose children died from cancer prior to the COVID-19 pandemic. There were positive, negative, and neutral ways in which parental bereavement took place based on the conducted interviews.	Helton G, Wolfe J, Snaman JM. "Definitely Mixed Feelings:" The effect of COVID-19 on bereavement in parents of children who died from cancer [published online ahead of print, 2020 Sep 1]. J Pain Symptom Manage. 2020;S0885-3924(20)30722-3. doi:10.1016/j.jpainsymman.2020.08.035
HIV, PLWHA, antiretroviral therapy, adults	1-Sep-20	SARS-CoV-2 Infection in People Living with HIV: A Systematic Review [Free Access to Abstract Only]	Review in Medical Virology	Review	The authors reviewed the current knowledge of SARS-CoV-2 cases in people living with HIV/AIDS (PLWHA). They searched the MEDLINE, EMBASE, and Google Scholar databases and included studies reporting data on PLWHA affected by SARS-CoV-2. Twenty-three relevant articles were identified, which reported 164 adults with both HIV and SARS-CoV-2 infection. Of those patients reported, most were males (84.5%), often with one or more comorbidities. Furthermore, fifteen cases needed intensive	According to the authors, it is still unclear if HIV infection may influence SARS-CoV-2 infection and the disease course. However, some PLWHA and particularly males affected by ARV-related	Costenaro P, Minotti C, Barbieri E, Giaquinto C, Donà D. SARS-CoV-2 infection in people living with HIV: a systematic review [published online ahead of print, 2020 Sep 1]. Rev Med Virol. 2020;e2155. doi:10.1002/rmv.2155

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					care treatment, and 16 died. There were no studies on children. The included studies were mostly retrospective or case series/reports (19 studies), and the overall risk of bias was moderate due to the study types and characteristics.	complications may be at greater risk of severe COVID-19 disease.	
S1 and S2 subunits, nucleocapsid protein reactive SIgM/IgM, IgG and SIgA/IgA antibodies, human milk	1-Sep-20	Difference in Levels of SARS-CoV-2 S1 and S2 subunits- and nucleocapsid protein-reactive SIgM/IgM, IgG and SIgA/IgA Antibodies in Human Milk	Journal of Perinatology	Original Research	The authors examined the presence and levels of SIgM/IgM, IgG, and SIgA/IgA reactive to both SARS-CoV-2 S1 and S2 subunits (S1 + S2) and nucleocapsid protein in human milk collected during the COVID-19 pandemic in 2020 and 2 years before the outbreak. They compared these antibody levels between vaccinated and unvaccinated mothers and between women who had symptoms of viral respiratory infections during the year and women without symptoms. The levels of SARS-CoV-2 S1 + S2- and nucleocapsid-reactive SIgM/IgM, IgG, and SIgA/IgA were measured in human milk samples from 41 women during the COVID-19 pandemic (2020-HM) and from 16 women two years before the outbreak (2018-HM). All women in the study lived in the United States and were approved donors through Mothers Milk Cooperative (Boulder City, Nevada, USA). The results showed that SARS-CoV-2 S1 + S2-reactive SIgA/IgA, SIgM/IgM and IgG were detected in 97.6%, 68.3% and 58.5% in human milk whereas nucleocapsid-reactive antibodies were detected in 56.4%, 87.2% and 46.2%, respectively. Also, S1 + S2-reactive IgG was higher in milk from women with viral respiratory infection symptoms during the last year than in women without symptoms. Furthermore, S1 + S2- and nucleocapsid-reactive IgG were higher in the 2020-HM group than in the 2018-HM group.	This study revealed that antibodies reactive to SARS-CoV-2 S1 + S2 and nucleocapsid were detected in a high proportion of human milk. The presence of SARS-CoV-2-reactive antibodies in human milk could provide passive immunity to breastfed infants and protect them against COVID-19.	Demers-Mathieu V, Dung M, Mathijssen GB, et al. Difference in levels of SARS-CoV-2 S1 and S2 subunits- and nucleocapsid protein-reactive SIgM/IgM, IgG and SIgA/IgA antibodies in human milk [published online ahead of print, 2020 Sep 1]. J Perinatol. 2020;doi:10.1038/s41372-020-00805-w
Children, injury, school closure, quarantine, France	1-Sep-20	During the COVID-19 Quarantine, Home Has Been More Harmful Than the Virus for Children! [No Abstract and Article not available for free]	Pediatric Emergency Care	Letter to the Editors	The authors analyzed visits to Toulouse University Hospital (France) during the quarantine period from March 17 to April 19, 2020 and compared it with the same period over the previous 3 years. This hospital saw 205 cases of suspected COVID-19 infection in children; 40 were hospitalized, and only 5 tested positive. In contrast, there was a high proportion of admissions due to domestic accidents (n = 684); 74% compared with 40% of the total number of visits to the trauma unit in previous years, especially among children 2-5 years old. During the quarantine period, children experiencing injuries were younger, presented with more wounds, and had a 3-fold risk of hospitalization for fractures (25% vs 11%). There were twice as many injuries caused by falls, 4.5 times more falls from open windows, and three times as many sharp object injuries. Admissions for suspicion of abuse did not increase, however, the authors recommend increased vigilance among providers regardless of reason for admission.	An analysis of visits to a French hospital during France's quarantine period (compared to previous years) showed a higher risk of injury for very young children (2-5 years), more serious accidental injuries (fractures requiring surgery and in younger children), and more cases of jeopardized vital prognosis (more falls from windows and admissions to ICUs).	Claudet I, Marchand-Tonel C, Ricco L, et al. During the COVID-19 Quarantine, Home Has Been More Harmful Than the Virus for Children! [published online, 2020 Sep 1]. Pediatr Emerg Care. 2020;36(9):e538-e540. doi:10.1097/PEC.0000000000002205

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Pregnancy, outcomes, obstetrics, c reactive protein, oxygen supplementation, Italy	1-Sep-20	Inflammatory biomarkers in pregnant women with COVID-19: a retrospective cohort study	medRxiv	Preprint (not peer-reviewed)	Uncertainties exist about the prognostic role of inflammatory biomarkers and hemocytometry values in patients with COVID-19. This study assessed the values of several inflammatory biomarkers and hemocytometry variables in a cohort of obstetric patients hospitalized with COVID-19 in Italy and correlated the values at admission with the need for oxygen supplementation. Among 27 (61%) pregnant women and 17 (39%) post-partum women, 6 (14%) patients received oxygen supplementation and 2 (4%) required admission to ICU and none died. During hospitalization neutrophils (p=0.002), neutrophils to lymphocytes ratio (p=0.037) and C reactive protein (p<0.001) decreased significantly, whereas lymphocytes (p<0.001) and platelets (p<0.001) increased. Leukocytes and lymphocytes values at admission were correlated with oxygen need, with respectively a 1% and 5% higher risk of oxygen supplementation for each 1,000 cells decrease. Among the variables assessed, C-reactive protein was the only biomarker that closely mirrored progression of the disease, making it a better predictor of outcomes.	This study assessed the values of several inflammatory biomarkers and hemocytometry variables in a cohort of obstetric patients hospitalized with COVID-19 in Italy and correlated the values at admission with the need for oxygen supplementation. Of the variables assessed, C-reactive protein was the best predictor of outcomes. Decreased leukocytes and lymphocytes were correlated with higher risk of oxygen supplementation.	Lombardi A, Duiella S, Li Piani L, et al. Inflammatory biomarkers in pregnant women with COVID-19: A retrospective cohort study [published online, 2020 Sep 1]. medRxiv. 2020. doi: 10.1101/2020.08.27.20183624.
Pediatric, clinical characteristic, symptom, diagnose test, clinical feature, public policy, school closure, CT scan	1-Sep-20	Children with COVID-19 behaving milder may challenge the public policies: a systematic review and meta-analysis	BMC Pediatrics	Research article	This single-arm meta-analysis was conducted to summarize the clinical characteristics and epidemiology of children with COVID-19. After a search of databases provided by PubMed, Google Scholar, Web of Science, and several Chinese databases from December 12, 2019, to May 10, 2020, 29 studies with 4300 pediatric patients were identified. The mean age was 7.04 (95% CI: 5.06–9.08) years old. 18.9% (95% CI: 0.121–0.266) of children were asymptomatic, 37.4% (95% CI: 0.280–0.474) had no radiographic abnormalities. Besides, 0.1% (95% CI: 0.000–0.013) patients were admitted to ICU and 4 (95% CI: 0.000–0.000) deaths were reported. Up to 159 countries have implemented nationwide school closures, affecting over 70% of the world's students. The authors concluded that children got infected with SARS-CoV-2 mainly through family clustering and fever and cough are the most common symptoms in COVID-19 children. CT abnormalities were found absent in a group of children, thus, they argued that CT scans should not be overemphasized to avoid excessive radiation exposure. They also suggested that additional childcare programs were needed to protect the well-being of children due to school closure.	This review concluded that children got infected with SARS-CoV-2 mainly through family clustering and fever and cough are the most common symptoms in COVID-19 children. The authors suggested that CT scans should not be overemphasized, and additional childcare programs were needed to protect the well-being of children due to school closure.	Liu C, He Y, Liu L, et al. Children with COVID-19 behaving milder may challenge the public policies: a systematic review and meta-analysis. BMC Pediatr. 2020;20(1):410. Published 2020 Sep 1. doi:10.1186/s12887-020-02316-1

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Pregnancy, fetal testing, prenatal screening, barriers to care, Turkey	1-Sep-20	Effect of COVID-19 pandemic process on prenatal diagnostic procedures	Journal of Maternal-Fetal and Neonatal Medicine	Original Research	This cross-sectional study conducted at Karadeniz Technical University Faculty of Medicine Perinatology Clinic in Turkey examined the effect of the COVID-19 pandemic on prenatal screening and fetal diagnostic testing by comparing data from 129 high-risk pregnant women recommended for prenatal diagnostics from March 1 to June 30, 2020 with a control group of high-risk pregnancies offered testing in the prior year. Procedures offered included chorionic villus biopsy, amniocentesis, and cordocentesis. In the control group, 50 pregnant women refused to undergo the recommended prenatal diagnostic test (36.2%), while 88 women (63.8%) accepted. In the study group, 73 of the 129 pregnant women refused the procedure (56.6%) and 56 patients accepted (43.4%). This was statistically significant, both in terms of the total number of procedures and number of invasive interventions ($p=0.041$ and $p < 0.001$, respectively). Additionally, procedures were performed more often during the first patient visit in the study group, especially for patients who were referred from different cities, likely reflective of travel barriers during the pandemic and patient desire to decrease healthcare exposure.	At a hospital in Turkey, fewer women underwent the recommended prenatal screening and fetal diagnostic tests offered during the COVID-19 pandemic than in the same time frame a year prior. This highlights the impact of the pandemic on important prenatal care services.	Ozalp M, Demir O, Akbas H, Kaya E, Celik C, Osmanagaoglu MA. Effect of COVID-19 pandemic process on prenatal diagnostic procedures [published 2020 Sep 1]. J Matern Fetal Neonatal Med. 2020;1-6. doi:10.1080/14767058.2020.1815190